GRANULOSIS RUBRA NASI IN A MOTHER AND DAUGHTER

BY

F. F. HELLIER, M.A., M.D., M.R.C.P.

Honorary Assistant Physician to the Dermatological Department, General Infirmary, Leeds; Visiting Dermatologist, Dewsbury and District General Infirmary

Granulosis rubra nasi is a condition well known to dermatologists but not often recognized by the general practitioner. Briefly it is characterized by redness and marked sweating confined to the nose and the surrounding area of the face, with red papules and sometimes numerous small vesicles. It occurs most commonly in children, and usually clears up at puberty, but rare cases have been described in adults. The aetiology is obscure, though it is clearly a vasomotor disturbance of some sort. Many causes have been suggested, from tuberculosis to local sepsis, none of which has been satisfactorily upheld to the exclusion of all others. An excellent account was given by Beeson in 1926; this should be consulted for further details.

It is probably not so rare as one might think from the English literature, for according to Maschkilleisson and Neradow (1935) over 130 cases had been recorded up to 1932, and they were able to find thirty-three cases in four years in their own clinic. This is a remarkable number, but in the dermatological department of the Leeds Infirmary there have been six cases in the last 20,000 patients. It is, however, rare to find the disease in successive generations, though less uncommonly it is present in two or more children of the same parents. According to Cockayne (1933) only eight instances are known in which there is evidence of the condition being inherited, and it is because the study of genetics demands the accumulation of such instances that I venture to report the following cases.

Case I

This patient, a married woman of 43 (Fig. 1), has six children, four girls and two boys, of whom the second patient is the third girl. None of the other children are affected, but the second girl has epileptic fits. There is no evidence

FIG. 1.—Case I; showing a group of vesicles.

of chilblains or any other vasomotor disturbance in the rest of the family. The husband has no blood relationship to the patient. The woman says that her nose has been red and has been covered in perspiration ever since she was 12. Now, especially after exertion but also without it, her whole face over the nose, cheeks, and upper lip perspires heavily. She has not noticed any abnormal sweating elsewhere, her palms, etc., being normally dry. The face does not trouble her at all, except for slight itching at times, and she is not

worried about the aesthetic appearance. Apart from her face she is quite well, but she suffers from chilblains on the feet in winter. The general circumstances of the family are rather poor; there is no history of tuberculosis in the family.

Present Condition.—At first sight her face suggests rosacea, but closer inspection shows that the lesions on her nose are a group of clear vesicles. There are about half a dozen of these, 2 to 3 mm. in diameter, situated close to the tip, except one which lies near the naso-labial groove on the right cheek. The cheeks are rather highly coloured, and both in the malar region and on the tip of the nose are numerous fine telangiectases. Beads of perspiration are present over the nose, cheeks, and upper lip, which on being wiped away soon re-collect.

Case II

Daughter of the above, aged 9 (Fig. 2); general health good. Since 3 or 4 years old she has had rather a red nose, and it has constantly been covered with beads of sweat. On examination the most striking thing is the intense perspira-

FIG. 2.—Case II; nose red, but without cysts or telangiectasia.

tion, limited to the nose, which is also rather red towards the tip, but is not so vivid as the mother's. There are no cysts to be seen, nor has she any telangiectasia. She shows no other evidence of vasomotor instability; her palms are dry, and she does not suffer from chilblains.

I wished to treat both these patients by means of x rays, but they failed to turn up for treatment, and when visited in their own home said that the condition did not trouble them so much as to require further attendance at hospital. I think this attitude is to be deprecated, as the condition certainly was somewhat disfiguring, and the little girl ought to have been given the benefit of possible improvement.

Comment

The exact mechanism of inheritance in this condition is not quite clear. Some families—such as Lebet's cases (1903), a mother and two girls, and Hallopeau's (1906), a father and three children—suggest that the lesion is a simple dominant, but other families do not bear this out. Cockayne (1933) explains it as follows: "If it is in part dependent on an external factor such as a local infection or a circulating toxin it may be inherited as a simple dominant, but if it is determined solely by a genetic factor the dominance must be incomplete." Apart from this the mother is of interest as representing one of the few cases reported in adults and also in having a cyst on the cheek close to the naso-labial groove.

REFERENCES

- Beeson, B. B. (1926). *Arch. Derm. Syph.*, Chicago, **14**, 256.
- Cockayne, E. A. (1933). *Inherited Abnormalities of the Skin*, London.
- Hallopeau, H. (1906). *J. Mal. Cut. Syph.*, **18**, 241.
- Lebet, A. (1903). *Ann. Derm. Syph.*, Paris, **4**, 273.
- Maschkilleisson, L. N., and Neradow, L. A. (1935). *Derm. Z.*, **71**, 79.