

Comedones Induced by Coconut Oil in a Borderline Tuberculoid Lesion

TO THE EDITOR:

A 42-year-old female presented with a hypopigmented anesthetic patch over her left knee of 1½ years duration. Diagnosed as a case of tuberculoid leprosy, she had been treated with monthly rifampin and daily dapsone for 13 months. She had been advised to discontinue treatment, and she came to us for a second opinion.

On examination, comedones were observed over the hypopigmented, anesthetic, borderline tuberculoid lesion (Fig. 1). The comedones could be extracted with a comedo extractor. A biopsy stained with hematoxylin and eosin (H&E) showed a compact, perineural and periadnexal epithelioid granuloma in the reticular and deeper der-



FIG. 1. Borderline tuberculoid lesion showing comedones.

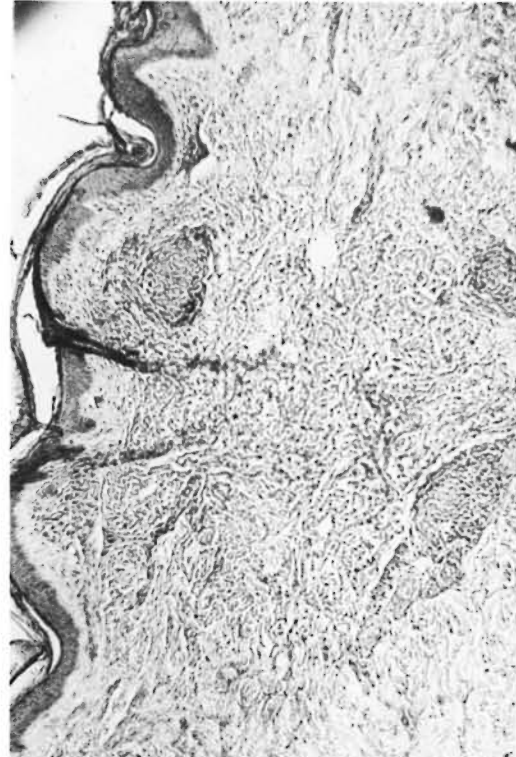


FIG. 2. Tuberculoid granuloma with follicular plugging (H&E $\times 10$).

mis. The epidermis showed hyperkeratosis and follicular plugging (Fig. 2).

The patient stated that she was in the habit of massaging coconut oil over the affected site because the skin was dry. Cutting-oil⁽²⁾ and various cosmetics⁽¹⁾ are known to be comedogenic. The comedogenicity of coconut oil has not to our knowledge been reported. The presence of comedones in a leprosy lesion where atrophy of the appendages occurs is another interesting finding.

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