



CASE REPORT

Confluent and Reticulated Papillomatosis of Gougerot and Carteaud

Jawad El-Azhari*, Youssef Zemmez, Mohamed El Amraoui, Rachid Frikh and Naoufal Hjira

Department of Dermatology Venerology, Mohammed V Military Instruction Hospital, University Mohammed V, Rabat, Morocco



*Corresponding author: Jawad El-Azhari, Department of Dermatology Venerology, Mohammed V Military Instruction Hospital, University Mohammed V, Rabat, Morocco

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Case Report

A 39-year-old patient, with a history of allergic rhinitis, presenting asymptomatic papular lesions for several years, starting in the pre-sternal region, then



Figure 1: Brownish papulo-keratotic plaques of the pre-sternal, epigastric, interscapular and cervical regions, covered in palces with pityriasiform squamous.

confluent in plaques and secondarily centrifugally extensive to the entire trunk. The patient received several antifungal treatments; especially ketoconazole; without any improvement. Clinical examination revealed brownish papulo-keratotic plaques of the pre-sternal, epigastric, interscapular and cervical regions, covered in places with pityriasisiform squamous, and extending at the periphery forming a reticular network reaching the shoulders, armpits and lower back (Figure 1). The rest of the clinical examination was without particularities. Evoked Diagnoses were pityriasis versicolor, seborrheic dermatitis, acanthosis nigricans, Darier's disease,

macular and pigmented amyloidosis, or confluent and reticulated papillomatosis of Gougerot and Carteaud (Gougerot-Carteaud Syndrome). Direct mycological examination and culture in search of *Malassezia* were negative. Histology showed hyperkeratosis with focal parakeratosis, a discrete, irregular and inconsistent acanthosis, and the superficial dermis was seat of a subtle peri-vascular lymphohistiocyte infiltrate. PAS and Congo red stains were negative. The diagnosis of confluent and reticulated papillomatosis of Gougerot and Carteaud was retained, and the patient placed on doxycycline at a rate of 100 mg/day.