SILICONE GRANULOMA
- Reaction occurring years to decades following injection
- Patient often does not initially divulge a history of silicone augmentation
- Incidence is likely higher with improper technique, materials (impure or adulterated silicone) and large-volume injections
- Hotel/House parties: industrial-grade silicone neither filtered or sterilized
- Migration of liquid silicone along tissue planes to distant sites is seen almost exclusively with large-volume injections
- This complication has led to addition of various tissue irritants or adulterants to liquid silicone to limit tissue migration by stimulating a fibrous reaction at the implantation site
- The major outcome of these alterations has been a significant increase in the rate of granulomatous reactions
- Sustained remission of symptoms is seen using the tetracycline class of antibiotics and may be a reasonable first step in the management
- Surgical excision may be an effective option for well-circumscribed, isolated nodules
- For severe or refractory cases, etanercept may be considered

FOLLICULAR MUCINOSIS
- Tissue reaction pattern in which hair follicles and attached sebaceous glands accumulate mucin
- Associated perifollicular and intrafollicular lymphocytes, histiocytes, and few eosinophils
- Clinical variants:
  o Primary follicular mucinosis (alopecia mucinosa): T-cell, lymphoid dyscrasias, self-limited proliferation of T-cells
  o Lymphoma associated follicular mucinosis: Folliculotropic mycosis fungoides most common
  o Secondary (to inflammatory disease) follicular mucinosis: Atopic dermatitis, lupus erythematosus, bites, drugs, etc.
- Definitive diagnosis of primary follicular mucinosis versus folliculotropic mycosis fungoides requires clinicopathologic correlation and long term follow up!

PARADOXICAL PSORIASIFORM REACTIONS IN PATIENTS TREATED WITH ANTI-TNF ALPHA THERAPY FOR NON-PSORIASIS INDICATIONS
- Most common: Crohn’s, Rheumatoid arthritis
- Histology of lesions: classic plaque psoriasis, pustular psoriasis, psoriasiform dermatitis
• Class effect
• Treatment: cessation usually result in resolution (47%) , switching to another anti-TNF has a high risk or recurrence (36%), limited disease topical steroids
• Inflammatory bowel disease
  o Incidence rate of five per 100 person-years
  o Smoking main risk factor
  o Combination therapy with anti-TNF alpha plus immunosuppressants is associated with a reduced risk

GRANULOMATOSIS WITH POLYANGIITIS
• Mucocutaneous manifestations occur in 30-50% of cases, and may be the presenting complaint in 10%
• Papulonecrotic lesions (often of the elbows and knees) are most common, but purpura, urticarial lesions, subcutaneous nodules, and ulcers resembling PG may also be noted
• The classic histopathologic picture of “necrotizing vasculitis with granulomatosis” is seen in <20% of cases

References:

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