

Granuloma anular: un trastorno poco frecuente asociado al amlodipino

Granuloma annulare: a rare amlodipine associated disorder

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A 62 years old male, with a history of arterial hypertension has presented to the hospital with a month's history of a pruriginous rash on his trunk. The rash started a couple weeks after his hypertension therapy was adjusted. He had been on perindopril for an extended period before the recent addition of amlodipine two months ago. He denied any other complaint, exposure to animals or new cosmetic product.

On physical examination the patient had a maculopapular rash, without scaling, all around his trunk, arms, back, and superior abdomen. Amlodipine was discontinued and the patient was medicated with prednisolone 40 mg. Blood tests for diabetes and dyslipidemia were negative as did serologies for VIH, HCV, HBV, EBV, and syphilis; renal and hepatic function, blood count and inflammatory parameters were normal.

The skin biopsy showed focal collagen degeneration and a dermal lymphohistiocytic infiltrate consistent with granuloma annulare. These findings were attributed to a delayed type hypersensitivity reaction due to amlodipine¹. We started hydroxychloroquine 400 mg and corticoid tapering². One year later lesions had disappeared.

Granuloma annulare has an unclear aetiology, though histological characteristics suggest a link to delayed hyperreactivity reactions. Drug exposure, viral infections, diabetes, dyslipidemia, cancer, or thyroid illness have all been associated to this granulomatous eruption. It can manifest as localized, generalized, subcutaneous, and perforating forms. Differential diagnoses include sarcoidosis, *tinea corporis*, lichen planus, or tertiary syphilis³. Typically, it follows a benign course². Despite its rarity, we should be aware of its association with amlodipine and other medications.



Figure 1. Maculopapular rash in the trunk (with extension to upper abdomen)



Figure 2. Maculopapular rash in the back

CONFLICT OF INTEREST

The authors declare that they have no conflict of interests.

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ETHICAL ASPECTS

All participants submitted a consent form to be included in this study.

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