

## LETTERS TO THE EDITOR

# White fibrous papulosis of the neck: A case report

To the Editor,

White fibrous papulosis of the neck (WFPN) which is first described by Shimizu et al. in 1985, is characterized by multiple, confluent, 2–3 mm in diameter, asymptomatic smooth papules. These whitish papules are located on the neck and back and independent from hair follicles<sup>1,2</sup> and also the upper sternum, nape, and the upper arm may be affected.<sup>3</sup> WFPN is generally reported in patients older than 60 years, and the age of the youngest case in the literature is 26 years.<sup>4</sup> Lesions increase progressively and no regression is seen over time. The pathogenesis of WFPN is unknown, besides the studies suggest that age and sun-related damages may be indicative factors for WFPN. Most of the patients have no history of prolonged sun exposure or similar lesions in the family.<sup>5</sup>

## 1 | CASE REPORT

A 48-year-old woman presented with a history of an increased number of asymptomatic whitish small papules on the neck for 3 months. She had no history of similar lesions in the family. Dermatologic examination demonstrated multiple, smooth, 2–3 mm discrete whitish papules on the neck (Figure 1). One of the lesions is excised by a 3 mm punch biopsy. Histopathologic analysis was performed and there was pallor homogenized, edematous thickened collagen in the



FIGURE 1 Whitish papules on the neck

papillary dermis. Loss of elastic fibers in the papillary dermis was seen by Verhoeff-Van Gieson elastic collagen stains (Figure 2). The patient was diagnosed as WFPN with this information.

## 2 | DISCUSSION

White fibrous papulosis of the neck is characterized by follicle-independent multiple, asymptomatic smooth whitish papules located on the neck. The number of papules is variable. No associated comorbidities have been reported.<sup>6</sup> Histopathologically focal increase and thickening of collagen fibers in the papillary dermis and also loss of elastic fibers demonstrated.<sup>7</sup> It has clinically and histopathologically similar features with pseudoxanthoma elasticum, pseudoxanthoma elasticum-like papillary dermal elastosis, mid-dermal elastosis, and papular elastorrhesis<sup>6,8</sup> (Table 1). The dermoscopic examination revealed clearly circumscribed, homogenous white areas, dotted or short thin vessels without follicular involvement.<sup>9</sup>

This condition is generally asymptomatic but sometimes can be itchy and cosmetically undesirable. For that reason, many medical treatments such as topical tretinoin and surgical excision have been applied.<sup>2</sup> And also a case treated successfully with nonablative fractional photothermolysis laser (Fractionated 1550-nm erbium glass laser) has been reported.<sup>3</sup> Our case was followed without treatment. We reported this case to take attention to the cosmetically undesirable condition and its differential diagnosis.

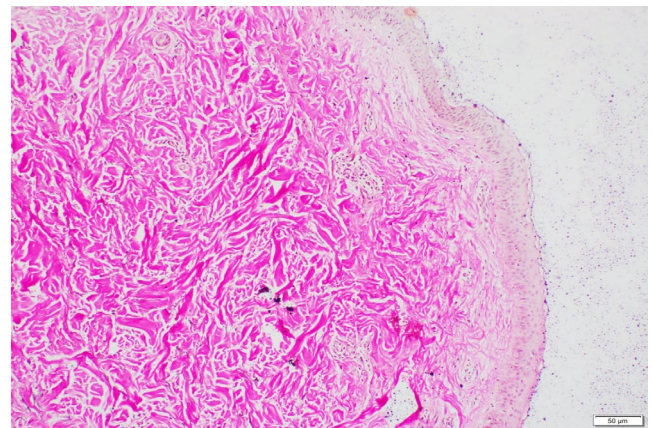


FIGURE 2 Loss of elastic fibers in papillary dermis

TABLE 1 Differential diagnosis of WFPN<sup>8</sup>

Disorder	Age of onset	Clinic features	Histopathology
Pseudoxanthoma elasticum	Early childhood rarely in old age	Yellowish-white confluent papules-cobblestone appearance, involving neck, axillae, abdomen, groins, perineum, and thighs	Elastic fibers appear basophilic due to calcium deposition, fragmentation, and clumping seen in the reticular dermis.
Pseudoxanthoma elasticum-like papillary dermal elastosis	Postmenopausal and elderly women	Soft yellow papules with a tendency to coalesce into cobblestone plaques on neck	Marked decrease to absence of elastic fibers in the papillary dermis, no calcification and fragmentation
White fibrous papulosis of the neck	Elderly individuals	Whitish firm papules	Slightly decreased elastic fibers, thickened collagen bundles in papillary dermis
Middermal elastosis	Young- and middle-aged women	Type 1: patches of well-circumscribed fine wrinkles involving trunk and proximal extremities Type 2: Perifollicular papular protrusions Type 3: Persistent reticular erythema and wrinkling	Selective loss of elastic fibers in middermis, associated with mild lymphohistiocytic infiltrates and elastophagocytosis of elastic fibers by macrophages
Papular elastorrhexis	First to second decades	Multiple, discrete, nonfollicular hypopigmented, 1–5 mm papules on the chest, abdomen, and back	Focal fragmentation decrease or loss of elastic fibers, thickened collagen bundles, and perivascular inflammation

**KEYWORDS**

elastic fibers, papulosis, white

**CONFLICT OF INTEREST**

No conflict of interest.

Ethical approval: Waived.

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