

Favre Racouchot Disease: Presentation of a Clinical Case

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Abstract

Favre-Racouchot disease is a condition caused by accumulated solar damage, which leads to the degeneration of the skin. Risk factors include smoking, age over 50, and occupational exposure to high levels of sunlight, such as among farmers and fishermen. Cases have also been documented in patients who have received radiotherapy. Clinically, it manifests as multiple comedones and follicular cysts, primarily yellow in color, in the periorbital region. The diagnosis is primarily clinical. Treatment is based on topical retinoids, dermabrasion, manual extraction of comedones, and, in severe cases, surgical excision of the lesions.

Keywords: Favre-Racouchot, Comedo, Retinoids, Solar elastosis

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Citation: Cisneros JA, Haller G, Diaz de la Fuente F, Dahbar M, Manzur G (2026) Favre Racouchot Disease: Presentation of a Clinical Case. Prensa Med Argent, Volume 112:3. 466. DOI: <https://doi.org/10.47275/2953-4763-466>

Received: March 16, 2026; **Accepted:** June 17, 2026; **Published:** June 22, 2026

Introduction

Favre-Racouchot disease is a condition caused by chronic exposure to ultraviolet radiation, leading to skin degeneration in susceptible individuals [1]. Susceptible individuals are considered to be those with risk factors such as smoking, age over 50, exposure to low and high temperatures, chemical substances, and radiotherapy [2].

The pathophysiology is based on damage caused by prolonged sun exposure, which causes oxidative stress in cells, leading to a decrease in elastic and collagen fibers, with sebum retention and comedone formation [3].

Clinically, it is characterized by the presence of deep furrows and marked wrinkles as signs of solar elastosis; along with follicular cysts and open comedones, especially in the most sun-exposed regions: periorbital, malar, neck, retroauricular, and nose [4].

The diagnosis is clinical, supported by questioning about associated factors. Histopathologically, solar elastosis is evident, associated with epidermal atrophy and large cystic spaces lined with flattened epidermis. These contain keratinized material [5].

Treatment is cosmetic and consists of facial cleansing, manual extraction of comedones, use of topical and/or systemic retinoids, dermabrasion, chemical peels, and, in severe and refractory cases, surgical excision of lesions [6].

Clinical Case

A 54-year-old woman from northern Argentina, with a history of

smoking and chronic obstructive pulmonary disease, presented with a 5-year history of facial dermatosis.

The dermatological physical examination revealed open comedones, excoriations, and solar elastosis in the bilateral frontal and malar regions (Figure 1 and figure 2). A skin biopsy was performed for histopathological study, which showed: an epidermis with an orthokeratotic stratum corneum, a papillary and superficial reticular dermis with marked solar elastosis, and comedonal cysts with laminated keratin in their lumen (Figure 3).



Figure 1: Multiple open comedones on the forehead and bilateral malar region.



Figure 2: Marked solar elastosis in the surrounding skin.

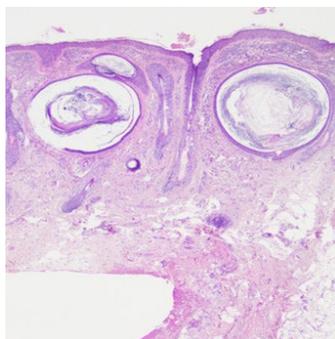


Figure 3: Hematoxylin and eosin 4x: Comedonal cysts. Surrounding solar elastosis.



Figure 4: Reduction of open comedones, post-treatment with retinoids.

Based on clinical presentation, personal history, associated risk factors, and the histopathological study, a diagnosis of Favre-Racouchot disease was made. The treatment consisted of retinoids (adapalene 0.1% cream and tretinoin 0.025% cream every other night), which resulted in clinical improvement of the lesions (Figure 4). In addition, control of risk factors such as smoking cessation and SPF 50+ sunscreen was recommended.

Discussion

Favre-Racouchot disease primarily affects people over 50 years of

age, particularly those from extreme climates, as is the case with our patient [7]. Among the associated risk factors, our patient had a history of heavy smoking with chronic obstructive pulmonary disease and prolonged unprotected sun exposure. It has been shown that smoking increases oxidative stress, promoting the formation of lesions, and that squalene peroxides generated by ultraviolet radiation have a greater tendency to cause comedones than squalene in its original form [8]. The clinical presentation of the patient is typical of Favre-Racouchot disease, with the appearance of large, open, symmetrically distributed comedones in the temporal, malar, and periorbital regions, associated with surrounding solar elastosis [5].

Associated pathologies have been described, such as cutis rhomboidalis of the nape of the neck, a dermatological condition characterized by the appearance of folds and wrinkles on the skin of the back of the neck, forming a rhomboid pattern. This alteration can be of genetic or acquired origin. This association is not present in this patient [9].

Among the differential diagnoses, dermatoses that present the comedo as their primary lesion, such as acne, must be considered. Differentiation can be achieved by considering the age of onset, since Favre-Racouchot disease occurs in adults, while acne is more common in younger people. Furthermore, it is essential to consider any associated factors the patient may have [5].

Because it is a chronic and progressive condition, patient education regarding photoprotection and reduction of associated risk factors is fundamental. In the case of our patient, there was a marked clinical improvement with topical retinoid treatment, without the need for surgical intervention [10].

Conclusion

Favre-Racouchot disease is a common but underdiagnosed condition due to the limited literature published to date. It is important to emphasize the chronic nature of this disease in order to focus treatment on educating patients about sun exposure and how to prevent further lesions, as it leads to an aesthetic problem that compromises quality of life and can be stigmatizing for many patients.

Acknowledgments

None.

Conflict of Interest

None.

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