ACROKERATOSIS VERRUCIFORMIS OF HOPF

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A 24-year-old male presented with numerous progressive warty lesions mainly involving the limbs of 6 years duration. There was absence of family history of the disease. Presence of keratotic lesions and histopathology led to a diagnosis of acrokeratosis verruciformis.

Key Words : Acrokeratosis verruciformis, Genodermatosis

Introduction

This condition is determined by an autosomal dominant gene and is characterized by flat or convex skin-coloured verrucous papules on the back of the hands. feet as well as on the knees, elbows and forearms. Eruption is usually present at birth or appears in childhood, however, it may be delayed. Usually, acrokeratosis appears to be an independent entity.[1] Palms may be diffusely thickened and may have small keratoses and punctiform breaks in the papillary ridges. The nails may be thickened and white.

Case Report

A 24-year-old male presented with flat and rounded warty lesions on the back of the hands and feet, forearms, upperarms and inner thighs of 6 years duration. Rounded lesions were also present on the knees sparing the prominent parts while the elbows were free. Flat lesions were present in abundance on the forehead and temples as well as on the frontal part of the scalp. Numerous shiny pinheadsized macular lesions were present on the trunk. No mucosal affection or nail changes were seen. Palms showed diffuse thickening and presence of small keratoses.

Histopathology from a lesion on the right foot confirmed the diagnosis of acrokeratosis verruciformis by exhibiting the features of hyperkeratosis, acanthosis and thickening of the granular layer without suprabasal clefts or basket-weave arrangement of the stratum corneum.

Discussion

The present case is an extensive form of acrokeratosis verruciformis closely simulating epidermodysplasia verruciformis. Involvement of a part of the face and exclusion of the elbows and prominent parts of the knees are noteworthy in contrast to the classical picture of the disease. Appearance of the disease in late adolescence and absence of family history are interesting.

Reference

1. Panja R K. Acrokeratosis Verruciformis (Hopf): A clinical entity. Br J Dermatol 1977; 96: 643.

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