



Practical Dermoscopy

3

6 **Multiple Pruritic Papules on Bilateral Auricular
8 Concha**



Fig. 1. Clinical image: multiple papules on the right auricular concha.

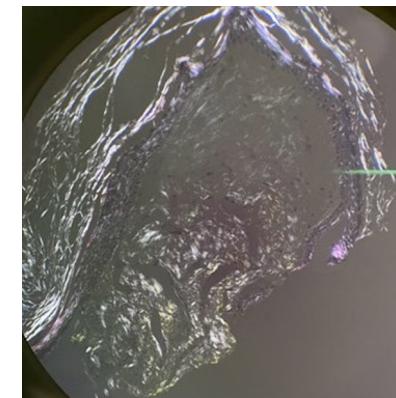


Fig. 3. Polarized light examination.

Clinical history

A 67-year-old woman with a past medical history of nodular basal cell carcinoma on the right malar region, previously treated with simple surgical excision, presented with a 5-month history of multiple pruritic papules located on the concha of both auricles and in the right external auditory canal (EAC). She had not received any treatment.

9

Q2

10

11

12

13

14

Q3

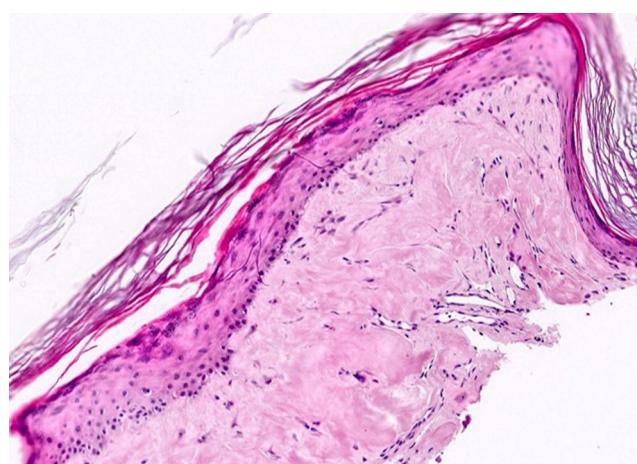


Fig. 2. Histological image.

Physical examination

Clinically, she exhibited multiple indurated, millimetric papules of the same color as the surrounding skin, located on the right auricular concha and EAC (Fig. 1), and on the concha of the left auricle. Dermoscopy revealed homogeneous brownish lesions without specific structures.

15

16

17

18

19

20

Histopathology

Histologic examination of one lesion revealed the presence of deposits of eosinophilic, amorphous, homogeneous material within the papillary and superficial reticular dermis (Fig. 2). Deposits tested positive with Congo Red staining and exhibited an apple-green birefringence under polarized light (Fig. 3).

21

22

23

24

25

26

Additional tests

Blood tests showed a normal complete blood count, with no abnormalities in hepatic or renal function. Autoimmune screening was negative, and serum protein electrophoresis revealed no further changes.

27

28

29

30

31

<https://doi.org/10.1016/j.ad.2025.104552>

0001-7310/© 2025 Published by Elsevier España, S.L.U. on behalf of AEDV. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

32 **What is your diagnosis?**33 **Diagnosis**

34 Primary amyloidosis of the external ear (PAEE).

35 **Clinical course**

36 Most lesions were removed by curettage, resulting in an excellent
 37 cosmetic outcome and resolution of pruritus. One year later, new
 38 pruritic lesions appeared and were excised again, yielding the same
 39 histological findings.

40 **Comment**

41 PAEE, also known as auricular collagen papules, is a rare variant of
 42 primary amyloidosis first described by Sánchez in 1983.¹ Characteristically,
 43 it presents as small unilateral or bilateral papules on the external
 44 ear, which may be pruritic or asymptomatic.^{1–6} It has rarely been associated
 45 with macular amyloidosis or lichen amyloidosis.⁵ In most reported
 46 cases, there are no signs of systemic amyloidosis and no past medical
 47 history of prior trauma.

48 Positivity for CK34βE12 suggests that its origin lies in keratinocyte
 49 degeneration.⁶ Unlike nodular amyloidosis—caused by deposition of
 50 light chains in the deep dermis and adnexal structures and associated
 51 with systemic processes—this entity is not associated with hematologic
 52 dyscrasias or connective tissue diseases.⁶ PAEE is a benign, generally
 53 asymptomatic condition that does not require additional diagnostic testing
 54 or treatment. When cosmetic concerns arise or pruritus is significant,
 55 curettage followed by electrocoagulation may be performed, usually
 56 with good esthetic outcomes.³

57 Because of its nonspecific clinical appearance and location, differential
 58 diagnosis includes basal cell carcinoma, seborrheic keratoses,
 59 adnexal tumors, and viral warts. The absence of dermoscopic structures
 60 and the presence of multiple asymptomatic or pruritic lesions should
 61 raise suspicion for this entity.

Definitive diagnosis requires histologic confirmation, characterized by homogeneous hyaline deposits in the dermal papillae that show Congo Red and crystal violet positivity, and apple-green birefringence under polarized light.

Conflict of interest

The authors declare that they have no conflict of interest. Q4₆₇

References

1. Sanchez JL. Collagenous papules on the aural conchae. *Am J Dermatopathol*. 1983;5:231–233, <http://dx.doi.org/10.1097/00000372-198306000-00006>.
2. Herrera Sánchez M, Vigaray Conde J, Suárez Fernández R, Ortega Martínez de Victoria L, Contreras Rubio F. Pápulas colagénicas auriculares. *Actas Dermosifiliogr*. 2003;94:45–47, [http://dx.doi.org/10.1016/S0001-7310\(03\)79189-3](http://dx.doi.org/10.1016/S0001-7310(03)79189-3).
3. Ramos-rodríguez C, González-lópez L, Romero-aguilera G. Amiloidosis cutánea primaria del oído externo: una entidad peculiar, inusual y benigna. *Med Clín*. 2016;146:e13–e14, <http://dx.doi.org/10.1016/j.medcli.2015.07.005>.
4. Hicks BC, Weber PJ, Hashimoto K, Ito K, Koreman DM. Primary cutaneous amyloidosis of the auricular concha. *J Am Acad Dermatol*. 1988;18:19–25, [http://dx.doi.org/10.1016/s0190-9622\(88\)70002-x](http://dx.doi.org/10.1016/s0190-9622(88)70002-x).
5. Barnadas MA, Pérez M, Esquius J, Curell R, de Moragas JM. Papules in the auricular concha: lichen amyloidosis in a case of biphasic amyloidosis. *Dermatologica*. 1990;181:149–151, <http://dx.doi.org/10.1159/000247906>.
6. Wenson SF, Jessup CJ, Johnson MM, Cohen LM, Mahmoodi M. Primary cutaneous amyloidosis of the external ear: a clinicopathological and immunohistochemical study of 17 cases. *J Cutan Pathol*. 2012;39, <http://dx.doi.org/10.1111/j.1600-0560.2011.01812.x>.

S. Romero-Romero  ^{a,*}, M. Iglesias-Sancho ^a, N. Pérez Muñoz ^b Q1₈₇

^a Servicio de Dermatología, Hospital Universitari Sagrat Cor, Grupo Quirónsalud, Barcelona, Spain Q1₈₈

^b Servicio de Anatomía Patológica, Hospital Universitari General de Catalunya, Grupo Quirónsalud, Sant Cugat del Vallès, Barcelona, Spain Q1₉₀

* Corresponding author. Q1₉₂

E-mail address: dra.sromeroromero@gmail.com (S. Romero-Romero). Q1₉₃