

# **A Case of Morbihan Disease Complicating Refractory Facial Lesions in Atopic Dermatitis**

Facial lesions in atopic dermatitis (AD) are often refractory, and various comorbidities or differential diagnoses may underlie these cases. Here, we report a case of AD complicated by Morbihan disease, presenting with persistent facial erythema and edema.

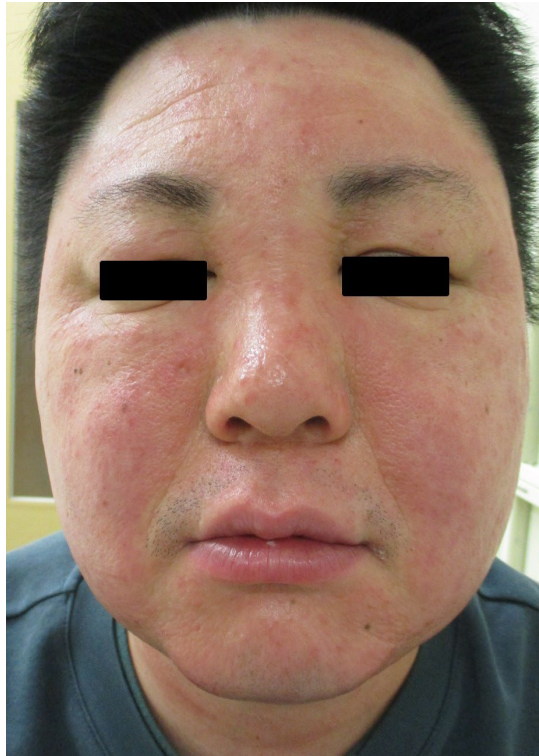
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# Case Report

A man in his 30s with a long-standing history of AD since childhood presented with progressive facial erythema and edema in recent years. These symptoms were resistant to topical corticosteroids and tacrolimus ointment. Marked swelling of the eyelids and cheeks significantly impaired his daily life.



