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ATROPHODERMA VERMICULATUM IN A FATHER AND SON

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A 10-year-old boy and his father presented with atrophoderma vermiculatum. The son had multiple pits preceded by horny papules since 5 years of age while the father 40-year-old had honeycomb atrophy on both cheeks. The histopathology of skin lesions revealed non-specific peri-follicular inflammation.

Key words : Atrophoderma vermiculatum.

Atrophoderma vermiculatum in a father and son is described. Histopathological examination of skin lesions confirmed the diagnosis.

Case Report

A 10-year-old boy was seen for multiple pits over both cheeks, of five years duration. The lesions started as horny papules which soon shed leaving behind pitted scars. There was no history of a past viral exanthem. History revealed that his 40-year-old father had similar lesions. The pits were discrete and haphazardly arranged on both cheeks. There were no other skin lesions. The boy was apparently healthy and showed no signs of systemic disease.

The boy's father had noticed appearance of pits on his cheeks since the age of five. The pits had coalesced to form a net-like pattern. There was no history of viral exanthem or acneform eruptions. Examination revealed almost symmetric, cribriform atrophy on both cheeks giving a honeycomb appearance (Fig. 1). There were no other skin lesions or systemic disease.

Biopsy of lesions in the boy revealed mild, non-specific inflammation around the pilo-sebaceous apparatus. The father's lesions showed atrophy of hair follicles and sebaceous glands with sclerosis of dermal collagen.

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Fig. 1. Honeycomb atrophy on the cheeks in the father and the son.

Comments

Atrophoderma vermiculatum, first described by Winer in 1936,[1] was later elaborated by Mertens in 1968,[2] and Arndt in 1971.[3] It has autosomal dominant mode of inheritance.[4] This disease belongs to a group of rare inflammatory follicular atrophic disorders of keratinisation collectively known as keratosis pilaris atrophicans.[5] The other diseases of this group are keratosis pilaris atrophicans facei and keratosis pilaris decalvans, which are known to affect the eyebrows and scalp respectively. In our case, the cheeks were involved.

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