

## Papular Granuloma Annulare Mimicking Viral Warts

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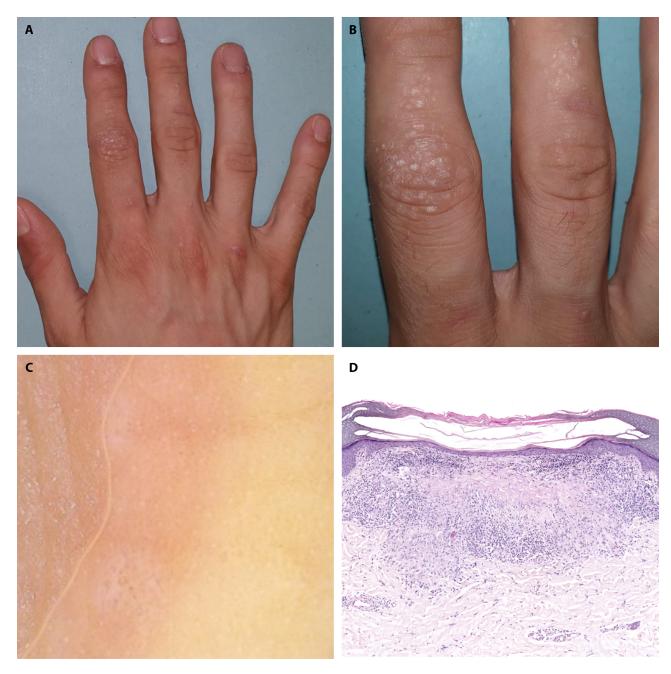
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## **Case Presentation**

We report the case of a 29-year-old Caucasian male that presented to our clinic with a four-year history of having several small, shiny flesh-colored/erythematous papular lesions confined to the dorsal surfaces of his fingers and hands bilaterally (Figure 1, A and B). There were no systemic symptoms, no smoking habit reported, and no history of diabetes mellitus or other chronic diseases. At the time of the visit, a dermoscopic examination of the lesions was carried out that showed circular areas of varied dotted and linear irregular vessels on a pink to white background (Figure 1C). A punch biopsy was performed for histological examination. The histopathology was compatible with granuloma annulare (GA) of the hands, showing an area of palisading histiocytes around both degeneration of collagen and mucin deposition (Figure 1D). Blood work (including a complete blood count, plasma glucose levels, liver and renal function tests, and autoimmunity screening) were performed and resulted within the normal limits [1]. After evaluating the different therapeutic options that exist for GA, a 4-week treatment with a potent topical steroid ointment was prescribed [2].



**Figure 1.** Papular granuloma annulare. (A, B) Morphology of cutaneous lesions on the dorsal aspects of the hands; (C) Dermoscopic examination displays varied irregular linear and dotted vessels over a pink to whitish background and (D) Cutaneous biopsy findings showing an area of palisading histiocytes, degenerated collagen bundles, and mucin deposition (H&E, original magnification ×20).

## **Teaching Point**

GA is the most common non-infectious cutaneous granulomatous disease and can manifest with many clinical variants, sometimes mimicking other conditions such as viral warts. Considering the frequency with which dermatologists see viral warts, differential diagnoses and biopsy often may not be considered. This case highlights the crucial importance of clinical and histopathological correlation for a definitive diagnosis, leading to an improved management of these inflammatory lesions and, above all, their atypical clinical variants.

## References

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