

An unusual presentation of granuloma faciale- case report

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Purpose: This case report presents an 18-year-old, Afro-Caribbean, female patient, with probable granuloma faciale, a condition characterised by the presence of enlarging thickened along the right lower lid margin that showed late stages of a fibrosing process with inflammation at one edge of the biopsy taken, an uncommon location for this condition. On examination there was a firm right lower lid mass with restriction of upgaze in the right eye. The granuloma had been present for 4 years, had been treated as a chalazion and was enlarging. No risk factors were identified during history taking. The patient didn't have a past medical history of granulomas, wasn't on any medical treatment and had no allergies. This case report will discuss the clinical presentation, diagnostic evaluation and management. The goal of this case report is to increase awareness of this rare presentation of granuloma faciale and to provide guidance for its diagnosis and treatment.

Methods: The female patient was referred to the Paediatric and Oculoplastic Ophthalmology clinic at Queen's Hospital, Romford where examination, topical and systemic treatment with antibiotics and incisional biopsy occurred.

Results: On examination there was an enlarging thickened mass along the right lower lid margin that showed late stages of a fibrosing process with inflammation at one edge of the biopsy taken. The differential diagnoses included meibomian gland disease, chalazion, tuberculosis, Wegener's, Sarcoidosis and lymphoma. Topical and systemic antibiotic treatment has been proposed, followed by incision and curettage in the past. CT orbits performed has shown abnormal soft tissue density in the right lower eyelid, extending inferiorly to involve the subcutaneous soft tissues overlying the anterosuperior aspect of the right maxillary atrial wall. An incisional biopsy confirmed the diagnosis and the histology reported of a late stage of a chronic fibrosing leukocytoclastic vasculitis, such as what may be seen in granuloma faciale. The patient was referred to the Guy's and St Thomas's dermatology department and MEH oculoplastic department for further assessment. Treatment with Dapsone alongside intralesional Triamcinolone has been introduced following satisfactory blood screening. Treatment with Sulphapyridine or Lederkyne as alternative long-acting sulphur drugs or Hydroxychloroquine has been considered as well.

Conclusion: It is important to keep in mind that this condition can occur in unusual locations such as the eyelid in this case and that prompt diagnosis and treatment can limit the lesion growing and prevent recurrence. Granuloma faciale is a chronic condition with exacerbations and remissions, spontaneous resolution is rare. Lesions are often recalcitrant to treatment, subsequently many different treatment approaches have been tried including potent and super-potent topical steroids, intralesional steroids, 0.1% tacrolimus ointment, cryotherapy, phototherapy, dapsone and antimalarial therapy. None have been reported as being reliably effective. Finally, differential diagnosis is important in cases of persistent eyelid masses in both young patients and adults.

