

Net Image

# Traumatic anserine folliculosis

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**Quick Response Code:**



A 24-year-old boy presented with asymptomatic roughness of skin over the left cheek of 1 year duration. He gave a history of adopting a particular posture while studying (resting his left cheek on the palm), which led to prolonged friction and pressure on the affected area. Cutaneous examination revealed multiple, discrete, tiny, and skin-colored, grouped papules on the left cheek, which gave a sandpaper-like feel on palpation; the right cheek appeared normal [Figures 1 and 2]. He had acanthosis nigricans of forehead and periorbital melanosis. The patient did not show any evidence of metabolic syndrome and refused a lesional biopsy. Considering the history and clinical findings, we made a diagnosis of traumatic anserine folliculosis. He was advised to avoid trauma and friction to the affected area and treated with topical 0.025% tretinoin cream. He showed 50% improvement after 6 weeks of treatment with topical retinoid.

Traumatic anserine folliculosis is an under-recognized condition characterized by multiple, closely grouped, follicular papules affecting the chin, jaws, and neck. It is referred to as



**Figure 1:** Multiple, grouped, discrete, tiny, skin-colored follicular papules over the left cheek.

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**Figure 2:** Close-up view of multiple, discrete, tiny, skin-colored, grouped papules of traumatic anserine folliculosis.

“chin on the palms sign,” when it involves the chin. It is important to differentiate traumatic anserine folliculosis

from keratosis pilaris, lichen spinulosus, and other keratotic folliculocentric disorders as the former resolves on avoidance of factors causing friction or pressure. A faster response is attained, when topical keratolytics are prescribed along with removal of etiological factors.

#### **Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent.

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#### **Conflicts of interest**

There are no conflicts of interest.

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