White Fibrous Papulosis of the Neck

A 74-year-old Spanish woman had an asymptomatic papular eruption on the posterior and lateral sides of the neck and on the upper back. The lesions had appeared progressively through the previous year. She had no family history of similar lesions. There was no history of prolonged sun exposure.

Her past medical history revealed: obesity, atrial fibrillation, complete left bundle branch block, arterial hypertension, degenerative aortic stenosis, polyarthritis and osteoporosis. She had previously undergone cholecystectomy, appendectomy and hysterectomy for uterine myomas.

On physical examination the patient had multiple round to oval, well-demarcated papules, 2-3 mm in diameter on the posterolateral neck and upper third of the back (fig. 1). They were not confluent, had a lighter pigmentation compared to the surrounding skin and were firm and just palpable. They were unrelated to the hair follicles. There were no similar lesions on other locations.

A hematoxylin-eosin stain of a biopsy specimen obtained from a lesion on the lateral neck showed some thickening of the collagen bundles at the upper and mid-dermis (fig. 2). A Verhoeff-van Gieson stain did not reveal any change in the amount and size of the elastic fibers as compared to the adjacent skin. There were no dermal mucin deposits.
A diagnosis of white fibrous papulosis of the neck was made. In 1985, Shimizu et al. [1] proposed the descriptive name of ‘white fibrous papulosis of the neck’ to define a new condition characterized by the appearance of small, papular lesions on the neck of elderly individuals. This was initially described in 16 Japanese patients and was later reported in another group of Japanese patients [2] and in a 70-year-old Iranian woman [3]. This new entity is made up of asymptomatic papules. The number is variable from a few to 100. Histologically, only thickening of the collagen bundles is observed in the upper and mid-dermis. Ultrastructural studies showed an increase in the collagen fiber diameter compared to the perilesional skin [2].

Most published studies described the lesions in advanced-age patients (more than 50 years old) with a slight predisposition to the male sex. Shimizu et al. [2] suggested the possibility that the lesions are age-related morphologic changes of collagen and may be clinically and pathologically compared to an ‘acquired form’ of connective tissue nevus of the elderly group.

The differential diagnosis includes: pseudoxanthoma elasticum, eruptive collage-noma [4], anetoderma, postinflammatory scar, dermatofibrosis lenticularis dissemini-nata, trichodiscomas, perifollicular elastolysis, scleromyxedema and cutaneous photo-damage. The diagnosis is provided by the history, the morphology, the location, the histologic findings and the age of onset.

As in the other reported cases [2], the lesions in our patient were not confined to the neck, but this does not preclude the diagnosis of the same entity described by Shimizu et al. [1]. Our patients can also be considered unique in that it may be the first case reported in a European woman.

We do not think that we are dealing with a rare condition in spite of the few cases published. Rather, we consider that the disease has been overlooked by both physicians and patients.
References


