

KERATOTIC PAPULES OF CHIN: A CASE SERIESGuruprasad Kalyanrao Yelwanti¹, Mohammed Waseem Javed²¹Professor & HOD, Department of Dermatology, Venereology & Leprosy, K.B.N. Institute of Medical Sciences, Kalaburagi.²Post Graduate Student, Department of Dermatology, Venereology & Leprosy, K.B.N. Institute of Medical Sciences, Kalaburagi.**ABSTRACT**

Keratotic papules of the chin is not frequently encountered in Dermatology practice. To date less than 30 cases have been reported.¹ It occurs on the limited areas of skin receiving prolonged friction and/or pressure by other parts of patient's skin. It was first reported by Padilha-Goncalves in 1977 and named "Traumatic anserine folliculosis" for the stressing aetiologic factor i.e. friction or pressure, the goose skin appearance and follicular location of the lesions.² Mehta in 1988 described similar condition in 6 females.³ Presently, we are presenting a case series of Anserine Folliculosis.

KEYWORDS

Keratotic Papules, Anserine Folliculosis.

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INTRODUCTION: Keratotic papules of the chin or Anserine Folliculosis is not frequently encountered in dermatology practice. Its occurrence in young people especially in females over the facial area poses cosmetic problem. Even though friction or pressure over that anatomical area is considered to be the one of the aetiological factor but in many cases such history is not present. Treatment with keratolytics and topical mild steroids are in vogue but they are not producing satisfactorily clinical improvement.

CASE REPORTS:

Case 1: A 19-year-old female student presented to Skin OPD with multiple papular lesions on chin and left side of the cheek of 7 years' duration. These lesions have been asymptomatic and gradually progressive with slight hyperpigmentation. There was no history of friction or pressure in these areas and no history of prior treatment for the same. On examination, multiple grouped tiny slightly hyperpigmented follicular oriented papules seen over the chin and prominence of left cheek, the surrounding skin was normal. [Figure 1].

Case 2: An 18-year-old female, presented to Dermatology OPD with asymptomatic multiple papular lesions over the chin since 6 years' duration, history of frequent pressure/friction over the chin with no treatment history. [Figure 2].

Case 3: A 19-year-old female patient presented with similar complaints since 7 years' duration, with history of pressure or friction over the area. [Figure 3].

Case 4: Another similar case, a 21-year-old male presented to the Dermatology OPD with multiple papular lesions over

both cheeks and chin since 3 years, history of friction present, with gradual hyperpigmentation. [Figure 4].

**Fig. 1****Fig. 2****Fig. 3**

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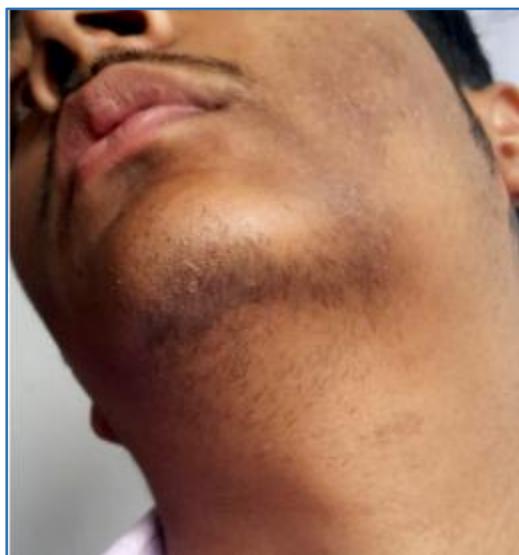


Fig. 4

DISCUSSION: Keratotic papules over the chin are rare in Dermatology practice. This is evidenced by scarcity of reports in the literature. To date less than 30 cases have been reported. Mehta in 1988 described 3 young females with Keratotic papules on the chin.⁴ A single case of Anserine folliculosis on chin was reported by Ahn KJ et al in 1982.⁵ Brenner and Ilie described two brothers with Keratotic Papular lesions on the chin indicating their occurrence in boys and familial nature.⁶ whereas there is no familial history in our case series. Majority of the cases which previously reported were young females; however, in our case series along with three young females, a male of 21-year-old presented with Keratotic papules. These Keratotic papules most of the time are seen over the chin and borders of the mandible, but in our case series, we have found two cases of Keratotic papules over the cheek along with chin, which has not yet been reported.

In Sharma et al case report, there was presence of a melanocytic naevus and naevus of Ota in 2 females, probably that was a coincidental finding. There is no such coincidental finding in our findings. In our cases, all the patients were prescribed a combination of moderately potent topical steroid along with keratolytic agents which showed mild-to-moderate improvement. However, we have not done followup long enough to know the reoccurrence. The condition can be confused with keratosis pilaris, but unusual site as well as the absence of Cork Screw hair are the differentiating features. Other one is Lichen spinulosus; however, in Lichen spinulosus the papules are acuminate, spiny and occurs on the site of friction such as knees & elbows. We are reporting this case series of Anserine folliculosis for its rarity.

CONCLUSION: Keratotic papules of the chin even though a benign and innocuous condition but the occurrence over face especially in young people results in psychological and cosmetic morbidity. Hence, more efficacious methods of treatment are needed to alleviate this condition.

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