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DISSEMINATED SUPERFICIAL ACTINIC POROKERATOSIS

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An 18 year female with disseminated superficial actinic porokeratosis is reported. Response to topical tretinoin was good.

Key Word : Porokeratosis

Introduction

Porokeratosis is a chronic progressive disease of hereditary origin. Five different type of porokeratosis have been described. These are porokeratosis of Mibelli (classical type), superficial disseminated type, linear porokeratosis, disseminated superficial actinic porokeratosis (DSAP), and porokeratosis palmaris et plantaris punctata.[1]

A case of DSAP, rare form of porokeratosis in an young female is reported here.

Case Report

An 18-year-old female presented with annular lesions over face and exposed parts of extremites present since 2 years. She was born to non-consanguinous parents. No other family members had a similar problem. The lesions were nonpruritic, hyperpigmented, annular with depressed centre and sharp ridge (Fig. 1). Histopathological examination of biopsied specimen showed epidermis having shallow central keratin filled invaginations with parakeratotic column (cornoid lamella) suggestive of DSAP There was satisfactory response to topical application of tretinoin at night and topical sunscreen (zine oxide) during day time.

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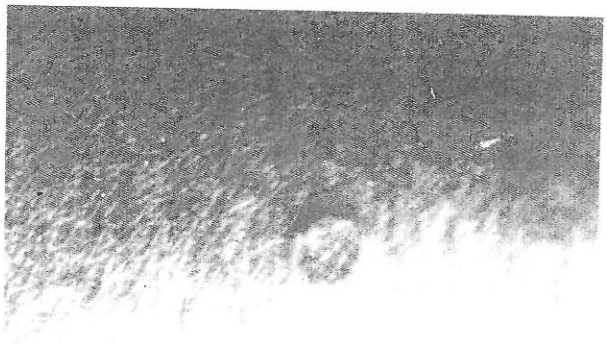

Fig. 1. Annular lesions with depressed centre and sharp ridge

Discussion

DASP is characterised by numerous superficial, annular, keratotic, brownish macules found on the sun exposed areas in persons 20 to 40 years of age, transmitted by an autosomal dominant gene, expressed most often in women.[2] Chernosky et al[3] found the histopathology to coincide with the common form of porokeratosis. The distribution of the lesions on the sun exposed areas indicates that actinic radiation is an important factor in its pathogenesis. It is considered as one of the premalignant condition with reports of squamous cell carcinoma occurring in DSAP.[4] A case of DSAP is reported by Mohan et al[5] from our country.

No satisfactory treatment is available for porokeratosis. However topical retinoids have been tried successfully.[6] In

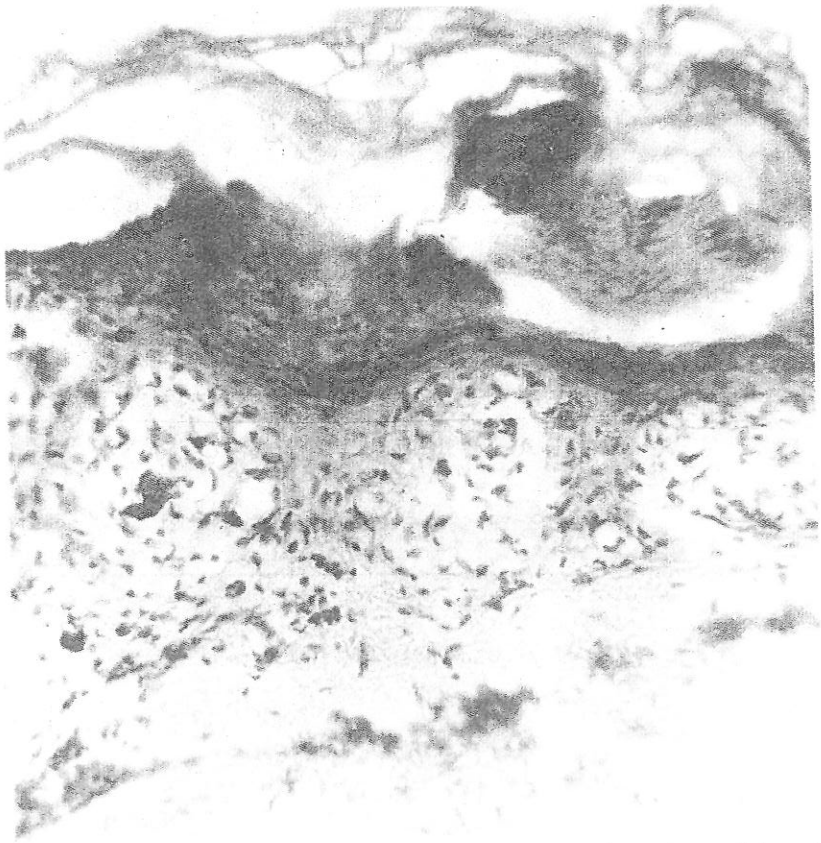

Fig. 2. Shallow keratin invagination with parakeratotic column (H and E x100)

the present case there was satisfactory response to topical tretinoin application.

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