

Recurrent Granuloma Faciale Successfully Treated with the Carbon Dioxide Laser

Sir,

Despite evaluation of a plethora of modalities, treatment of Granuloma Faciale (GF) remains disappointing. Search for an effective, low-risk treatment led to the use of Pulsed Dye Laser (PDL) in GF with variable results.^[1,2] In a recent series assessing the role of PDL in GF, Cheung and Lanigan noted a significant cosmetic improvement in

two of their four patients.^[1] Cosmetic improvement was maintained for at least 12 months in one patient. Here we report a patient in whom GF relapsed two years after it had partially responded to a series of PDL treatments and its subsequent response to the carbon dioxide (CO₂) laser.

A 51-year-old man with biopsy proven GF of the right cheek



Figure 1: Pulsed dye laser recurrent granuloma faciale. Note the hypopigmentation as a result of previous treatments



Figure 2: Three years post CO₂ laser treatment

that had failed to respond to topical corticosteroids and cryotherapy underwent five PDL treatments at two-month intervals (Candela ScleroPLUS, 8-10 J/cm², 585 nm, 7-mm spot, 1.5 msec, dynamic cooling device 30 msec spray, 30 msec delay) between 2000 and 2002. This resulted in a partial cosmetic improvement, which was not sustained beyond two years [Figure 1]. A series of 16

PDL treatments (Candela V Beam Perfecta, 10-12 J/cm², 595 nm, 7-mm spot, 1.5 msec, dynamic cooling device 30 msec spray, 30 msec delay) at two-month intervals were ineffective in bringing about any improvement. He was offered two treatments with the CO₂ laser spaced at three-month intervals (Sharplan 40 C CO₂ laser, silk touch mode using a scanner device, 4-mm spot size, 12W, 4 passes to the papillary dermis). This resulted in an excellent cosmetic improvement, which has been maintained for 3 years [Figure 2]. Although it is difficult to predict the response in the longer time, our experience of treating other dermatoses with the CO₂ laser makes it likely that this response will be sustained.^[3]

Destructive lasers have been used in the treatment of GF with variable results. One of the main concerns has been the risk of scarring associated with the use of CO₂ laser.^[4] The use of scanner-assisted CO₂ laser as seen in our case is safer and helps circumvent this problem.

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REFERENCES

1. Cheung ST, Lanigan SW. Granuloma faciale treated with the pulsed-dye laser: A case series. *Clin Exp Dermatol* 2005;30:373-5.
2. Ammirati CT, Hruza GJ. Treatment of granuloma faciale with the 585-nm pulsed dye laser. *Arch Dermatol* 1999;135:903-5.
3. Madan V, Ferguson JE, August PJ. Carbon dioxide laser treatment of rhinophyma: A review of 124 patients. *Br J Dermatol* 2009;161:814-8.
4. Wheeland RG, Ashley JR, Smith DA, Ellis DL, Wheeland DN. Carbon dioxide laser treatment of granuloma faciale. *J Dermatol Surg Oncol* 1984;10:730-3.

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