Pruritic papules in multiple intertriginous areas

Amy J Zhang,1 Matthew L Clark,2 A Mary Guo2

DESCRIPTION
An otherwise healthy 69-year-old woman presented with a several months’ history of a pruritic eruption in intertriginous areas. No treatments had been tried, although the patient had used antiperspirant for years and recently switched to a new brand. Physical exam showed linear hyperpigmented and hyperkeratotic papules in the right axilla, bilateral inframammary folds, and infrapannus and inguinal folds (figure 1). The differential diagnoses included Hailey-Hailey disease, Darier disease, Fox-Fordyce disease and pemphigus vegetans.

Punch biopsies were obtained from the right axilla and inframammary area. Histology revealed psoriasiform hyperplasia, retained keratohyalin granules within a thickened stratum corneum and a superficial lymphohistiocytic inflammatory infiltrate (figure 2). Bacterial and fungal cultures were negative. The patient was subsequently diagnosed with granular parakeratosis. Following 2 weeks of treatment with hydrocortisone 2.5% ointment and antiperspirant avoidance, her disease resolved (figure 3); the patient’s lesions ‘fell off’ when she cleaned herself with a towel.

Granular parakeratosis is an idiopathic and benign skin disease with an incidence of approximately 0.005%.1 It was first described in 1991 with a case series of four patients with granular parakeratosis involving the axilla.2 Since the initial case series, additional cases of granular parakeratosis have been described,3–8 including several with involvement of multiple intertriginous sites.9 10

Granular parakeratosis tends to affect women older than 40 years but has been described in both sexes and a range of ages.11 Patients classically present with a shorter than 1-year duration of eruptive red to brown hyperkeratotic papules and plaques in intertriginous areas that can be asymptomatic, pruritic or painful.1 11 Involvement can be unilateral or bilateral.11 Relevant differential diagnoses include Hailey-Hailey disease, Darier disease, Dowling-Degos disease, pemphigus vegetans, intertrigo, dermatophytosis and candida.11

Histopathology is pathognomonic for granular parakeratosis. Classically, the epidermis is acanthotic or psoriasiform with hyperkeratosis, parakeratosis and retention of keratohyalin granules in the stratum corneum.1 11 This constellation of
Granular parakeratosis is a rare disorder characterised by hyperkeratosis, parakeratosis and retention of keratohyalin granules in the stratum corneum. Herein, we report a case of granular parakeratosis with multiple site involvement.

**Learning points**

- Granular parakeratosis is a rare skin disorder with characteristic histopathological findings.
- Granular parakeratosis can involve multiple intertriginous areas.

**Contributors**

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**REFERENCES**


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