

A Chronic Violaceous Cheek Nodule in a Child

An 8-year-old girl presented with a persistent nodule on her left cheek for two months duration for which she had received a 15-day course of topical corticosteroids but showed no improvement. Examination revealed a well-defined, firm, non-tender, violaceous nodule measuring 15×10 mm on her left cheek. Rest of the examination was unremarkable. Skin biopsy revealed chronic granulomatous inflammation characterized by lymphocytes and histiocytes without necrosis. Special staining for bacteria, fungi, and mycobacteria was non-contributory. A diagnosis of idiopathic facial aseptic granuloma was established and she was started on treatment with oral clarithromycin in a dose of 15mg/kg/d for 45 days, along with topical application of ivermectin, to which she responded well.

Idiopathic facial aseptic granuloma, predominantly found in children on the cheeks, typically manifests as violaceous nodules, either singular or multiple, with a protracted course. It is often a diagnostic challenge as it may mimic various conditions such as skin metastases of neuroblastoma, cutaneous lymphoma, cutaneous sarcoidosis, leukemia cutis, vascular malformations, pyogenic granulomas, epidermal cysts, benign tumors, and localized infections. Histopathology remains crucial for a definitive diagnosis. Treatment options encompass topical agents like metronidazole, azelaic acid, ivermectin, tacrolimus,



Fig. 1 Violaceous nodule with a smooth surface

and nicotinamide. Oral macrolides like clarithromycin and azithromycin, oral metronidazole or oral doxycycline (in older children), may be given for up to 3 months duration, and have proven to be effective. Our patient responded well to oral clarithromycin.

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