

Acanthoma Fissuratum

Acanthoma fissuratum is a relatively rare dermatosis that results from chronic mechanical trauma to the skin. The condition is also referred to as spectacle frame granuloma or granuloma fissuratum, though these terms are technically misnomers as histopathological examination does not reveal a granulomatous response. The condition does not exhibit a significant demographic predisposition, affecting individuals regardless of age, sex, or ethnicity.

Background

Acanthoma fissuratum typically arises from repetitive and sustained pressure or friction caused by ill-fitting eyeglasses or spectacles. Other contributing factors include heavy frames, pre-existing skin conditions (such as seborrheic dermatitis), and anatomical abnormalities in the areas where the glasses sit, such as a prominent nose bridge or uneven ear positioning. The most common areas affected by this condition include the lateral aspect of the nasal bridge and the posterior auricular region, where pressure from the spectacle frame is exerted.

Clinical Presentation

The hallmark presentation of acanthoma fissuratum is a solitary papule, nodule, or plaque with a characteristic central groove dividing the lesion into two halves, often described as a coffee bean appearance. This groove, caused by the pressure of the spectacles, is a key diagnostic feature. The lesion may be painful, particularly when ulceration or irritation occurs.

Diagnosis

The diagnosis of acanthoma fissuratum is typically clinical, based on the appearance of the lesion in the context of history of spectacle use. However, a biopsy may be performed to exclude other potential diagnoses, particularly basal cell carcinoma (BCC) or squamous cell carcinoma (SCC), which are common in the areas where acanthoma fissuratum lesions develop.

Treatment and Prognosis

In most cases, treatment for acanthoma fissuratum is not necessary, as the lesion will resolve once the mechanical irritation from the ill-fitting spectacles is removed. The underlying cause, such as switching to more appropriately fitting eyewear, typically leads to the regression of the lesion. In cases where the lesion is persistent or symptomatic, treatment options may include intralesional corticosteroid injections, which can reduce inflammation and alleviate discomfort. However, recurrence is common if the individual continues to wear improperly fitted glasses.

Conclusion

Acanthoma fissuratum is a benign, self-limiting condition caused by chronic trauma from ill-fitting spectacles. Diagnosis is primarily clinical, though a biopsy may be necessary to rule out malignancy. Treatment is generally unnecessary unless the lesion is symptomatic, with the condition typically resolving once the offending glasses are replaced. Recurrence may occur if the pressure or irritation from the glasses is not alleviated.

References

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