Keloidal granuloma faciale after CO$_2$ laser treatment for melanocytic nevus

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Granuloma faciale (GF) is a rare dermatosis of unknown origin, predominantly affecting the face. Although GF is thought to be due to actinic exposure, trauma, or radiation therapy, its etiology is unclear. A 40-year-old man presented with a violaceous plaque of the glabella. Since childhood, he had had a melanocytic nevus on his glabella, which had been removed by CO$_2$ laser treatment 18 months earlier. A violaceous papule later developed on the treated area, and became gradually enlarged. The papule was diagnosed by a physician at a local hospital as a keloid, and it was treated with intrallesional steroid injections. However, the lesion did not improve. Histopathologically, the dermis showed a dense inflammatory infiltrate, consisting of eosinophils, neutrophils, lymphocytes, plasma cells, and histiocytes. This infiltrate was also present in the superficial papillary dermis adjacent to the epidermis without a Grenz zone. Based on the clinical and histopathological findings, a GF was diagnosed. Keloidal GF, which has been reported to date in two patients, is similar to keloid clinically, but not histopathologically. The treatment of GF is quite difficult. Although many anecdotal reports have described the successful treatment of GF, no standardized treatment exists. In our patient, the lesion did not improve following dapsone treatment; hence we are considering treatment with a pulsed dye laser and topical tacrolimus ointment.