A patient presented to the Veterans’ Affairs Dermatology Clinic
Presentation

“It itches”

The lesion extended from the right mid-abdomen to the right flank, following T6 – T8

Originally started as two dime-sized patches

No immunosuppression

Further questioning

Started in 2003

Exacerbated by
- Heat
- Sweat
- Wearing ‘gear’ over the area

Relieved by
- Nothing yet
- Never really goes away
Examination

Numerous non-folliculocentric erythematous, crusted, small papules in a Blaschkoid distribution, minimal extension to the left upper abdomen

Treatments

Topicals
- Triamcinolone 0.1%
- Ketoconazole shampoos
- Tenascin spray

Oral
- Doxycycline
- Amoxicillin
- Prednisone (some relief, not in recent flares)
Biopsy

H&E staining X40 of a 4mm punch biopsy showed multiple foci of

- Acantholysis
- dyskeratosis
- epidermal hyperplasia

So it’s
Options

Topicals, oral antihistamines, avoidance of exacerbations

oral retinoids, PUVA, UVA1

...Or, based on our patient’s mechanism of pathology
Botulinum toxin (BTX) is a bacterium Clostridium botulinum toxin causes muscle paralysis, especially in facial muscles.
3 Months later

Considerations

- Recognizing an uncommon presentation that is... becoming more common?
  - 10 reported as of writing, 3 were immunosuppressed
  - All in the last 5 years

- Is this a patient-specific mechanism of disease?

- Or is there room for Botulinum in Grover's?
References


