

## A Case of Acquired Reactive Perforating Collagenosis

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**Abstract**

An 85-year-old female presented with a 3-month history of adherent green annular plaques located on the mid to right of her back. She was recently diagnosed with pancreatic cancer with liver metastasis and had a background of diabetes mellitus, liver and chronic kidney disease. The patient was referred to the dermatology department having experienced a typical zoster rash which then developed overlying, green, strongly adherent plaques.

On examination, removal of one of the adherent plaques revealed underlying umbilicated papules within the previous zoster sites. Curettage of plaques showed moderate yeast and heavy growth of *Enterobacter cloacae* complex. The histologic analysis showed brightly eosinophilic collagen fibres, confirming acquired reactive perforating collagenosis (ARPC) in zosteriform distribution of the back.

Initially, treatment included a trial of Ciprofloxacin and affected areas were soaked with Dermol for mechanical removal. However, the efficacy was unsatisfactory. Deep curettage and cautery were found to be effective, and healed well according to the patient. Unfortunately, due to complications secondary to her metastatic pancreatic cancer the patient could not return to clinic for her follow up.

There have been at least six cases reported occurring at the site of a healed zoster in literature. In 62% of reported cases of ARPC, there were associations with diabetic microvasculopathy. One report noted giant reactive perforating collagenosis in a patient with diabetes and metastatic breast carcinoma.

Overall, although pathogenesis is unknown, superficial trauma from the herpes zoster infection, diabetes mellitus and malignancy have been hypothesised as contributing factors to this case of ARPC.