CASE 1

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Case

A 55-year-old woman was referred to our outpatient clinic because of bilateral papular lesions on her nose from 2 years ego. In clinical examination, we found three symmetrical dome-shaped, skin-colored, asymptomatic papules on both nasal alas. The lesions made the patient's nose to seem larger with eroded edges (figures 1, 2). Examination of nasal mucosa was normal. General physical examination was unremarkable. A biopsy was done from the lesion (figure 3).



Figure 1 Figure 2

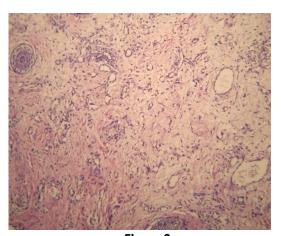


Figure 3

What is your diagnosis?

Move on to next page for the answer and discussion.

DIAGNOSIS: FIBROUS PAPULE OF THE NOSE

Histopathologic Findings

Histopathologic examination of the lesions showed skin tissue with proliferation of small capillaries in the dermis. Additionally, edema and proliferation of fibrocollagenous tissue and focal chronic inflammation were seen (figure 3).

Discussion

Fibrous papule of the nose is a relatively common condition defined as a small facial papule with a distinctive fibrovascular component on histological examination.

The papule develops slowly as a dome-shaped, skin-colored or slightly red or pigmented lesion, which is usually sessile. The lesions are usually located on the nose, but occasionally may occur on the forehead, cheeks, chin or neck, and there may be several lesions. The lesions usually appear in middle life and both sexes are equally affected. Most are asymptomatic, but about one-third bleed on minor trauma.

They can mimic small intradermal melanocytic nevi, basal cell carcinoma, or appendageal tumors^{1,2}.

In histopathologic examination, there are broad bands of connective tissue in the dermis orientated vertically to the surface. These are interspersed with multinucleate, somewhat bizarre cells, often with a few cells resembling melanocytic naevus cells. There are prominent dilated capillaries, but relatively few elastic fibres¹⁻³.

It has been suggested that the condition may be a variant of a melanocytic naevus^{1,3}. \$100 protein, which is an immunohistochemical marker of neuroepithelial elements, is present neither in the stellate cells in the papillary dermis nor in the mesenchymal naevus cells⁴. It therefore seems unlikely that fibrous papule represents a form of degenerated nevus as some investigators have proposed. One study suggests that fibrous papule of the nose probably represents a proliferative reactive process consisting mainly of dermal dendritic cells as identified by factor XIII-a in most of the lesions⁵.

After diagnosis was confirmed in histological examination, the lesions were treated with cautery in this patient.

References

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