

# *Dermatologists Blog Interview: Dyslipidemia in Granuloma Annulare*

**Dyslipidemia in granuloma annulare: a case-control study** Author Interview: George Kroumpouzos MD

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***DermatologistsBlog.com: What are the main findings of the study?***

**ANSWER:** Granuloma annulare is associated with dyslipidemia (defined as the presence of one or more of the following: hypercholesterolemia, hypertriglyceridemia, elevated LDL cholesterol, and or low HDL cholesterol).

Patients with granuloma annulare have 4 times the odds of developing dyslipidemia compared to controls. Approximately 75% of patients with granuloma annulare showed abnormalities in 2 or more components of dyslipidemia.

The study showed statistically significant differences for total cholesterol, triglycerides and LDL cholesterol between granuloma annulare and control groups. Finally, the prevalence of comorbidities, such as obesity, diabetes, hypertension, hypothyroidism, and metabolic syndrome, did not differ between granuloma annulare and control groups.

***DermatologistsBlog.com: Were any of the findings unexpected?***

**ANSWER:** Most of the aforementioned findings were unexpected as granuloma annulare has not been associated with dyslipidemia.

Furthermore, the fact that dyslipidemia was more common in generalized than localized/disseminated disease has not been previously reported. Also, it was unexpected that annular lesion morphology is associated with hypercholesterolemia and dyslipidemia.

***DermatologistsBlog.com: What should clinicians and patients take away from this study?***

**ANSWER:**

First, clinicians should be aware of the association between granuloma annulare and dyslipidemia.

Second, dyslipidemia is more common in generalized than localized/disseminated disease.

Third, the annular lesion morphology is significantly associated with dyslipidemia and hypercholesterolemia, and its presence should raise a suspicion for these comorbidities.

*DermatologistsBlog.com: What recommendations do you have for dermatology health care providers as a result of your study?*

ANSWER: Physicians should be aware of the above associations, and take them into account when formulating a management plan for patients with granuloma annulare.

A diagnosis of granuloma annulare warrants a search for co-existing dyslipidemia. Presence of generalized disease and/or annular morphology of the lesions make dyslipidemia more likely.

Dyslipidemia is a serious morbidity that warrants prompt treatment, and dermatologists should communicate with primary physicians about the need for dyslipidemia management.

Refractory granuloma annulare may benefit from combined treatment options, including lipid-lowering medications, such as statins, and/or tumor necrosis alpha inhibitors.

**Citation:**

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