FAVRE-RACOUCHOT SYNDROME. A CLINICAL STUDY
STUDIU ASUPRA SINDROMULUI FAVRE-RACOUCHOT

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Abstract

Introduction: Favre-Racouchot syndrome represents a chronic dermatosis, asymptomatic, associated with smoking, prolonged sun exposure and male sex. It presents as cysts on plaques of solar elastosis frequently localized to the face.

Methods: We evaluated 7 patients aged between 56 and 88 years who presented with Favre-Racouchot syndrome. The data were processed using SPSS statistical software. We used frequency tables, so the data were expressed as absolute and relative frequencies. Given the limited we could not perform an inferential statistics.

Results: All patients presented in dermatology units for other skin disorders. Three of them had another sun related dermatoses. All patients were active smokers or had a history of long term smoking. Five of them had Fitzpatrick type II phototype. Only one patient was female. None of the patients accepted treatment due to the asymptomatic character of the disease.

Conclusions: The patients with Favre-Racouchot syndrome are not seeking the dermatologist for this dermatosis. The disorder is more common in male smokers with Fitzpatrick type II phototype and is mostly associated with other chronic photodermatoses. Extensive studies are needed for a more accurate characterization of the disease.

Keywords:
smoking, elderly, elastosis, undiagnosed, sun exposure.
Rezumat

Introducere: Sindromul Favre-Racouchot reprezintă o dermatoză cronică, asimptomatică asociată cu fumatul, expunerea solară îndelungată și sexul masculin. Se prezintă sub formă de chisturi apărute pe plăci de elastoză solară și se localizează frecvent la nivelul feței.

Material și Metodă: Am evaluat 7 pacienți cu sindrom Favre-Racouchot cu vârsta cuprinsă între 56 și 88 de ani. Datele au fost prelucrate utilizând softul statistic SPSS, ne-am bazat pe tabele de frecvență, astfel datele au fost exprimate prin frecvențe absolute și relative. Fiind date puține nu am putut efectua o statistică inferențială.

Rezultate: Toți pacienții s-au adresat serviciului de Dermatologie pentru alte dermatoze. Trei (42.8%) dintre aceștia prezentau și alte fotodermatoze cronice (reticuloid actinic, granuloma actinice O’brien respectiv hiperplazie sebacee). Toți subiecții au fost fumători activi sau au prezentat un istoric de mari fumători. Cinci (71.4%) au avut fototipul II Fitzpatrick. Am avut un singur pacient de sex feminin (14.2%). Nici unul dintre cei șapte subiecți nu a urmat tratamentul recomandat datorită caracterului asimptomatic al bolii.


Cuvinte-cheie: fumat, vârstnici, elastoză solară, expunere solară cronică.
Results

All patients with Favre-Racouchot syndrome from the study presented in our dermatology unit for other skin disorders. Most of the dermatoses for which the patients required a dermatological consultation were symptomatic: chronic venous ulcer, chronic eczema, contact dermatitis, actinic reticuloid. Some dermatoses were asymptomatic: O’Brien actinic granuloma, pressure induced purpura. All patients had a history of chronic sun exposure. In all patients the lesions were located on face. The age was between 56 and 88 years. The three of them had other sun related dermatoses. All patients were active smokers or had a history of long term smoking (between 20 and 40 pack years). Five of them (71.4%) had Fitzpatrick phototype II. Only one patient was female. None of the patients followed the recommended therapy on the grounds of the asymptomatic character of the disorder.

Discussions

The Favre-Racouchot syndrome manifests more frequently in elderly caucasian males, with a history of extended sun exposure and severe chronic smoking[42]. Cardoso et al describe two atypical cases of Favre Racouchot syndrome with lesions located on other sun exposed areas, on the forearms, the anterior thorax and were called actinic comedonal plaques, variants of FRS[6]. Leeuwis-Fedorovich et al argue that the patients with Favre-Racouchot syndrome should have a long term follow up considering the fact that two cases of squamous cell carcinomas appeared on unilateral plaques of Favre-Racouchot[3]. Although localized acne or comedonal reaction during or shortly after radiotherapy is an unusual adverse reaction, Hubiche et al.[7] have documented a case of a 58 years old patient with melanoma located to the nasal mucosa. After 3 weeks of radiotherapy this case presented in the radiation region with open and closed comedones, microcysts and no inflammatory papulo-pustular lesions. All the lesions have resolved with mechanical extraction[7]. Sutherland also described a case that appeared after radiotherapy for oligodendroglioma in a young female patient[8]. Hoff et al. reported a case that appeared after radiotherapy post-sur-

<table>
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<th>M</th>
<th>88</th>
<th>Yes</th>
<th>40</th>
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<td>Yes</td>
<td>40</td>
<td>Actinic reticuloid</td>
<td>Actinic reticuloid</td>
<td>III</td>
</tr>
</tbody>
</table>

*We did not include in the chronic photodermatoses the chronic solar elastosis of the face without other superimposed lesions and did not include lesions from the photoprotected areas.*
gery for nasal mucosa melanoma\(^9\). Another case of FRS was described on the scalp after radiotherapy for astrocytoma\(^9\). None of our seven patients were exposed to radiotherapy. Bourra H and Hassam B describe an interesting case of lupus erythematosus systemic in a female patient under chronic corticotherapy, which developed lesions of FRS. This is an interesting case considering the involvement of corticotherapy in the appearance of the acne lesions\(^11\).

FRS comedonal lesions or comedonal actinic plaques were described on old lesions of annular granuloma on photoexposed areas. Thus we can also take into account the iatrogenic role of phototherapy in the treatment of annular granuloma and other dermatoses\(^12\). Tercedor et al reported a raised incidence of heliodermy in patients with chronic renal failure on hemodialysis, with FRS having an incidence of 5\(^{\%}\)\(^{13}\). Also Ignat et al communicate an incidence of 2.8\(^{\%}\) in hemodialysed patients\(^14\). The incidence seems to be increased in agricultural workers that work with pesticides (25\(^{\%}\))\(^{15}\). A genetic predisposition can also be taken into account given the fact that Iwahori reported a case of father-son FRS\(^{16}\). It has been reported in monozygotic twins in association with palmar keratoderma \(^{17}\). Goldberg and Altman mention the association of the Favre Racouchot syndrome with other skin lesions caused by chronic sun exposure such as cutis romboidales nuchae, actinic keratosis and epitheliomas\(^{18}\). Zhang and Zhu report for the first time the association of this syndrome with inferior eyelid papilloma\(^{19}\). In the case of a sudden onset a biopsy should be performed to exclude an early stage of folliculotropic mycosis fungoides\(^{20}\). Three of our patients had associated chronic photodermatoses: sebaceous hyperplasia, actinic reticuloid and O’Brien actinic granuloma.

In the management of the FRS patient there are different therapeutic approaches which are more effective in association. One can use comedonal extraction, electrocautery (slow cautery technique). Cryotherapy is also efficient. The pharmacological
treatment is represented by the topical retinoids (tretinoin, adapalene, tazarotene). Recently a favorable evolution has been reported after the use of surgical techniques (dermabrasion, excision, curettage). Mavilia et al recommend CO2 laser therapy followed by the extraction of the cysts and the comedones, the method having very good cosmetic results and a rapid post therapeutic recovery\(^\text{21}\).

**Conclusions**

The patients with Favre-Racouchot syndrome do not address the dermatologist for this dermatosis. The disorder is more frequent in male smokers with Fitzpatrick phenotype II and some patients associate other chronic photodermatoses. Other studies on larger groups are needed for a better complex description of the disease and for a more efficient therapeutic approach.

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**Bibliography**