

White Papules on the Chest and Back of a Middle-aged Man

A 52-year-old Chinese gentleman with no significant past medical history of note presented with an increasing number of asymptomatic white papules on his chest and back for the past 2 years. We present a clinical photograph showing a close-up view of the lesions and discuss the diagnosis of his condition.

The patient was disturbed by the sudden appearance and its gradual spread of white papules on his chest and back for the past 2 years. He was otherwise asymptomatic. He had no personal nor family history of prior skin conditions. Examination showed numerous white, non-follicular papules measuring 2 to 3 mm distributed over his upper chest and back, indicated by arrows (Fig. 1). Some were discrete while others were confluent. He had no ocular abnormalities. Systemic review was unremarkable for ocular, gastrointestinal and cardiovascular involvement. Histopathologic examination with Weigert's elastic stain of a papule revealed thinned collagen bundles and loss of elastic fibres in isolated foci of the mid and lower dermis. Elastic fibres were present in other sites of the dermis (Fig. 2).

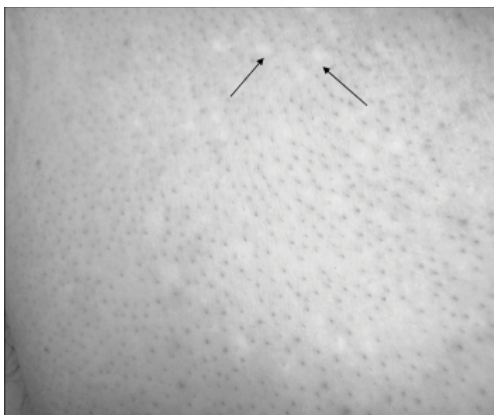


Fig. 1. A close-up view of multiple white non-follicular discrete and confluent papules measuring 2 to 3 mm distributed over the chest and back.

What is the diagnosis?

- A) Pityriasis versicolor
- B) Papular acne scars
- C) Pseudoxanthoma elasticum
- D) Fibroelastolytic papulosis
- E) Collagenoma

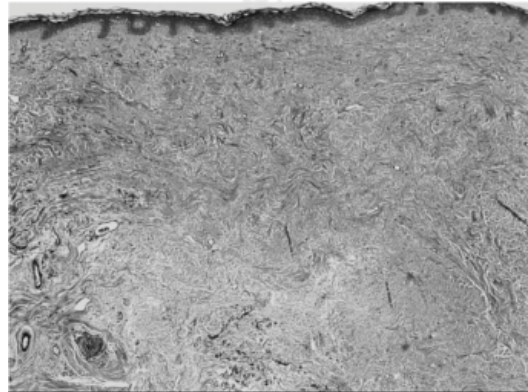


Fig. 2. Thickened and abnormal organisation of collagen bundles. Staining demonstrates loss of elastic fibres in two foci of mid and lower dermis (Weigert, x40). Elastic fibres present in other sites of the dermis.

Discussion

Fibroelastolytic papulosis (FEP) of the chest and back was diagnosed. The patient was reassured of its benign nature but was cautioned about the possibility of further spread.

FEP of the neck was first described by Balus et al¹ in 1997. Jagdeo et al² proposed the diagnostic term FEP to include cases previously identified as pseudoxanthoma elasticum (PXE) like papillary dermal elastolysis (PXE-PDE) and white fibrous papulosis of the neck (WFPN), which all have similarities and overlap in clinical presentation, histology and the distribution of lesions.

FEP is an extremely rare condition that affects both genders equally, with onset after age 40.² The WFPN subset is predominantly described in Asians, particularly the Japanese.³ The clinical spectrum encompassing FEP is that of asymptomatic whitish yellow papules which may coalesce to form a cobblestone pattern resembling PXE. Significantly, there is no systemic involvement. Affected sites include the neck, supraclavicular region, scalp, axillae, lower aspect of the abdomen/inguinal region, and antecubital fossa. It has been reported to occur on the shoulders and upper sternum.⁴ Clinically, it has been reported to resemble papular acne scars.⁵ Histology is characterised by normal, decreased, or absent elastic fibers in the papillary dermis occasionally accompanied by collagen fiber thickening.² FEP is a disorder predominantly of the papillary dermis with absent epidermal findings. Some cases have reported atrophic epidermis.²

Answer: D

FEP runs a benign course, and it has no known etiology but is nonetheless troubling for the patient. Intrinsic aging has been postulated to play a role in pathogenesis.⁶ There is no effective treatment, although tretinoin has been used in some case reports.²

Acknowledgements

Dr Michelle Chan, Registrar, Department of Pathology, Singapore General Hospital, for her kind assistance in the reproduction of the histology slide.

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