Favre-Racouchot Syndrome with Predominant Nose Involvement

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ABSTRACT

Favre-Racouchot syndrome (FRS) is a dermatological condition predominantly affecting individuals with an excessive sun-exposure. We report a case seen in an elderly male with a predominant involvement of the nose.

Keywords: Comedones, Favre-Racouchot syndrome, Nose involvement.

INTRODUCTION

Favre-Racouchot syndrome (FRS) is a disorder occurring in individuals with history of prolonged sun exposure. Though it is mostly reported in Caucasian men mainly affecting periorbital and temporal areas, it is not uncommon in India. Here we report a case of FRS with a predominant nose involvement which is a rare site.

CASE REPORT

A 65-year-old male presented to us with a history of asymptomatic but progressive raised lesions on the face for 15 years. He also complained of generalized itching with aggravation during winter months of 2 years duration.

He was a farmer till 10 years ago with an average of 8 hours of sun exposure per day. He denied excessive sun exposure at present time. There was no history of any drug intake or associated illness. He was a nonsmoker.

On examination, apart from generalized xerosis, there was diffuse thickening, yellowish discoloration, furrowing and wrinkling on the face especially in the periorbital region and nose with multiple open comedones, nodules and cysts (Fig. 1). Lateral madarosis was also present.

As there was no history of flushing and on examination, presence of multiple comedones and absence of telangiectasia, sebaceous hyperplasia on nose and absence of cheek involvement, ruled out Rosacea induced rhinophyma. A diagnosis of FRS with senile xerosis was made. The patient was not willing for a biopsy of the facial skin and did not want any treatment for his facial lesions though topical tretinoin was offered as a treatment option. He was treated with topical emollients for xerosis.

DISCUSSION

Favre-Racouchot syndrome also known as nodular cutaneous elastosis with cysts and comedones was originally described in 1932 by Favre1 and reviewed in detail by Favre and Racouchot in 1951.2 Though it is found predominantly in middle aged or elderly white men with extensive exposure to sun and weather,3 it is not so uncommon in Indian patients suggested by a few case reports.4,5

The pathogenesis of FRS is uncertain. It has been postulated that damage from ultraviolet (UV) radiation, combined with an unknown host predisposition, leads to alteration of the dermal connective tissue and development of the syndrome.6 Increased association of FRS in smokers have also been reported suggesting its possible pathogenic role.7

Fig. 1: Multiple comedones, wrinkles and irregular elastotic nodules on the nose and periorbital region with lateral madarosis
The condition is characterized by open and closed comedones, nodules and cysts on the background of severely actinic damaged skin in the form of wrinkled, thickened yellowish skin on the periorbital and temporal areas often bilaterally and rarely on the lateral neck, postauricular area, forearm or nose. Our case had a predominant nose involvement which is an uncommon occurrence.

Histologically, there are dilated pilosebaceous openings and cyst like spaces filled with horny material. Signs of dermal solar elastosis along with epidermal atrophy also are noted. The conditions which mimic FRS include: comedonal acne, colloid milia, milia, trichoepithelioma, and syringoma.

The treatment consists of avoidance of excessive sun exposure and the use of regular sunscreens to prevent progression of the disease and topical therapy with tretinoin, adapalene or tazarotene.

Various surgical treatment modalities like dermabrasion, curettage and plastic surgery have been tried with variable success and there has been little benefit with comedone extraction or peels used for acne. Carbon dioxide laser has also been used with promising results.

REFERENCES