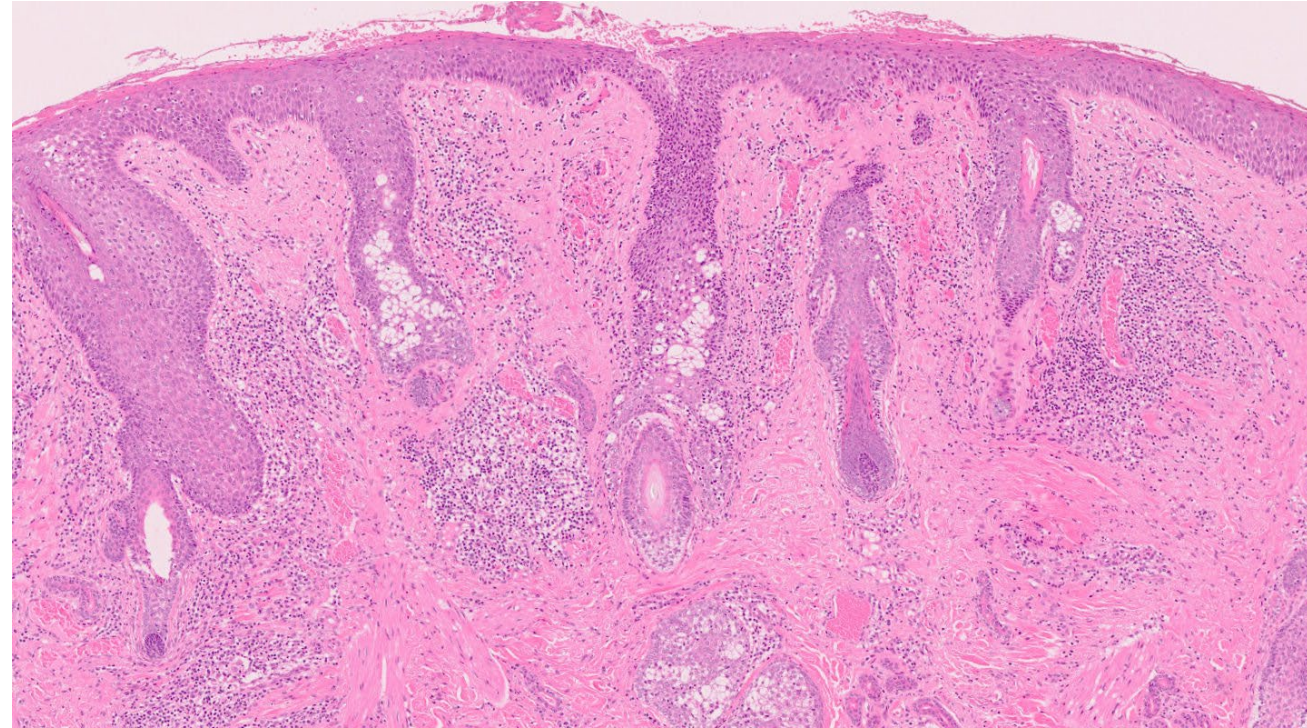
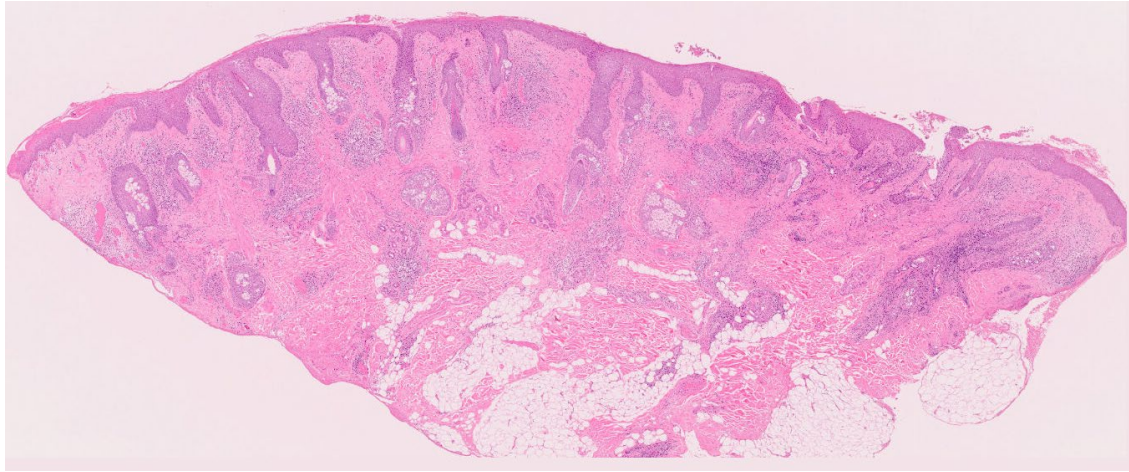
# A skin biopsy was performed

For diagnosis, a skin biopsy was performed from the erythema with palpable infiltration on the forehead.





