PATIENT INFORMATION LEAFLET

GRANULOMA ANNULARE

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand more about granuloma annulare and explains what it is, what causes it, how it can be treated and where you can find out more information.

WHAT IS GRANULOMA ANNULARE?

Granuloma annulare is an uncommon skin condition, which most often affects children and young adults but can occur at any age. It is roughly twice as common in women as in men. The reason for this is unknown.

Granuloma annulare often looks like a ring of firm bumps (papules). These typically occur on only one or two sites of the body, most often on the backs of the hands, feet, elbows, or ankles. Less commonly, it can spread across larger areas of the body. Rarely, it does not have the characteristic ring-shape.

WHAT CAUSES GRANULOMA ANNULARE?

Granuloma annulare is caused by inflammation in the deep layer of the skin, called the dermis. The reason for this reaction is not known.

Granuloma annulare is a benign condition which does not affect general health. It is not infectious or contagious and is not due to allergies. Research is ongoing to establish the link between granuloma annulare and other conditions such as diabetes, dyslipidaemia (abnormal blood fat levels) and thyroid disease.

IS GRANULOMA ANNULARE HEREDITARY?

No.

WHAT ARE THE SYMPTOMS OF GRANULOMA ANNULARE?

In most cases granuloma annulare causes no symptoms, although it could be associated with a mild itch. The affected area of skin can feel tender when it is knocked.

WHAT DOES GRANULOMA ANNULARE LOOK LIKE?

There are several types of granuloma annulare:

- Localised granuloma annulare. This is the most common form of granuloma annulare. It appears as one or more patch or patches which can be skin-coloured, pink, or purple. They usually appear on only one or two sites of the body, typically on bony areas such as the back of the hands, feet, and lower limbs. They rarely appear on the face. Usually, the rings start small and then slowly grow to 2.5-5 cm (1 or 2 inches) in diameter. As they enlarge, they become flatter and sometimes more purple in colour, and then may gradually fade.
- Generalised granuloma annulare. Occasionally, it can develop in people with localised granuloma annulare, but this occurs in less than 10% of cases and tends to be in the older population. It appears as many small skin-coloured or yellow-brown bumps or patches in the skin. It can be associated with underlying diseases

such as diabetes. Research suggests that in some cases there can be a link with other health problems or an underlying malignancy.

- Subcutaneous granuloma annulare. This is the most uncommon form. The patches are painless and appear as firm, deeper swellings in the skin (known as subcutaneous nodules), sometimes together with the skin changes mentioned above. This type is seen almost exclusively in children and usually on the lower extremities.
- Some other rarer or atypical presentations of this condition can occur.

HOW WILL GRANULOMA ANNULARE BE DIAGNOSED?

The diagnosis of granuloma annulare is made based on the characteristic appearance of the skin. In some instances, especially in the less common types, a skin biopsy (the removal of a small sample of skin, under a local anaesthetic) may be arranged and then examined under the microscope in a laboratory in order to make the diagnosis. A blood sugar test may also be performed if symptoms of diabetes are present.

CAN GRANULOMA ANNULARE BE CURED?

There is no specific cure, but in over half of cases it will have disappeared within two years without any treatment. However, in 40% of patients, the condition may come back (relapse) in the future.

HOW CAN GRANULOMA ANNULARE BE TREATED?

Decisions about treatment are usually made based on the subtype of granuloma annulare.

As localised granuloma annulare is limited to only a few sites and tends to improve spontaneously with time, treatment is usually unnecessary. Symptomatic or obviously visible patches may improve using strong steroid creams and are sometimes covered with a plaster. Less often, your doctor may consider treating the patches with steroid injections. Cryotherapy, which refers to the treatment of skin lesions by "freezing" them, may be an option for treating very small patches, but this procedure can leave a permanent scar.

There is no one ideal treatment which is consistently effective in all cases for granuloma annulare. Ultraviolet light treatment may be considered. Other drugs, such as antimalarial drugs or isotretinoin, are helpful in some cases. If unsuccessful, powerful anti-inflammatory drugs such as steroid tablets, methotrexate, ciclosporin, dapsone and adalimumab have been reported to help in individual cases. However, these treatments can have side effects, and it is important to carefully consider whether it is worthwhile using them for this harmless condition.

SELF-CARE (WHAT CAN I DO?)

There is not a great deal you can do to change the course of granuloma annulare and most cases will resolve without treatment. Skin camouflage products may help to conceal the affected patches.

WHERE CAN I GET MORE INFORMATION ABOUT GRANULOMA ANNULARE?

Web links to further information:

https://www.dermnetnz.org/topics/granuloma-annulare

Links to patient support groups:

British Association of Skin Camouflage (NHS and private practice)
Tel: 01254 703 107
Email: info@skin-camouflage.net
Web: www.skin-camouflage.net

Changing Faces
Tel: 0300 012 0276 (for the Skin

Camouflage Service)
Email: skincam@changingfaces.org.uk
Web: www.changingfaces.org.uk

Skin Camouflage Network (NHS and private practice)
Helpline: 0785 1073795
Email: enquiries@skincamouflagenetwork.org.uk
Web: www.skincamouflagenetwork.org.uk

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

BRITISH ASSOCIATION OF DERMATOLOGISTS

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