

of a papule from the palm revealed a circumscribed area of cone-shaped hyperkeratosis in stratum corneum. No parakeratosis was seen in the conical plug.

Discussion

Punctate palmoplantar keratoderma is usually confused with porokeratosis punctata palmaris et plantaris. Parakeratosis was conspicuously absent in our patient and this essentially ruled out the diagnosis of porokeratosis punctata palmaris et plantaris. Family history revealed members in 3 successive generations being affected with onset of the disease at around 15 years of age. This suggests an autosomal dominant mode of inheritance with variable penetrance as noticed by other authors previously.³⁻⁵ The age of onset in our index case has still not reached puberty

(eldest being 10 years old). They are on regular follow up as a proportion of them may develop lesions after pubertal age. Our patient fulfils the clinical and histological features of familial keratosis punctata palmaris et plantaris.²

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LICHEN SIMPLEX CHRONICUS OF SCROTUM

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This report deals with lichen simplex chronicus of the scrotum present in a 33-year-old male, with severe itching. Histopathological features were suggestive of chronic dermatitis.

Key Words : Lichen simplex chronicus, Dermatitis

Introduction

Lichen simplex chronicus (LSC) is a common chronic, usually solitary plaque of thickened skin occurring due to repeated rubbing and scratching or both. The classic form is idiopathic and common in atopics.¹ Presumably the intense pruritus results from mediator release or proteolytic activity,² although some investigators have reported that

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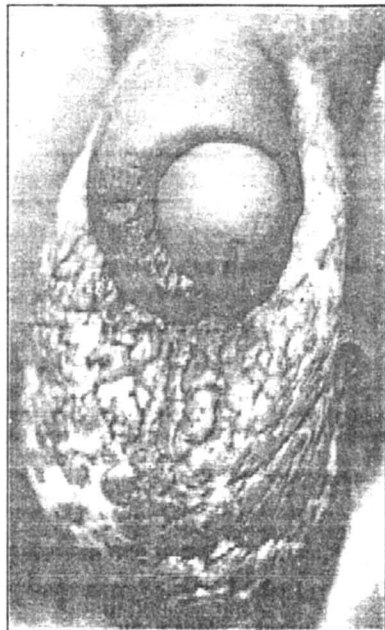
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rubbing and scratching may be a condition response to stress.³ Patients with LSC clinically have pruritus out of proportion to the appearance of lesions. The lesions of LSC are characterized by pigmentation and exaggeration of the normal skin markings. The central area becomes scaly, thickened and pigmented.⁴ Here we are reporting a case of LSC involving the entire scrotum.

Case Report

A 33-year-old man came to the hospital with the history of intense pruritus and thickened skin of the scrotum

of 8 years duration. He initially noticed a few areas of thickened skin with itching. After scratching and rubbing,



the lesions coalesced to form thick and rough skin over the scrotum. History of psychological upset for not conceiving a male child for long time was present.

There was diffuse involvement of scrotum show-

Fig.1. Lichen simplex chronicus scrotum

ing enlargement, thickening, hyperpigmentation with increased rugosity. A few hypopigmented macules and patches with excoriation were present. Sparseness of hair was present. All other conditions like, filariasis/

lymphedema, hernia, testicular tumour and gummatous syphilis of scrotum were ruled out. Histological features were suggestive of chronic dermatitic changes. All other tests were normal except mild anemia. Patient showed slight improvement with topical steroids and antihistamines.

Discussion

Lichen simplex chronicus of the scrotum usually involves the perineoscrotal region. In this case whole of the scrotum was diffusely involved, which is rare. Recently there are no reports in the literature except wash leather scrotum, a treatable cause of male infertility.⁵

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