Indolent expanding plaque with satellites on buttocks

Costa Blasco M[1], Ryan C[2], Watchorn RE[1]
Department of Dermatology[1], Histopathology[2], Beaumont Hospital, Dublin, IE

Introduction

Porokeratoses are dermatological disorders characterized by abnormal keratinization. [1]

- Porokeratosis ptychotropica is a variant first described in 1995, so-named due to predisposition to affect body folds, mostly the natal cleft. [2] Cases described in the literature are of male patients and the aetiology is unknown. [3]
- Clinical morphology is that of warty plaques that coalesce centrally and can have multiple satellite lesions around. [1]
- Histological evaluation demonstrates multiple classical cornoid lamellae, which are thin columns of parakeratotic cells through the stratum corneum with focal hypogranulosis underneath. In PP, these features can extend through the whole lesion while in the rest of porokeratoses they may be seen in the margins. [4]
- This condition is often misdiagnosed as inverse psoriasis, acrodermatitis enteropathica, lichen planus or dermatophyte infections among others. [3,5]

Clinical findings

A 74-year-old man was referred with a plaque on the left buttock. It had slowly progressed over a 10 year period to involve most of his left buttock.

He had a background of previous stroke, secondary epilepsy and atrial fibrillation. His regular medications consisted of Apixaban, Atorvastatin and twice daily dosage of levetiracetam. Prior to presentation to our dermatology department, he had undergone review and diagnostic biopsy under plastic surgery for a presumptive diagnosis of psoriasis or seborrhoeic keratosis, but histology results were non-specific.

Clinical examination showed a large hyperkeratotic plaque occupying most of his left buttock with several satellite lesions and he complained of associated pruritus

A lymphomatous process and mycobacterial infection were considered in the differential diagnosis.

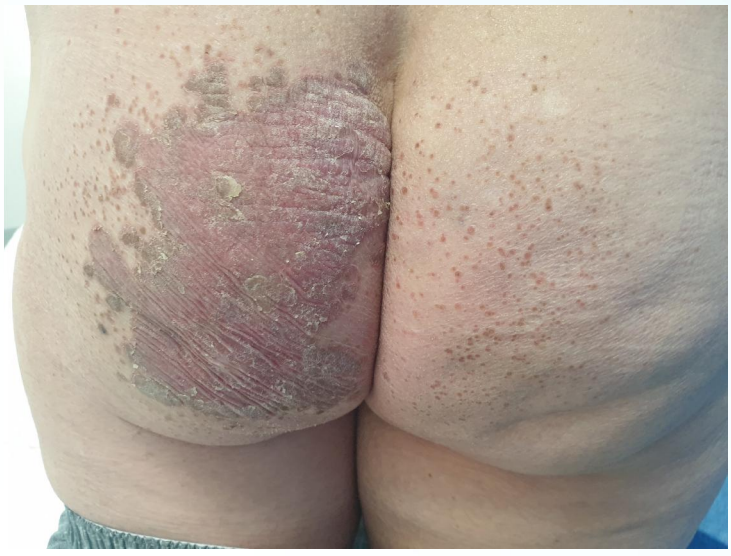

Figure 1 Left buttock plaque with satellite lesions.

Histopathological findings

A repeat incisional biopsy showed hyperkeratosis, acanthosis and parakeratosis with mild chronic inflammation and without dysplasia.

No evidence of mycosis fungoides was found. Mycobacterial culture was negative.

Following further reflection on the clinical presentation, a diagnosis of porokeratosis ptychotropica (PP) was considered most fitting clinically and further clinicopathological correlation supported this diagnosis, with histopathological review revealing cornoid lamellae, parakeratotic columns within the epidermis.

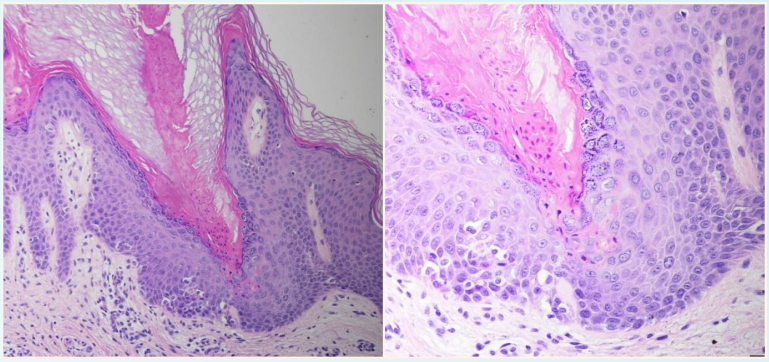

Figure 2. Haematoxylin and Eosin stain of skin left buttock lesion, original maginification x100 (Left) and x200 (Right) showing a cornoid lamellae, a column of parakeratosis with underlying loss of the granular layer.

Discussion

- The limited literature indicates that this is an indolent entity that is commonly misdiagnosed.
- This disorder merits more widespread recognition, a rare but important consideration in the differential diagnosis of gluteal rashes composed of warty plaques.
- Cutaneous malignant transformation has been observed in other porokeratosis variants and has been described with PP once in the literature, and thus clinical follow up may be required. [7]

References

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