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# Granuloma inframammary adutorum, a case report

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## Abstract

Granuloma inframammary adutorum represents a variant of erosive papulonodular dermatosis; we report a case of a patient with bilateral erosive plaques and nodules predominantly located under the breast.

*Keywords: granuloma inframammary adutorum, erosive papulonodular dermatosis, dermoscopy*

To the Editor:

We report a 49-year-old woman who presented to our dermatology department after the appearance of bilateral erosive plaques and nodules predominantly located under breast (**Figure 1**).

The patient was in apparent good health but before the onset of the plaques and nodules she experienced progressive erythema, burning, and itching in the affected areas. She treated the areas by applying a clobetasol based skin solution twice a day and obtained partial relief of the erythema and itching. However, despite continuing topical therapy, some painful plaques started to appear, with progressive worsening and development of nodules and erosions.

Cultures for fungal and bacterial infection yielded negative results as did polymerase chain reaction testing for herpesvirus types. Serum testing for antibodies including anti desmoglein one and three and BP180 were negative.

Physical examination revealed several well-defined, erythematous, plaques concomitant with multiple erosive dome-shaped red-purple papules and



**Figure 1.** Well-defined, red-purple plaques concomitant with multiple erosive dome-shaped papules and nodules.

nodules located in both submammary areas and extending to the upper abdomen. Dermoscopy showed irregular arborizing vessels, some with a corkscrew shape, widely distributed over a reddish background (**Figure 2**). A skin biopsy was performed and the specimens showed epidermal hyperplasia, intraepidermal neutrophils, and a dense dermal infiltrate of neutrophils, eosinophils, and plasma cells. Histopathological findings were consistent with erosive papulonodular dermatosis (EPND).

Granuloma inframammary adutorum represents a variant of EPND, with predominant papules and nodules [1]. It may have a multifactorial origin, but is often observed in cases of prolonged skin contact with corticosteroid cream or ointment followed by occlusion. Some aggravating factors are anesthetics, powder, paper napkins, diapers, aggressive detergents, and infections [1-5].

Among EPND we can say that the most frequent is certainly represented by granuloma gluteal, a



**Figure 2.** Dermoscopy shows irregular arborizing vessels, some with a corkscrew shape, widely distributed over a reddish background.

multifactorial dermatitis of the diaper area, caused by the prolonged contact of the skin with urine and feces. It is associated with insufficient local hygiene and infrequent diaper change. We speculate that our patient shows the distinctive lesions of this condition, but in an unusual area. Probably in our case the trigger was represented by the application of topical corticosteroids associated with the occlusive effect of skin-skin contact, and underwear. After discontinuation of corticosteroids and use of a barrier cream, the lesions began to improve and resolved after a few weeks.

### Potential conflicts of interest

The authors declare no conflicts of interests

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