



## **GRANULOMA ANNULARE**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about granuloma annulare. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

### **What is granuloma annulare?**

Granuloma annulare is an uncommon skin condition, which most often affects children and young adults but can occur at any age. It is twice as common in women as in men. The reason for this is unknown.

It usually presents as groups of small firm bumps in the skin which come together to form a characteristic ring shaped (annular) patch. These typically occur on only one or two sites of the body, often overlying bony areas such as the back of the hands, the feet, elbows or ankles.

### **What causes granuloma annulare?**

Granuloma annulare is caused by inflammation in the deep layer of the skin. The reason this reaction occurs is not known.

Granuloma annulare is harmless, does not affect general health, is not infectious or contagious and is not due to allergies. Some types of granuloma annulare have been linked with diabetes, but this is very uncommon.

### **Is granuloma annulare hereditary?**

No.

### **What are the symptoms of granuloma annulare?**

In most cases granuloma annulare causes no symptoms, or it may be associated with a mild itch. If knocked the skin can be tender.

### **What does granuloma annulare look like?**

There are several types of granuloma annulare. The most common is called localised granuloma annulare. This is characterised by skin-coloured, pink or purple patches which usually appear on only one or two sites of the body. The patches can appear anywhere, but typically develop on bony areas such as the back of the hands, the feet, elbows or knees. Involvement of the face is very uncommon. Usually the rings start as small in size and then slowly grow to 2.5-5 cm (1 or 2 inches) in diameter. As they enlarge they become flatter and sometimes more purple in colour, and then gradually fade.

Occasionally, people with granuloma annulare can develop a more widespread rash called generalised granuloma annulare, but this occurs in less than 1 in 10 cases.

### **How will granuloma annulare be diagnosed?**

The diagnosis of granuloma annulare is made due to the characteristic appearance of the skin. In some instances, especially in the less common types a skin biopsy (the removal of a small sample of skin, under a local anaesthetic) may be taken and looked at under the microscope in a laboratory in order to make the diagnosis. A blood sugar test may also be performed.

### **Can granuloma annulare be cured?**

No, but in over half of cases it will clear by itself within two years. However, this cannot be predicted accurately on an individual basis.

### **How can granuloma annulare be treated?**

Unfortunately there is no really effective treatment. Decisions are usually made based on the subtype of granuloma annulare.

As localised granuloma annulare is limited to only a few sites and tends to improve spontaneously with time, treatment is usually unnecessary. Symptomatic or obviously visible patches may improve using steroid creams or ointments. While steroid injections into the rings may be helpful, this is not always the case and so this treatment is not recommended as there is some

risk of thinning the skin. Cryotherapy, which refers to the treatment of skin lesions by freezing them, may be an option for treating very small patches, but can leave a permanent scar.

Evidence for treatments that work in generalised granuloma annulare is limited with no ideal treatment available. Ultraviolet light treatment and powerful drugs such as steroid tablets, antibiotics, antimalarial drugs, isotretinoin, ciclosporin and dapsone have been reported to help in individual cases but, for the vast majority of patients, the symptoms of granuloma annulare do not justify the use of these drugs which all have significant side-effects.

### **Self care (What can I do?)**

There is not a great deal you can do to influence the course of granuloma annulare. There is no current evidence on whether diet is an influence. Skin camouflage products may help to conceal the affected patches.

### **Where can I get more information about granuloma annulare?**

*Web links to further information:*

<https://www.dermnetnz.org/topics/granuloma-annulare>

*Links to patient support groups:*

British Association of Skin Camouflage (NHS and private practice)

Tel: 01254 703 107

Email: [info@skin-camouflage.net](mailto:info@skin-camouflage.net)

Web: [www.skin-camouflage.net](http://www.skin-camouflage.net)

Changing Faces

Tel: 0300 012 0276 (for the Skin Camouflage Service)

Email: [skincam@changingfaces.org.uk](mailto:skincam@changingfaces.org.uk)

Web: [www.changingfaces.org.uk](http://www.changingfaces.org.uk)

Skin Camouflage Network (NHS and private practice)

Helpline: 0785 1073795

Email: [enquiries@skincamouflagenetwork.org.uk](mailto:enquiries@skincamouflagenetwork.org.uk)

Web: [www.skincamouflagenetwork.org.uk](http://www.skincamouflagenetwork.org.uk)

For details of source materials use please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto:clinicalstandards@bad.org.uk)).

**This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.**

*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

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