A 47-year-old female of Fitzpatrick skin type V presented to the dermatology outpatient department with complaints of sudden onset raised lesions chest for 1 month. There were no systemic complaints or history of using topical or oral medications. On examination, multiple, skin-colored, infiltrated papules clustered in an arciform arrangement were seen [Figure 1]. Dermoscopic examination using DermLite DL4 (3Gen, San Juan Capistrano, California, USA) was done which showed structureless yellow-brown structureless areas, white areas with multiple well-focused linear irregular and reticular vessels over a pale pink background [Figure 2]. Skin biopsy done with a differential diagnosis of papular granuloma annulare, papular sarcoidosis, actinic granuloma, and pseudoxanthoma elasticum-like papillary dermal elastolysis, revealed thinned out and atrophic epidermis, upper and mid-dermis showed granuloma composed of histiocytes, lymphocytes, foreign body and Langhan’s type giant cell with partly degenerated elastic fibers and prominent elastopagocytosis [Figure 3]. There was no mucin deposition or collagen disruption. Von Gieson stain showed loss of elastic fibers in the granulomatous infiltrate. A final diagnosis of annular elastolytic giant cell granuloma was established after clinicopathological correlation. The patient was started on pimecrolimus 1% cream twice daily and is under follow-up.

Annular elastolytic giant cell granuloma (AEGCG) is a granulomatous disorder that presents as annular plaques having subtle raised edges peripherally with hypopigmentation and/or atrophy in the center. The plaques are seen to involve sun-exposed areas more frequently than sun-protected sites. The disease is thought to start as papules in the initial stage which extend centrifugally to form a serpiginous annular pattern.\(^1\)\(^-\)\(^2\) The reported case represents papular variant of AEGCG. On a detailed literature search, we came across only one previous report describing dermoscopy of AEGCG, and none describing the findings in the

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Table 1: Dermoscopic findings of annular elastolytic giant cell granuloma and its differentials

| Disorders          | Dermoscopic findings                                                                                                                                 |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sarcoïdosis        | Orange or yellow-orange (focal or diffuse) structureless areas, well-focused vessels. Other findings include follicular plugs, scar like depigmentation, scales, pigmentation structures. |
| Granuloma annulare | Nonvascular findings: Whitish areas and yellowish-orange (focal or diffuse) structureless areas. Vascular findings: Unfocussed/blurry vessels over pinkish-red background. Other findings include pigmented structures, whitish scaling, rosettes, crystalline leaf venations. |
| PXE-PDE            | Light-yellow clods over a flesh colored background and marked linear vessels. Yellowish-orange structureless areas and scales in periphery and well-focused reticular vessels over pale pinkish background in the center. Pale white areas, pigmentation structures are other findings. |
| AEGCG              | Yellowish-brown areas, well focused linear irregular, and reticular vessels over pale pink background, and white areas. Pigmentation structures were also seen. |
| Present case       | Yellowish-brown areas, well focused linear irregular, and reticular vessels over pale pink background, and white areas. Pigmentation structures were also seen. |

PXE-PDE=Pseudoxanthoma elasticum-like papillary dermal elastolysis, AEGCG=Annular elastolytic giant cell granuloma

skin of color. Errichetti et al., noted yellowish- orangish structureless areas, whitish-gray scaling at the periphery, and well-focused reticular vessels over a pale pinkish background in the center.[5] In the present case, we found white areas that correspond to the loss of elastic fibers in the dermis, well-focused vessels which become prominent secondary to epidermal atrophy, and yellowish-brown structureless areas that denote underlying dermal granulomas. Yellowish-brown areas are seen commonly in patients of darker skin type with granulomatous disorders. The differentiation between the peripheral and central zone was not prominent in the present case which could be attributed to the early papular stage of the disease. Presence of well-focussed vessels visualized in dermoscopy of AEGCG help differentiate it from granuloma annulare where blurry or unfocussed vessels are found.[4] Although, yellowish-orange structureless areas and well-focussed vessels are found in dermoscopy of both sarcoïdosis and AEGCG, concurrent presence of white areas point toward the latter.[5] Dermoscopy of differentials of the present case is summarized in Table 1. Dermoscopy can be a useful tool aiding in the diagnosis of AEGCG and more studies are needed in this field.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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