

## CASE REPORT

### **Confluent and reticulate papillomatosis ( Gougerot-Carteaud Syndrome) in a young Saudi male; case report and review of the literature**

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#### **ABSTRACT**

A case of Confluent and reticulate papillomatosis (CRP) in a young Saudi man is presented. Clinical features, histological findings are described and the nosologic position of this entity is discussed.

**KEY WORDS:** Confluent and reticulate papillomatosis, CRP.

#### **CASE REPORT**

32 year old Saudi male presented with red-brown patches with fine scales in the central area of the chest and the back of more than two year duration (Fig. 1 and 2). The patient had visited another dermatology clinic and was diagnosed as tinea versicolor and was given antifungal therapy but without any significant improvement. The lesions were itchy, gradually becoming confluent in the center and reticulate towards the periphery.

Differential Diagnosis: tinea versicolor, seborrheic dermatitis, Darier's disease, pityriasis rubra pilaris, confluent and reticulated papillomatosis and epidermodyplasia verruciformis were considered at the time of presentation and skin biopsy was done. The histopathological findings revealed hyperkeratosis and papillomatosis without acanthosis (Fig. 3).

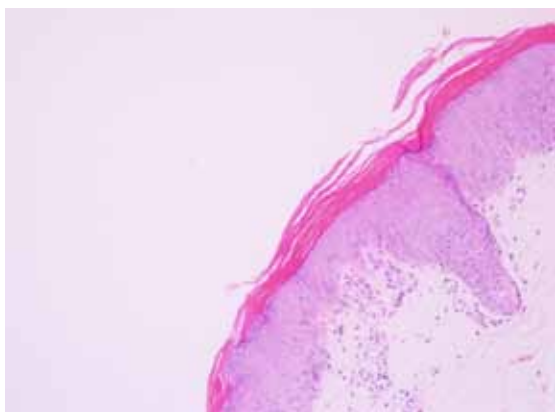
Potassium hydroxide (KOH) preparation did not show any yeast forms and the wood's lamp examination also did not show any yellowish fluorescence of the involved skin. Based on these findings the patient was diagnosed as confluent and reticulate papillomatosis and treatment in

the form of minocycline 100 mg per oral twice daily was given for two weeks, with significant improvement.



**Fig. 1 & 2** Red-brown patches with fine scales in the central area of the chest and the back.

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**Fig. 3** Hyperkeratosis and papillomatosis without acanthosis.

## DISCUSSION

Confluent and Reticulated Papillomatosis of Gougerot and Carteaud is an uncommon but distinctive acquired ichthyosiform dermatosis. Frequently, the diagnosis is delayed and the disorder not recognized by physicians including dermatologists, like what happened to our patient. The lesions bear a clinical resemblance to tinea versicolor, a skin infection with *Pityrosporum* species. So, clinically, the eruption is most often confused with tinea versicolor. Potassium hydroxide staining of the scale is negative in the majority of cases, implying that fungi are not involved in the pathogenesis of this condition.

Some reports indicate the occurrence of CRP in more than one family member.<sup>1,2,3</sup> Recently Natarajan *et al.* reported that an actinomycete called *Dietzia* was isolated from a patient with confluent and reticulated papillomatosis.<sup>4</sup> Histologically, hyperkeratosis and papillomatosis are present without acanthosis. Increased transitional cells on electron microscopy<sup>5</sup> and increased keratin 16 and Ki67 expression<sup>6</sup> indicate hyperproliferation. Presence of amyloid has also been reported.<sup>7</sup>

The condition is commonly seen in teenagers and young adults, presenting with cosmetically dis-

pleasing brown scaling patches and plaques affecting the neck, upper trunk and axillae. Both sexes were found to be equally affected.<sup>8</sup> Flat, dry papules up to 5 mm in diameter commonly appear on the neck, upper chest, between the breasts or in the interscapular area and the axillae. Neighbouring papules become confluent in the centre of the affected areas, but only partially at the periphery to form an irregular network. As the lesions gradually extend, they cause few symptoms and little disfigurement. The age of onset and the distribution of lesions differentiate the condition from acanthosis nigricans, although coexistence in childhood has been noted.<sup>9</sup> Darier's disease and reticulate pigmentary disorders<sup>10</sup> must also be considered as the other differentials.

Regarding treatment of CRP, a variety of antibiotics have been found to be effective, However minocycline has been suggested as a first-line treatment, azithromycin is also recommended.<sup>11</sup> Successful retreatment of recurrences supports the concept that this condition is an abnormal response to an infection or inflammation.<sup>12</sup> The response to antifungal agents is variable, even if yeasts are demonstrated.<sup>13,14</sup> Oral isotretinoin, topical retinoids, and topical vitamin D analogues may also be effective.<sup>15,16,17</sup>

## CONCLUSIONS

Confluent and Reticulated Papillomatosis of Gougerot and Carteaud is an uncommon form of acquired ichthyosiform dermatosis. It occurs predominantly in young adults, with cosmetically displeasing brown scaling patches and plaques affecting mainly the trunk. Clinically, the eruption is most often confused with tinea versicolor. Minocycline has been most often used as the effective treatment of CRP.

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