

## Clinical Records

### Acanthoma fissuratum

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#### Abstract

Acanthoma fissuratum secondary to the use of spectacles is a rare clinical finding associated with an ill-fitting frame. An interesting case is presented to highlight such a problem. Surgical excision of such lesions is recommended with advice to the patient regarding the suitable fitting of spectacles.

#### Introduction

Spectacles (including sunglasses) are commonly worn in the modern society. The occurrence of acanthoma fissuratum is however rare, and usually present to the dermatologist: Epstein (1965) reported two cases and Fretzin (1966) reported one case in which the association of the spectacle frame was related to the clinical finding.

#### Case report

In November 1989, a 28-year-old Caucasian male presented to our department with a lump behind his right ear which had been present for three months. It was occasionally painful and had occasionally been noted to be slightly moist with a clear watery discharge. He had no otological nor other relevant medical history. He had worn spectacles for some years, the current pair for approximately six months.

Clinical examination revealed a lesion in the post-auricular fold (Fig. 1). It was non-tender as was an associated post-auricular lymph node. The opposite ear had no such lesion and the remainder of the examination was normal.

The lesion was excised under a local anaesthetic, the diagnosis being confirmed histologically.

He made an uneventful recovery and remains free of recurrence.

#### Discussion

Sutton, in 1932, first described 'granuloma fissuratum' in the labio-alveolar fold ill-fitting dentures being implicated. Similar such cases may present to the Oral Surgeon or may be a coincidental finding on routine oral examination.

Acanthoma fissuratum related to spectacles may be found in the post-auricular fold, in the centre of the nasal bridge, or in the temporal region where the pressure of the frame or its ear-piece is thought to elicit the tissue response and clinical state. Healing may occur following correction of the ill-fitting spectacles (Tennstedt and Lachapelle, 1979).

Clinically the lesion is as shown (Fig. 1) being of variable size with a central furrow or fissure, and is often mistaken for a basal cell epithelioma (Lever and Lever, 1983).

Histologically (Figs. 2 & 3) the epidermis shows marked acanthosis, and may have the appearance of pseudocarcinomatous hyperplasia (Epstein, 1965). The dermal collagen under-

lying the fissure appears hyalinized (MacDonald and Martin, 1975) and sections across the fissure may show either a markedly thinned epidermis (MacDonald and Martin, 1975) or a



FIG. 1

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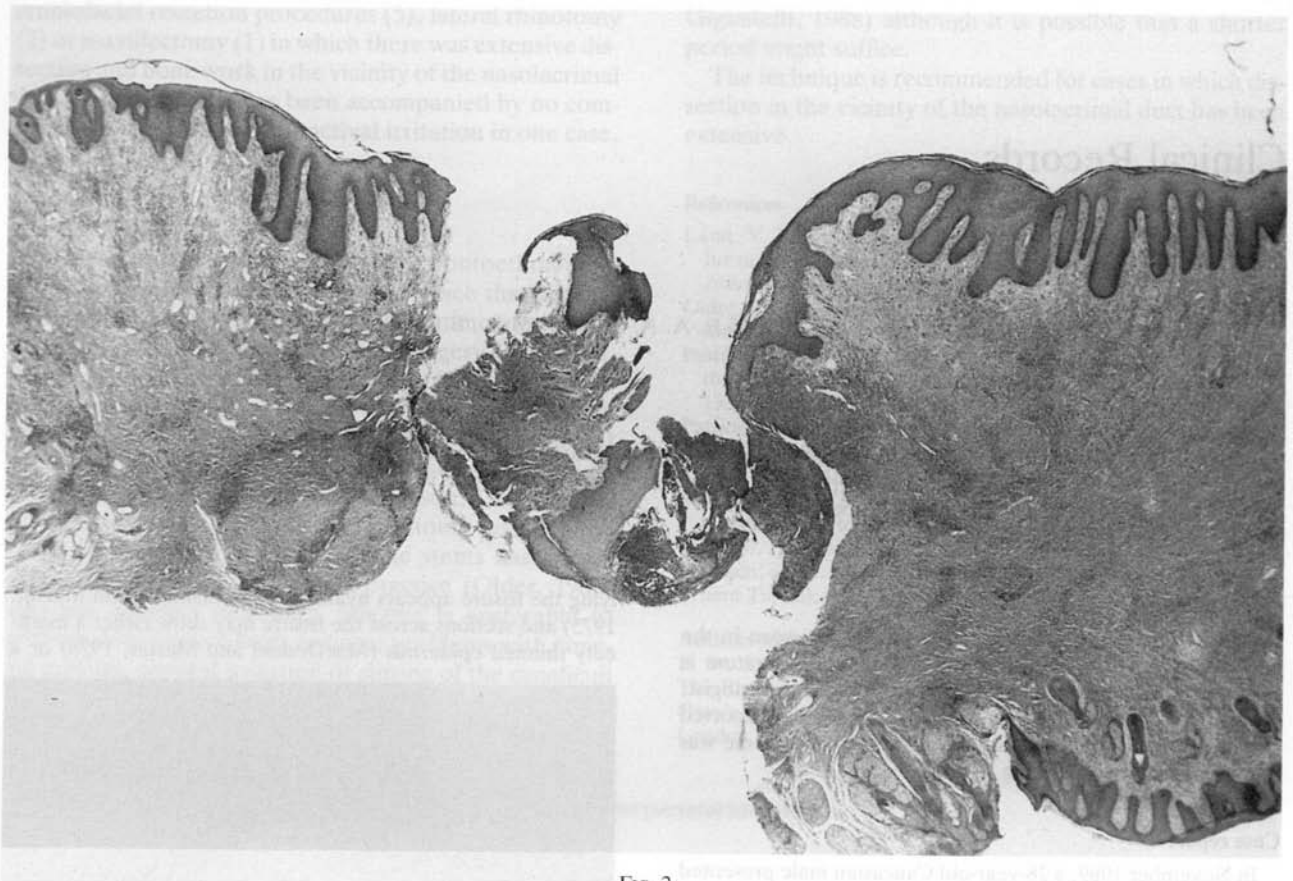


