INTRODUCTION

Generalized granuloma annulare is a variant of granuloma annulare (GA) which affects middle aged and elderly patients and is less likely to resolve spontaneously. Many therapies have been used in the treatment of this resistant type of GA. We present a case of an elderly gentleman that failed treatment with adalimumab, cyclosporin, and hydroxychloroquine who responded well to monotherapy with methotrexate.

CASE REPORT

A 74 year-old white male with a history of localized GA presented with new and enlarging erythematous annular plaques and papules that had spread to his torso and legs (Fig. 2: A & B). These lesions had previously been confined to his hands and forearms for the past 8 years. Punch biopsies (Fig. 1) revealed interstitial and palisading GA that was clinically consistent with generalized GA. In the past, the patient was treated with several systemic therapies. A course of cyclosporine was mild-moderately successful, but lesions recurred shortly after discontinuation. Hydroxychloroquine and adalimumab were also used but were ineffective. The patient was trialed on a course of topical and oral steroids. This led to minimal improvement of skin lesions, of which 43% achieved complete clearance and 57% partial on 12.5 to 15mg weekly.2 An established guideline for treatment is still lacking. In one systemic comparison of available treatments, the authors proposed a step-wise approach starting with topical steroids and calcineurin inhibitors. When physical modalities like PDT, PUVA or UVA1 were unavailable, the use of hydroxychloroquine, retinoids, dapsone or IL-2 inhibitors were indicated as first choice systemic therapies.3 Despite this new approach to the treatment GGA, there is limited evidence supporting any particular regimen when a patient has recalcitrant disease.4 This issue is further compounded by factors such as cost, patient co-morbidities and compliance. Our patient was resistant to cyclosporin, hydroxychloroquine, and adalimumab, and reluctant to do light therapy. Given our patient’s response to intramuscular methotrexate alone, we recommend this medication as an option for clinicians treating patients with recalcitrant disease and/or limitations as described above. It is effective, cheap, easy to monitor and, in a majority of patients, well-tolerated with GI upset being the biggest complaint.5

DISCUSSION

There is a myriad of therapies reported in the literature for the treatment of generalized granuloma annulare (GGA). They include: topical, intralelional and systemic steroids, retinoids, PUVA, PDT, UVA1 phototherapy, fumaric acid esters, topical tacrolimus and pimecrolimus, dapsone, hydroxychloroquine, methotrexate, TNF-a inhibitors, miacinamide, allopurinol, hydroxyurea, tetracyclines, clofazimine and rifampin, zidovudine, pentoxifylline, interferon-a therapy, vitamin E, pulse dye laser, excimer laser and surgery.1

REFERENCES