

Quiz

Flesh Colored Nodules on The Back



Figure 1. Flesh colored nodules and plaques in the left lumbosacral region

A 28-year-old man presented with asymptomatic flesh colored nodules and plaques in the left lumbosacral region. This had been present since ten years but had gradually become elevated.

He was otherwise healthy. There was no history of similar lesions in family members. He denied any discomfort or antecedent injury in the affected area. Dermatologic examination revealed multiple non tender, firm, skin-colored nodules and plaques of varying size in the left lumbosacral region (**Figure 1**). Skin biopsy findings are shown in **Figure 2** and **Figure 3**.

What is your diagnosis?

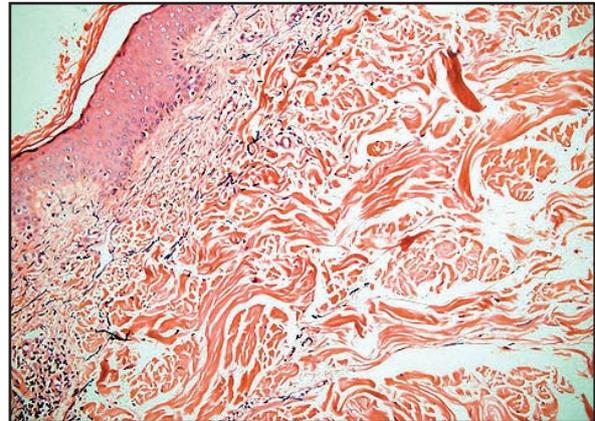


Figure 2. Increased deposition of dense collagen bundles in the dermis

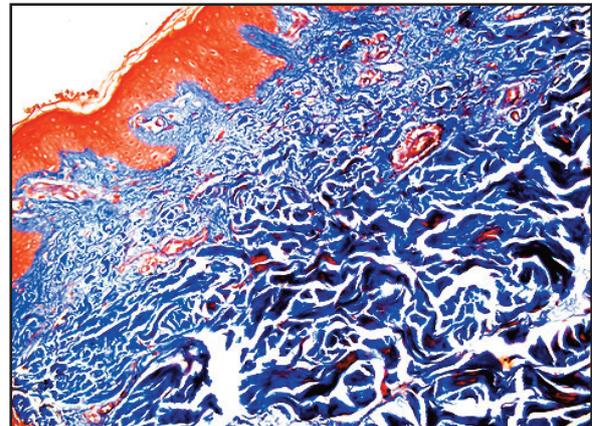


Figure 3. Mild decrease in elastic fibers

Isolated Collagenoma

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Abstract

Observations: A 28-year-old man presented with asymptomatic flesh colored nodules and plaques in the left lumbosacral region. Dermatologic examination revealed multiple non tender, firm, skin-colored nodules and plaques of varying size in the left lumbosacral region. The lesion was diagnosed as isolated collagenoma according to clinicopathological findings.

Discussion

Collagenomas also known as connective tissue naevi of the skin, are rare hamartomatous malformations of the dermis, characterized by a proliferation of normal collagen tissue [1, 2, 3, 4]. Collagenomas occur either in an inherited pattern or as acquired lesions. The inherited group includes familial cutaneous collagenoma and shagreen patches in tuberous sclerosis. Both are inherited in an autosomal dominant pattern. Acquired collagenomas include eruptive collagenoma and isolated collagenoma. Eruptive collagenoma are characterized by symmetrically distributed skin-coloured nodules on the trunk and upper arms, developing during adolescence [1, 2, 3].

Isolated collagenoma which lack of family history is fairly rare [1, 2]. It is sporadic, localized to only one body region and not associated with any disease [3]. The reported presentation of isolated collagenoma include paving stone nevi, plantar fibromatosis, zosteriform lesions and papuloliner lesions [1]. Plantar collagenomas have been described as one of the major skin findings in proteus syndrome [2].

In our case, the diagnosis of isolated collagenoma, rather than eruptive collagenoma, was made because lesion was localized to

one body region, and lack of family history and extracutaneous manifestations.

The etiology of collagenoma is unknown. Acquired collagenomas occurs at sites of trauma such as the knuckle and knees [3]. Histologically collagenoma lesions are characterized by an excessive accumulation of dense collagen fibers in the dermis with a decreased amount of elastic fibers [2,3]. The treatment of collagenoma is dependent upon patient preference. They don't represent a malignancy and thus, there is no necessary for excision [2].

References

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