FIG. 2

Low power view showing a cross section through the longitudinal fissure seen in Fig. 1. The surviving squamous epithelium around the fissure is acanthotic. The inflammatory response and scarring around the fissure are non-specific. H&E.

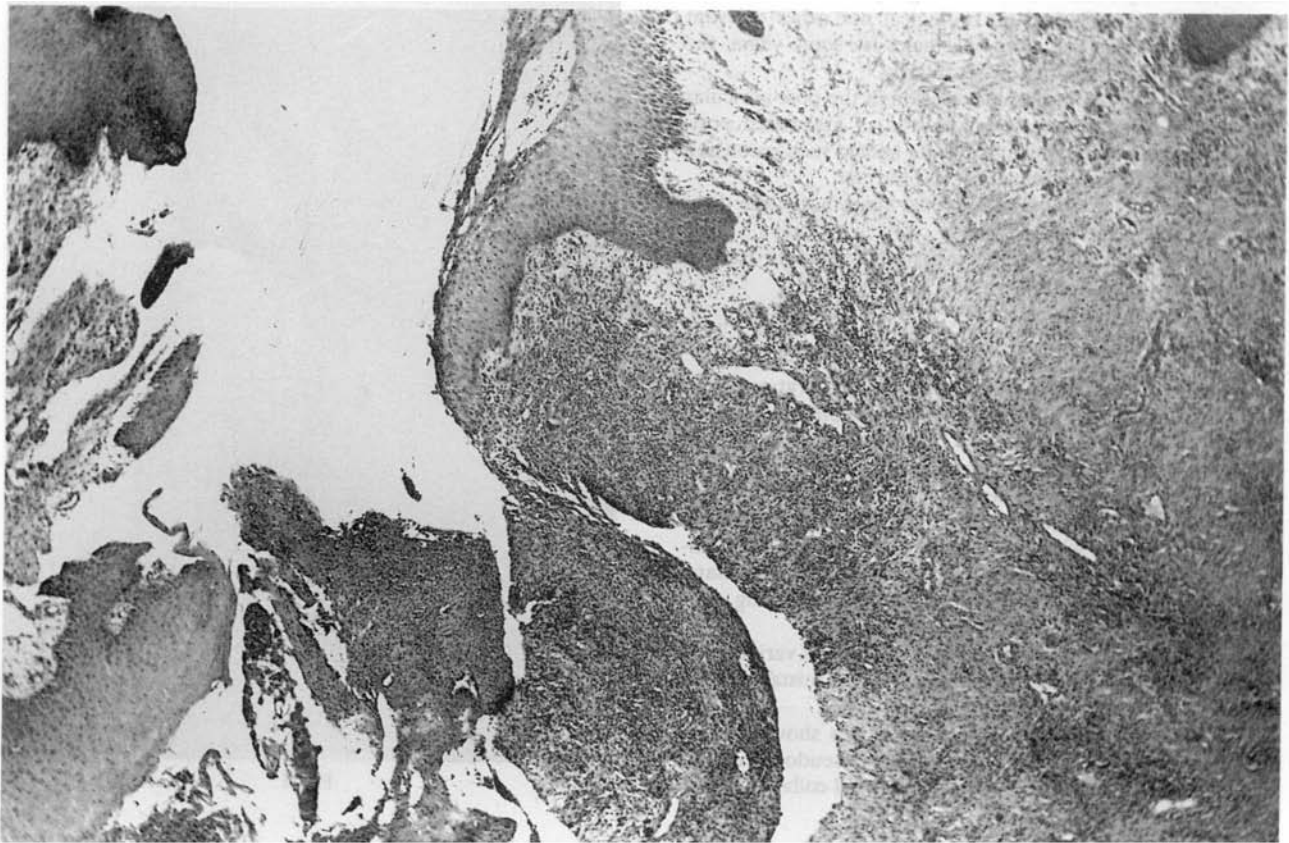


FIG. 3

High power view at the edge of the fissure showing non-specific inflammatory cells, granulation tissue and scarring. H&E.

true epidermal separation filled with degenerated inflammatory cells and keratin similar to that found in chondrodermatitis nodularis helioides (Tennstedt and Lachapelle, 1979). This latter observation indicates that the pathogenesis is due to pressure from the spectacles causing collagen deposition, this becoming degenerated and the inflammatory response being an attempt to eliminate the degenerated collagen. Correction of the ill-fitting spectacles permits restoration to normal whilst continued use leads to persistence of the clinical condition.

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