

Unilateral Nodular Elastosis with Cysts and Comedones (Favre-Racouchot Syndrome): Report of Two Cases Treated with a New Combined Therapeutic Approach

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CASE REPORT

We were very interested in the letter by Stefanidou et al.¹ describing the second case of unilateral nodular elastosis with cysts and comedones, also known as Favre-Racouchot syndrome (FRS). The first case had been published by Moulin et al. in 1994². We describe 2 further unilateral cases and their treatment with a new combined modality³. Both patients, 57 and 65 years old, respectively, presented a history of a slowly and progressively growing, thickened and yellowish plaque studded with non-inflamed cysts and comedones in their left malar region (fig. 1). The apposite sides were spared. The comedones were firmly inserted and difficult to remove. The patients had a long history of smoking and outdoor occupation. No use of cosmetics and medical creams was implicated, and no other family members were affected. A diagnosis of FRS was made based on clinical features and on histopathological examination.

Both patients were treated with a combined modality, starting with a CO₂ laser (SmartXide, DEKA, Florence, Italy) to vaporize the epidermis, followed by extraction of the cystic and comedonic material with a pair of forceps. No local anaesthesia was used. Laser parameters were: level 1-2, frequency 10 Hz and diameter of spot 2-3 mm (defocused). An antibiotic cream for a few days and a sunblocker were encouraged. The follow-up at 3 months for case 1 (fig. 2) and at 6 weeks for case 2 showed excellent results and no recurrences.



Fig. 1. Typical lesion of FRS in the left malar region.



Fig. 2. Good results after treatment with our combined therapeutic approach.

Until now treatments reported in the literature for FRS include topical retinoic acid 0.025% applied twice a day⁴, topical 0.05% tazarotene gel⁵, curettage⁶, dermabrasion⁷, simple surgical excision or combined modalities with multiple-stage excision followed by dermabrasion⁸⁻⁹. To the best of our knowledge, CO₂ laser usage

has never been described in the treatment of FRS. Since we did not use anaesthesia (no pain using the described laser parameters) and the method was very quick (15 min) our combined therapeutic approach was well accepted by the patients.

In summary, our cases are interesting for their exclusively unilateral distribution and for the new therapeutic approach employed.

Indeed, on the basis of our excellent results, we recommend our novel combined modality in the treatment of FRS.

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