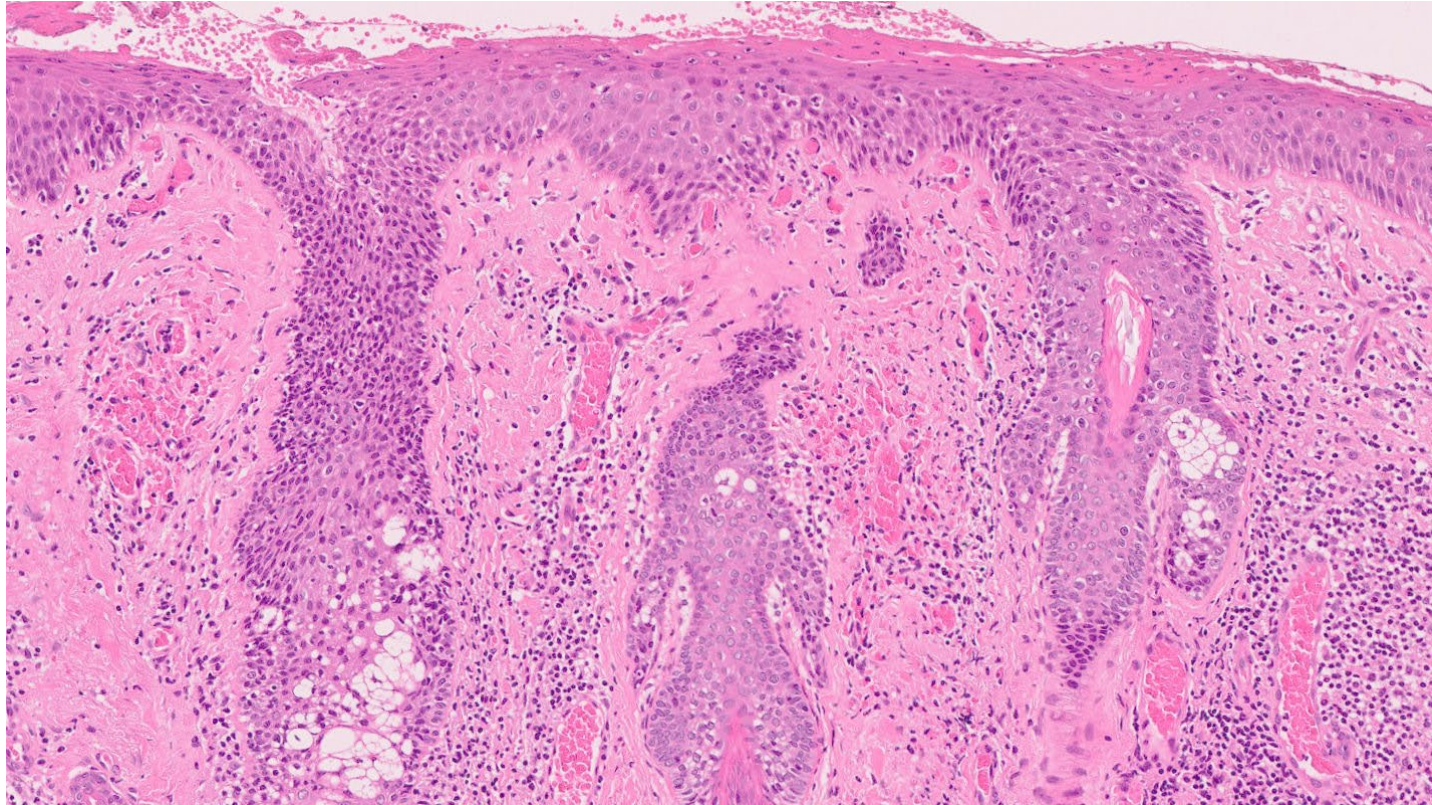
# Histological findings-1



Inflammatory cell infiltration was observed primarily around hair follicles from the upper to middle layers of the dermis.



## Histological findings-2



Dermal edema, dilation and increased number of capillaries, fibrosis around hair follicles, and infiltration of lymphocytes, histiocytes, and plasma cells are observed.



# Course of treatment

The skin symptoms showed a tendency to improve with oral doxycycline.



# Morbihan disease

- Morbihan disease is a rare condition characterized by chronic, non-pitting, and progressive edema and erythema of the upper two-thirds of the face, including the forehead, glabella, nose, cheeks, and periorbital region.
- The disease is typically painless and not itchy, and it often appears as a complication of rosacea or, less commonly, acne, but it can also occur as a distinct entity in patients with no history of these conditions.
- Current treatments, including corticosteroids, antibiotics, and surgical blepharoplasty, offer only temporary or partial relief.

## Take-home message

Morbihan disease is characterized by chronic edematous facial erythema and can be difficult to distinguish from AD.

As demonstrated in this case, when persistent facial erythema and edema are observed, thorough evaluation including skin biopsy is essential.

Morbihan disease should be considered as a potential cause of refractory facial lesions in AD.