NAEVOID PSORIASIS

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A 6-year-old male child had linear scaly erythematous band on the penis, undersurface of penis, extending to the scrotum since birth. He was diagnosed clinically as well as histopathologically as a case of naevoid psoriasis.

Key Words : Naevoid, Koebner Phenomenon, Psoriasis

Introduction

Psoriasis may occur in naevoid form very rarely, possibly reflecting mosaicism for the gene responsible for psoriasis.[1] Bennet et al reported a case of psoriasis limited to areas of systematized epidermal naevus due to isomorphic phenomenon.[2] A case of genuine naevoid form of psoriasis in a 6-year-old child comprising multiple psoriasiform plaques, arranged in linear bands distributed along the lines of Blaschko, confined to left side of body has also been reported.[3] It has to be differentiated from linear psoriasis representing koebner's phenomenon which can appear at any age.[4]

Case Report

A 6-year-old male child presented with linear scaly erythematous plaque-type of lesion on the penis, undersurface of penis extending to the scrotum since birth. There was history of impetiginisation, mild itching, and partial regression of lesion with topical steroids. There was no fever, oedema, arthralgia or family history of psoriasis. General physical and systemic examination were normal. Local examination revealed a scaly, erythematous, 3-5mm vide linear band arising from median of posterior surface of scrotum, crossing whole of anterior surface of scrotum upto penoscrotal junction and turning towards the right side of penis to the anterior surface and ending at tip of penis. On the anterior aspect of penis, linear band consisted of three plaques measuring approximately 1X1.2cm, 0.5X0.7cm, and 0.4X0.6cm joind with one another (Fig.1). Plaques were well defined, erythematous, salmon pink in colour with silvery white scales. Auspitz sign was negative. No associated changes in nails, scalp or mucous membranes were seen.

Routine laboratory tests on blood and urine were normal. Biopsy from plaque lesion showed acanthosis, focal parakeratosis, and elongation of the rate ridges some of which were club shaped. Dermal papillae were infiltrated by mononuclear cells. Vessels were dilated.

Discussion

Naevoid psoriasis has to be differentiated from other disorders with scaly erythematous plaques arranged in linear fashion i.e inflammatory linear verrucous epidermal naevus (ILVEN), lichen striatus, linear lichen planus, linear Darier's disease and neurodermatitis. Linear LP and linear Darier's disease are easily differentiated on histological grounds. Lichen striatus and neurodermatitis are not present since birth and are usually associated with moderate to

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intense pruritus. remissions and relapses and histopathologically no spongiosis or vesiculation was observed. Final diagnosis of naevoid psoriasis was

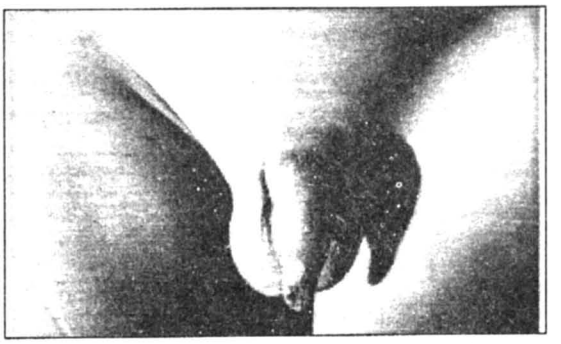

Fig.1. Showing 3 scaly erythematous linear bands of psoriasis on the penis.

established by typical histopathology of psoriasis, its presence since birth, persistent nature and absence of pruritus.

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CHROMOBLASTOMYCOSIS MASQUERADING AS PALMO-PLANTAR PSORIASIS

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A 8-year-old boy presented with scaly plaques of both soles and left palm of 4 year duration. The plaques were well defined scaly, fissured and hyperkeratotic resembling palmo-plantar psoriasis. KOH preparation of the scrapings revealed round, brown, thick-walled bodies with planate division. Grey black, velvety folded colonies were seen in culture on Sabouraud's dextrose agar. Lacto phenol cotton blue preparation revealed Fonsecaea pedrosoi *as the cause of chromoblastomycosis.*

Key Words : Chromoblastomycosis, Fonsecaea pedrosoi

Introduction

Chromoblastomycosis is a chronic fungal infection of the skin and subcutaneous tissues caused by *Phialophora verrucosa, Fonsecaea pedrosoi, F. compactum, Wangiella dermatitidis* and *Cladosporium carrionii.*[1] Patients with chromoblastomycosis have suppressed non-specific cell-mediated immunity for some antigens (skin allografts, DNCB, fungal antigens), while reactivity to bacterial and mycobacterial antigens is not

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