VARIOLIFORM ATROPHIC FOLLICULITIS

FOLLICULITIS ATROPHICANS VARIOLIFORMIS

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In May, 1918, Heidingsfeld¹ reported a case of "atrophia maculoso varioliformis cutis." In the following number of the journal MacKee and Parounagian² give a complete clinical and histologic record of two cases that they called "folliculitis ulerythematosa reticulata" and, in the course of the survey of the literature of these peculiar and rare conditions, refer to Heidingsfeld's case, while at the same time recognizing its difference to theirs. When I saw these cases I was under the impression that though they differed somewhat clinically, we should establish their identity histologically, for I had had two such cases, the one, identical with Heidingsfeld's, which I³ exhibited at the Manchester Dermatological Society in 1912 and the other, the facsimile of MacKee's, which I demonstrated in 1914. Lately I investigated the cases histologically and found that my impression was incorrect. Heidingsfeld, unfortunately, was not able to make a biopsy.

REPORT OF A CASE

History.—The case I now record was that of a young man, aged 17, who in October, 1912, presented himself at my clinic with pitted atrophic scars on both cheeks, more marked however on the left, and beginning on the latter side three-quarters of an inch below the left external canthus extended downward to the angle of the jaw (Figure 1). The scars varied in size from that of a pinhead to that of a split pea and in places two or more had coalesced, forming a furrow. In the lower part some slight capillary dilatation was evident and a few minute comedones could be detected on both cheeks. The condition was first noticed over the left malar region some four years previously, and for two years the patient had gone elsewhere for treatment, but had recently been discharged as incurable, and had been warned that the scarring would extend and eventually destroy his face. The man's hands and feet showed venous stasis with marked hyperhidrosis. Aside, from the fact that his mother had been treated at the hospital some years previously for lupus vulgaris, the family history was of little interest.

The patient had not suffered from smallpox nor had had any pustular eruption of the face.

1. Heidingsfeld: J. Cutan. Dis. **36**:285 (May) 1918.

2. MacKee and Parounagian: J. Cutan. Dis. **36**:339 (June) 1918.

3. Savatard: Brit. J. Derm., (April) 1912, p. 158, and (Jan.) 1918, p. 46.

Fig. 1.—Varioliform atrophic folliculitis. The transverse furrow above was excised for histologic examination.

Fig. 2.—Varus nodulosus; active stage.

I have seen the patient again recently and find the condition practically in statu quo. There has been a slight increase on the right cheek and the pitting seems to be a little more pronounced. There is no evidence of telangiectasis or erythema. Careful palpation gives one the impression that at the edges of the scars the skin, though apparently normal, is slightly firmer than normal, though it does not amount to induration.

Histologic Examination.—I excised the transverse furrow for histologic examination. I found, on examination, flattening of the papillary layer with atrophy of the hair follicles, diminution of elastic tissue and increase of collagen fibers. At the margins of the atrophic area there was perivascular and perifollicular small-celled infiltration. A sweat gland was greatly distended and

Fig. 3.—Varus nodulosus; atrophic stage.

suggested the obliteration of its duct. There were increased vascularity and proliferation of the vessel walls. The picture was that of an atrophy secondary to chronic inflammation.

I have preferred calling this condition varioliform atrophic folliculitis rather than adopting Heidingsfeld's title. This name not only conveys the clinical picture, but also explains its etiology.

There are, of course, many varioliform atrophic conditions of the skin from which a differential diagnosis must be made; for example, atrophy following follicular lupus, acne varioliformis, and acne agmi-

nata (Radcliffe Crocker ⁴), which, however, Brooke ⁵ described as varus nodulosus. The atrophy in these conditions is, however, secondary to a well marked eruption. Varus nodulosus not only simulates variola in its atrophic stage, but is extremely like it in its initial outbreak, as Figures 2 and 3 show.

4. Crocker: Diseases of the Skin, Philadelphia, P. Blakiston's Son & Co., Ed. 3, Vol. 2, p. 1096.

5. Brooke: *Ikonographia Dermatologica*, 1906.