***no patient handout*

# Anetoderma

## Synopsis

Anetoderma, from the Greek anetos for "slack" and derma for "skin," is an elastolytic disorder characterized by localized areas of flaccid skin. These present clinically as skin-colored wrinkled macules or patches that may or may not form bulging sac-like protrusions. Histologically, there is focal loss of dermal elastic tissue. The condition is benign, and the pathogenesis is not well understood. It commonly manifests in the 20s-40s and is slightly more prevalent in women. Occasionally, it is seen in children.

Anetoderma may be primary or secondary. Primary anetoderma occurs when there is no underlying skin disorder. Cardiac, ocular, bony, and other abnormalities have been reported to occur in some patients with primary anetoderma.

The lesions of secondary anetoderma are identical to those of primary anetoderma but appear at the same sites as a preceding dermatosis. A multitude of conditions are associated with the development of secondary anetoderma. These include varicella, folliculitis, acne vulgaris, lichen planus, syphilis, granuloma annulare, tuberculosis, human immunodeficiency virus (HIV), pyoderma gangrenosum, Steven-Johnson syndrome, B-cell lymphoma, juvenile xanthogranuloma, melanocytic nevi, sarcoidosis, dermatofibromas, prurigo nodularis, lupus erythematosus, leprosy, mastocytosis, plasmacytomas, xanthomas, lymphocytoma cutis, acrodermatitis chronica atrophicans, pilomatricoma, antiphospholipid antibody syndrome, penicillamine, nodular amyloidosis, and hepatitis B immunization.

Anetoderma has also been described in premature neonates (see **Anetoderma of prematurity**). Rare reports of familial anetoderma have also been documented.

## Codes

ICD10CM:
L90.1 – Anetoderma of Schweninger-Buzzi
L90.2 – Anetoderma of Jadassohn-Pellizzari

SNOMEDCT:
238828009 – Anetoderma

## Look For

Well-circumscribed areas of flaccid skin that may appear as skin-colored to bluish-white depressions, wrinkling, or sac-like protrusions. The lesions are typically 1-2 cm in diameter and may be few or several hundred in number.

The most common locations are the trunk, neck, and upper extremities. Anetoderma may also occur on the face, lower extremities, and sacral region.

## Diagnostic Pearls

Upon palpation, the examining finger will "sink" into a pit with distinct edges much like the ring of a hernia. This is similar to the "buttonhole" sign seen with neurofibromas.

## Differential Diagnosis & Pitfalls

- Atrophia maculosa varioliformis cutis and **atrophoderma vermiculatum** are limited to the face.
- **Connective tissue nevi**
- **Mid-dermal elastolysis**
- **Cutis laxa**
- **Focal dermal hypoplasia syndrome**
- **Keloids**
- **Nevus lipomatosus superficialis** of Hoffman and Zurhelle
- **Atrophoderma** of Pasini and Pierini
- **Pseudoxanthoma elasticum**
- **Insect bites** (early lesions)
- **Papular urticaria** (early lesions)

## Best Tests

This is primarily a clinical diagnosis; there are no laboratory tests that are specific for anetoderma. Laboratory testing for an underlying disorder may be pursued if the clinical situation so warrants.

Skin biopsy will demonstrate a marked decrease of elastic fibers in the papillary and reticular dermis.

Incidentally, prothrombotic abnormalities or antiphospholipid antibodies may be detected in individuals with anetoderma.

## Management Pearls

Depending on the clinical scenario, further testing to evaluate for an underlying cause may be warranted.

Practitioners should follow patients diagnosed with primary anetoderma for possible development of ocular, bony, pulmonary, endocrine, or cardiac disorders.

## Therapy

Many therapies have been tried for anetoderma, including intralesional corticosteroids, aspirin, dapsone, phenytoin, vitamin E, inositol niacinate, and penicillin – all with unsatisfactory results.

Surgical excision is an option for patients with few lesions. Case reports have also shown improvement with fractionated $CO_2$ laser and pulsed-dye laser combined with nonablative fractional laser.

Isolated case reports describe the prevention of new lesions with topical aminocaproic acid and oral colchicine.

## Drug Reaction Data

Below is a list of drugs with literature evidence indicating an adverse association with this diagnosis. The list is continually updated through ongoing research and new medication approvals. Click on Citations to sort by number of citations or click on Medication to sort the medications alphabetically.

| Medication | Citations |
|---|---|
| Chelating agents | 4 |
| cocaine | 1 |
| penicillamine | 4 |