

## “TERRA FIRMA-FORME” DERMATOSIS

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### Summary

The “terra-firma-forme” dermatosis (TFFD) is a benign dermatosis with chronic development, affecting in particular children and teenagers. Often it is mistaken with dermatitis neglecta, an illness due to insufficient hygiene.

Nine patients, 7 girls and 2 boys aged 5 to 16 were consulted over a 12-month period, motivated by aesthetic embarrassment produced by maculous or brown papulous pigmentation located mainly on the anterior and lateral neck and retroauricular, and rarely on the presternal region, periumbilical and thigh regions.

The clinical aspect, the persistence of the pigmentation despite the washing with water and soap, and its disappearance with a 70° alcohol-soaked compression have established the diagnosis of terra-firma-forme dermatoses (TFFD).

TFFD is a common, but little-discussed, topic in specialty literature, which is why it is little known. Clinically it presents itself as pigmented macules or papules, sometimes hyperkeratotic, brownish, isolated or conflated, localized bilaterally and symmetrically, particularly on the anterior and lateral sides of the neck, the retroarticular region, ankles, the medial portion of the body. Histology is not necessary.

The specificity of TFFD consists in its persistence even with aggressive washing with water and soap, and the disappearance with repeated and pressed friction with a 70° alcohol or ether compression, the compression gaining a dirty appearance.

**Key words:** terra firma-forme, dermatitis neglecta, alcohol, hyperpigmentation.

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### Introduction

The “terra-firma-forme” dermatosis (DTFF) is a benign dermatosis with chronic development, affecting in particular children and teenagers (1,2) being mistaken with dermatitis neglecta, an illness due to insufficient hygiene (3).

### Clinical cases

Nine patients, 7 girls and 2 boys aged 5 to 16 were consulted over a 12-month period, motivated by aesthetic embarrassment produced by maculous or brown papulous pigmentation. The

patient’s personal and family history did not show diabetes or acanthosis nigricans.

The dermatological examination revealed pigmented, dry, isolated or confluent brownish-gray macules and papules, located mainly on the anterior and lateral neck (Fig. 1) and retroauricular, and rarely on the presternal region, periumbilical (Fig. 2) and thigh regions (Fig. 3).

Mycobacterial examinations were negative. Pigmentation persists despite the sometimes-insistent washing with water and soap. Instead, the vigorous friction of these areas with a 70° alcohol-rich compression resulted in the dis-

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Fig. 1. Clinical aspect of Terra Firma-Forme dermatosis on an 8 years-old's neck



Fig. 2. Clinical aspect of Terra Firma-Forme dermatosis on the periumbilical region of a 10 years-old girl



Fig. 3. Clinical aspect of Terra Firma-Forme dermatosis on the inner thighs of a 14 years-old girl

appearance of pigmentation and the appearance of healthy skin, the compression revealing a dirty appearance. The clinical aspect, the persistence of the pigmentation despite the washing with water and soap, and its disappearance with a 70° alcohol-soaked compression have established the diagnosis of terra-firma-forme dermatoses (DTFF).

## Discussions

The naming of terra firma-forme dermatosis of this pigmentary condition derives from the Latin term "terra firma" due to its similarity to dry or cracked soil or mud. The first descriptions of the disease date back to 1987 belonging to Duncan, and the initial name of the condition was "Duncan's dirty dermatosis" (1), a name

currently abandoned due to the confusion created with dermatitis neglecta.

DTFF is a common, but little-discussed, topic in specialty literature, which is why it is little known. The affection is found in both sexes equally and in all ethnicities, affecting ages between 4 months and 72 years, especially children and teenagers. Clinically it presents itself as pigmented macules or papules, sometimes hyperkeratotic, brownish, isolated or conflated, localized bilaterally and symmetrically, particularly on the anterior and lateral sides of the neck, the retroarticular region, ankles, the medial portion of the body (1, 4). Other possible locations are the cleavage region, back, pubic area, umbilical region, limbs, hairy skin of the head and external genitals (5). Dermatoscopy reveals brown, polygonal pigmented elements, having a pavement and sometimes linear aspect, respecting the bottom of the skin folds (4). Histology is not necessary, showing lamellar hyperkeratosis, papillomatosis, moderate acanthosis and especially spiral orthokeratosis, absent in dermatitis neglecta. Bacteriological and mycological examinations are negative.

The specificity of DTFF consists in its persistence even with aggressive washing with water and soap, and the disappearance with repeated and pressed friction with a 70° alcohol or ether compression, the compression gaining a dirty appearance. The motivation for our patients to be consulted revealed aesthetic embarrassment

caused by the dirty appearance of the disorder, which disappeared when rubbing with 70° alcohol compression.

The main differential diagnosis of DTFF is with dermatitis neglecta that occurs in a socially disadvantaged context or a psychiatric pathology due to insufficient washing with water and soap. In this context, we can also include pomace hyperkeratosis that occurs after prolonged application of fatty oils and topical oils to poorly cleaned skin. The selenium sulfide present in various shampoos may cause pigmentation of the hairy skin of the head giving the appearance of DTFF (6). The differential diagnosis of DTFF is supplemented with brownish or gray maculopapular dermatoses, more or less keratotic such as achantosis and pseudoacanthosis nigricans, Dowling-Degos disease, pityriasis versicolor, confluent and reticulated papillomatosis Gougerot-Carteaud, axillary granular para-

keratosis, reticulated hyperkeratosis of the neck (dirty neck) of the atopic eczema (7).

DTFF pathogenesis remains unknown, incriminating the inappropriate use of cleansing agents and the incomplete removal of toilet milk, and exposure to the sun may trigger or worsen its appearance (8,9).

DTFF treatment consists of friction with the 70° alcohol or ether of the pigmented area with its disappearance. Rubbing with 70° alcohol leads to the disappearance of pigmentation in both neglect dermatosis, and conflated and cross-linked papillomatosis, not specific to DTFF. In the rare cases of relapse, it is advised to clean the affected areas with alcohol weekly.

In conclusion, DTFF is a fairly common, but little known benign condition whose diagnosis prevents unnecessary complementary explorations.

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Conflict of interest  
NONE DECLARED

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