

## Favre: Racouchot Disease

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### Abstract

Favre-Racouchot disease is characterized by diffuse yellowish hue with presence of large, open, black comedones, nodules and cysts associated with the clinical signs of actinically damaged and atrophic skin. Sun exposure, smoking, and therapeutic radiation are considered important risk factors. Pathogenesis of the disease includes loss of functional elastic tissue network and reduction of tensile strength, distension of the infundibular canal of the sebaceous follicles and retention of sebum with consequent comedones formation. Dermatoscopy showed yellowish lobular like structures with rare peripheral telangiectasia. Combining medical and surgical therapy is the best approach.

**Keywords:** Favre-Racouchot Disease; Comedones; Dermatoscopy.

### Introduction

Favre-Racouchot disease (FRD) is also referred as senile comedones, solar comedones, and nodular elastosis with cysts and comedones. It was originally described in 1932 by Favre and later reviewed in detail by Favre and Racouchot in 1951.<sup>1</sup> It is characterized by diffuse yellowish hue with presence of large, open, black comedones, nodules and cysts associated with the clinical signs of actinically damaged and atrophic skin.

It is more common in Caucasian males in up to 6% of patients aged from 40 to 60 years. Diagnosis is primarily clinical and histopathology is rarely required. Dermatoscopy can be used as non-invasive tool for the diagnosis. Medical and surgical mode of therapy can be combined for its effective treatment. We hereby present a case diagnosed on clinicodermatoscopic basis as FRD.

### Case report

A 70 year old male presented with asymptomatic lesions over his face since 1 year, which were gradually progressive. By occupation he was vendor. He was chronic smoker since almost 40 years (20 bidis per day) and was hypertensive on beta blockers since 10 years. No other comorbidities present. Cutaneous examination

showed yellowish hue of the skin with multiple comedones and yellow colored cysts, ranging from 0.5 to 5 mm in diameter over bilateral upper part of cheeks and at outer canthus of both eyes. (Zygomatic area)(Fig. 1)

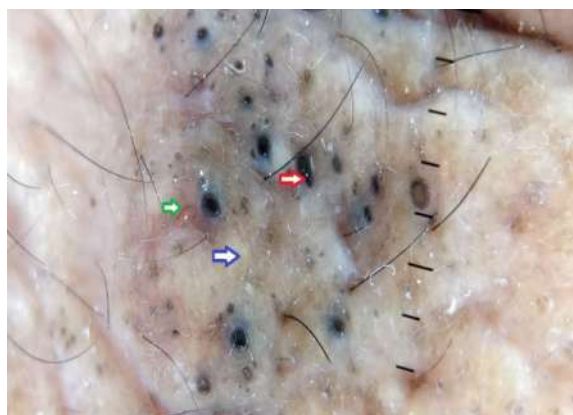


**Fig. 1:** Multiple comedones and yellow colored cysts, ranging from 0.5 to 5 mm in diameter over right zygomatic area.

Deep wrinkles and furrows were also seen more on left side of face. (Fig. 2)



**Fig. 2:** Multiple comedones and yellow colored cysts with deep furrows and wrinkles over left zygomatic area.



**Fig. 3:** Dermatoscopy (polarized LED ILLUCO dermoscope IDS-1100 having 10x magnification) showed yellowish lobular-like structures (Blue arrow), comedone like openings (Red arrow) and peripheral telangiectasia. (Green arrow)

Dermatoscopy done with handheld polarized LED ILLUCO dermoscope IDS-1100 having 10x magnification showed yellowish lobular-like structures, comedone like openings and peripheral telangiectasia. (Fig. 3) Histopathology was not done as patient denied for biopsy. On the basis of clinical and dermatoscopic examination diagnosis of Favre Racouchot disease (FRD) was made. Patient took 2 sittings of CO<sub>2</sub> laser, but then was lost in follow up.

### Discussion

FRD is characterized by nodules and cysts associated with the clinical signs of actinic-related skin damage and solar elastosis of the face with deep wrinkles and furrows. In 1888 Thin et al. described grouped comedones

occurring in solar-damaged skin of elderly individuals for the first time. Cases in dark skinned people including Indians have been reported.<sup>2</sup> Sun exposure, smoking, and therapeutic radiation are considered important risk factors.

Pathogenesis of the disease includes loss of functional elastic tissue network and reduction of tensile strength, distension of the infundibular canal of the sebaceous follicles and retention of sebum with consequent comedones formation.<sup>1</sup>

Clinically it is characterized by slowly progressive waxy and soft plaques with open or closed comedones. The surrounding skin may be thickened and shows deep furrows, isolated papules, nodules, cystic lesions and rough and waxy plaques from 2 to 6 cm in diameter especially involving the periocular region, nose, malar regions, temples, cheeks or neck. Uncommonly, the lateral neck, retroauricular areas, earlobes, and forearms may also be involved. Lesions are symmetrically distributed, but rarely can be unilaterally.<sup>3</sup> It has to be differentiated from chloracne, sebaceous adenoma, syringoma, acne, comedones, milia, colloid milium, trichoepitheliomas, and sebaceous hyperplasia.<sup>2</sup>

Dermatoscopy showed yellowish lobular like structures with rare peripheral telangiectasia.<sup>4</sup> Our case showed yellowish lobular like structures, peripheral telangiectasia and also comedone like openings not reported previously. Histopathology of FRS are very characteristic with presence of dilated pilosebaceous openings, atrophic sebaceous glands and large, round cyst-like spaces lined by a flattened epithelium and filled with layered horny material. Solar elastosis could be pronounced or absent also.<sup>1</sup>

Conditions closely linked to FRS include cutis rhomboidalis nuchae, considered to be its variant.<sup>2</sup> Other conditions associated with FRS include cutaneous myxoma, actinic keratosis, basal and squamous cell carcinoma, trichostasis spinulosa, keratoacanthoma, and eyelid papilloma.<sup>5</sup>

Sunscreen and cessation of smoking can arrest the progression of the disease. Combining medical and surgical treatments is the best approach. Regular use topical retinoids results in expulsion of small comedones and improvement in photo damaged skin along with oral Isotretinoin. Surgical techniques include comedone extraction, curettage, simple or multiple stage excision, dermabrasion, and laser resurfacing.<sup>5</sup>

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