Acanthoma fissuratum is an uncommon condition which is caused by chronic, persistent trauma to an affected area. It is synonymous with spectacle frame granuloma or granuloma fissuratum, although this is a misnomer as no granulomatous response is observed on histology. There is no demographic predilection for its development. Factors contributing to its development include ill-fitting spectacle frames, heavy glasses, concomitant skin disease, and local anatomic abnormalities.

Common locations for acanthoma fissuratum involve the back of the ear and lateral aspect of the bridge of the nose in cases of ill-fitting glasses.

Classically, it presents as a single papule, nodule, or plaque with a central groove dividing the lesion into two halves (Coffee bean appearance). It can be painful, particularly in the presence of ulceration. Histologically, there is acanthosis and hyperkeratosis with variable parakeratosis.

Acanthoma fissuratum can usually be diagnosed clinically upon inspection. However, biopsy may be necessary to rule out malignancy as basal cell carcinoma or squamous cell carcinoma are common in these areas.

Treatment is not required as acanthoma fissuratum will resolve if the cause of the irritation is removed. Intralesional corticosteroid injection can improve symptoms in persistent cases. It can, however, recur if the individual continues to don the problematic glasses.