Case report

A CASE OF MORBIHAN'S DISEASE
Chronic Upper Facial Erythematous Oedema

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ABSTRACT

A 61 year-old male patient with recurrent episodes of reddish-violet erythema and oedema of the forehead, nose, periocular regions, eyelids and cheeks, prevalently on the left side of the face, was followed for a period of 9 years. Pachydermatous sequelae developed in the affected areas. The chronic course of the manifestation, the nonspecific histological picture and the lack of response to treatment suggested a diagnosis of Morbihan's disease. The peculiar features of the condition and its resemblance to rosaceous lymphoedema are discussed.

KEY WORDS

Morbihan's disease, rosaceous lymphoedema, chronic upper facial erythematous oedema.

INTRODUCTION

Morbihan's disease, a rare condition of which 10 cases have been reported to this date, mostly by French authors (1, 2, 3), is characterized by chronic recurrent erythemato-oedematous manifestations of the upper half of the face (nose, forehead, periocular and palpebral regions) with a typical deep reddish-violet hue and marked oedema. The course is marked by recurrent flare-ups with intervening periods of partial regression of the symptoms and pachydermatous scleromyxoedematous sequelae. The dermatosis has a chronic course, usually lasting many years.

The differential diagnosis usually involves various forms of dermatoses due to exposure to sunlight, chronic eczema, rosacea, chronic lupus erythematosus, dermatomyositis and actinoreticulosis (2). The chronic course, nonspecific laboratory and histological findings and refractoriness to treatment are the findings criteria upon which the diagnosis is usually based.

CASE REPORT

A male patient aged 61 years. Family history uninformative. Normal development. The patient had a history of mild hypothyroidism due to a hypofunctioning struma with persistent enlargement of the right lobe and low normal iodine uptake values. Stabilized bilateral fibronodular tuberculosis of the lung apex for which he had been treated with isoniazide, etambutol, rifampicin and betametasone during three months prior to observation. Treatment had