

CASE REPORTS
CUTIS VERTICIS GYRATA DUE TO CHRONIC
FOILICULITIS
(A clinical case report)

By

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*“ Take your hat off, to a lady fair,
But expose not a smooth top, or do you dare*

—Lin. Root.

The Beatles of England have popularized what we may be pardoned to describe as the frizz-fuzz hair style, while the Yul Brynner clean shaved scalp is slowly losing many of its advocates in Western countries. In India, by the average rural man, the scalp hair is regarded as a vestigial structure, and resort to the street barber is made avail of; resulting from the dermatologist point of view, an easy study of the topographic variations of the scalp. Cutis verticis gyrata is a skin entity of the scalp, where the topographic variations of the skin, facilitates an instantaneous diagnosis.

This skin condition of the scalp is characterised by a hypertrophy of the skin and subcutaneous tissue, being loosely attached, so that the skin hangs in folds; these multiple furrows or gyrations on the scalp, reminiscent of the cerebral convolutions of the brain are typical of cutis verticis gyrata. The appearance of the skin itself is unchanged, although it is somewhat coarser than normal.

When the face, neck, shoulders and thighs are involved, the term dermatolysis is used. This is a slowly progressive condition and should be differentiated from the temporary looseness of the skin after pregnancy and after the removal of large tumours and from the Ehlers-Danlos Syndrome.

The designation dermatolysis is also applied to an entirely distinct type of disorder resembling the fibromata. In this disease pendulous connective tissue tumours (fibroma pendulum) occur, sometimes in association with loose hanging folds or pouches of skin. Fibroma molluscum gravidarum is a special type of this disorder which appears during pregnancy and may disappear after labor. Wise has described under the title “diffuse and disseminate dermatolysis” rare cases which presented multiple pea-sized, rounded, soft, wrinkled, slightly raised, myxomatous swellings, principally on the back and upper arms.

The nature of these diseases is unknown and probably some cases belong to the category of endocrine or constitutional disturbances. A few cases of nevoid congenital origin have been reported associated with radiological evidence of underlying bone changes. Sometimes cutis verticis gyrata has been observed in association with.

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acromegaly, leukemia and myxoedema. Finally, some cases result from chronic inflammatory changes such as severe folliculitis; some may be simultaneously associated with pachydermoperiostosis.¹

Pachydermoperiostosis² may begin at puberty and run a benign course, without any visceral disease; this type of pachydermoperiostosis is familial and predominantly affects males. When associated with bronchogenic carcinoma, it is seen almost exclusively in men over 40 years of age. Castex, Mazzei and Schaposnik³ described thickening of the skin, accentuating of existing and creation of new folds and creases and other interesting findings that occur in cases of bronchogenic carcinoma. The changes are especially prominent on the forehead, where the horizontal lines are deepened and the skin becomes shiny. The lids, particularly the upper ones, are thickened, there is thickening of the ears and lips, the tongue is enlarged, the scalp thickened showing cutis verticis gyrata. The extremities, especially the elbows, knees and hands are enlarged, fingers club-shaped, palms rough and the thenar and hypothenar eminences are enlarged. Movements of the muscles being painful.

CASE HISTORY

Patient D. B.: Sex—Male, Aged—80 years.

Chief Complaint: Pustular lesions on the scalp associated with moderate pruritus for the last 1 year.



Fig. 1

History: Pustular lesions developed following shaving of the hair of the scalp, the lesions first developed over the occipital region with gradual spread, involving the entire scalp. Patient had used various topical applications, with initial subsidence of the lesions; but fresh lesions still started developing. Gradually he noticed several irregular folds on the scalp, which have progressively been increasing.

Local Examination: The scalp showed irregular, gyrate convolutions, associated with pustular lesions over the hair follicles—a chronic folliculitis of the scalp (Fig. 1). The occipital lymph glands were enlarged and palpable.

General Examination: Patient was average built and nourished, the skin, hair and nails were normal; there was no evidence of follicular infection over the beard region, axillae, groins or legs. There were no clinical signs suggestive of acromegaly or myxoedema; i. e. absence of the typical facies of acromegaly and absence of hypertrophy of the bones of the hands and feet, the thorax was normal, with no evidence of kyphosis of the spine. There was no evidence of thickening of the soft parts in ears, eyelids, nostrils and tongue were normal. No evidence of malignancy in eye bronchi and lungs.

Investigations:

- (1) Routine Blood Count—Normal.
- (2) Urine Ex—sugar—Nil.
- (3) Stool Ex—normal.
- (4) Direct Ex of hair in 10% of Potassium hydroxide for fungi—Negative.
- (5) Screening chest—increased bronchial markings, lung fields—clear.
- (6) Skin biopsy—showed the evidence of perifolliculitis, the inflammatory exudate consisted mainly of lymphocytes and histiocytes around the hair follicle and sebaceous glands; besides the infiltrate in the vicinity of the follicles, there was sparse infiltrate in the upper corium. The periodic-acid-schiff stain (P. A. S.) was negative for fungi.

DISCUSSION

Cutis verticis gyrata is a skin entity seen in diverse conditions of endocrinal or constitutional origin. A congenital nevoid form has been described, besides it is encountered in association with acromegaly, leukaemia, myxoedema, pachydermoperiostosis, dermatolysis and lastly as a result of chronic inflammatory changes such as severe folliculitis, following shaving of the scalp. We have seen two other cases of cutis verticis gyrata presented by Dr. J. C. Shroff; in both these cases the causative factor was the evidence of severe folliculitis. It is possible that such cases presenting primary skin manifestations get diverted to the skin departments and hence we see them off-time, however other causative factors associated with cutis verticis gyrata should be borne in mind.

SUMMARY

1. A case of acute verticis gyrata due to chronic folliculitis was encountered.
2. This skin entity is seen in association with acromegaly, leukaemia, myxoedema, pachydermoperiostosis and dermatolysis. Besides a congenital navoid form has been described.
3. Two other cases of cutis verticis gyrata were seen by courtesy of Dr. J. C. Shroff, in both these cases the aetiological factor responsible was a severe folliculitis.
4. It is possible that the shaving of the scalp hair by the unhygienic instruments of the street barber has been responsible for the folliculitis, resulting ultimately in the clinical picture of cutis verticis gyrata.

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