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Case Report

A Clinicopathologic Case Report of Favre-Racouchot Syndrome with Review of Literature

Zubair Hasan[1], Renu Kothottil[2], Manjula Adinarayan[1]

[1]Department of Pathology, TOMCH & RC, Bengaluru.
[2]Department of Dermatology, TOMCH & RC, Bengaluru.

Corresponding Author: Zubair Hasan

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ABSTRACT

This paper describes a typical case of Favre-Racouchot syndrome in an 83-year-old agriculturist. The exact pathogenesis of Favre-Racouchot syndrome remains unclear but apparently extensive exposure to sun and harsh weather is possibly responsible as had been in the described case.

Key words: chronic actinic skin damage; nodular elastosis; solar elastosis; senile elastosis.

INTRODUCTION

Favre-Racouchot syndrome is an unusual complication of solar (senile) degeneration of the skin manifesting with dry skin showing diffuse thickening and beading of skin, yellow pale color, loss of elasticity resulting in prominent wrinkling and accentuation of normal skin markings. Clinicopathologic and histochemical studies suggest that extensive exposure to sun and harsh weather is largely responsible though the pathogenesis is still unclear. The pigmented skin is relatively less predisposed. [1]

CASE REPORT

Figure 1: Clinical Presentation showing bilateral hyper pigmented nodules and plaques.

An 83 year old elderly male, agriculturist by occupation presented with history of nodular skin lesions over both cheeks since 2 years. The lesions slowly

increased in size. There was no history of pain / itching. On examination there were hyper pigmented nodules and plaques measuring 5x3 cm in size present bilaterally on both cheeks. The surface revealed a few come done over it. Multiple skin tags were also noted in the peri orbital area (Figure 1). Based on the above findings a clinical diagnosis of Favre- Racouchot syndrome was made. A punch biopsy was done and sent for histopathological examination. The sections were stained with Hematoxylin and Eosin stain. The sections studied showed structure of skin with epidermis exhibiting dilated round cyst like pilosebaceous opening containing hair shaft and layered horny material. The dermis revealed areas of solar elastosis and moderate lymphocytic infiltrate. Sebaceous glands were absent (Figure 2). The above findings were consistent with Favre- Racouchot syndrome (FRS).

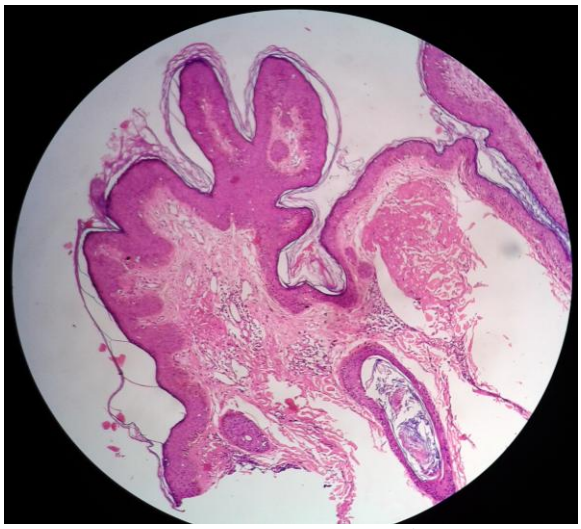

Figure 2: H&E Section showing structure of skin with dilated pilosebaceous openings and solar elastosis

DISCUSSION

FRS is also known as senile comedones, solar comedones, and nodular elastosis with cysts and comedones, was first described in 1932 by Favre and later reviewed by Favre and Racouchot in 1951. [2] It is a condition found chiefly in middle aged or elderly white men with extensive exposure to sun. [3] This entity is not as infrequent among Indian population as suggested by a few case reports. [4,5] Apart from temporo-periorbital skin, lateral neck, post auricular areas, earlobes, and forearms may seldom be involved. Even though bilateral and symmetrical, one side may predominate probably from asymmetrical sun exposure. [6] Increased association of FRS in smokers has also been reported suggesting its possible pathogenic role. [7] Smoking has been shown to have a synergistic effect with sun exposure on skin aging, and a similar potentiation effect may add to the pathogenesis of this condition associated with extreme solar elastosis. [7,8]

Although histopathology is infrequently required for diagnosis, it typically shows epidermal atrophy with significant solar elastosis and basophilic (actinic) degeneration of the connective tissue in the upper dermis. The sebaceous glands are either atrophic or are absent. In addition the dilated pilosebaceous openings form loose keratin-filled comedones and follicular cysts lined by flattened epithelium. [9]

Case reports of multifocal squamous cell carcinoma arising in FRS patients especially those who are immunocompromised highlight the need for close follow up in patients of FRS with immunocompromised state. [10]

Measures to arrest the progression of the disease include meticulous sun protective measures like avoiding outdoor activities during peak hours of sun exposure and the use of broad spectrum sunscreens. [11]

Variable cosmetic results have been achieved by chemical peels, dermabrasion, come do extraction, curettage, multi-staged surgical excision, and CO2 laser peel .Daily oral Isotretinoin (0.05-0.1 mg/kg/day) used in conjunction with topical tretinoin has also been found effective. [12,13]

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