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CASE REPORTS

KERATOACANTHOMA CENTRIFUGUM MARGINATUM

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A case of 38-year-old male with multiple keratoacanthoma centrifugum marginatum is reported. Clinical presentation was in the form of multiple, firm, non-tender skin coloured nodules of variable sizes. Diagnosis was confirmed by the histopathological examination. The case is being reported because it is a rare variant of keratoacanthoma.

Key Words: Multiple keratoacanthomas

Introduction

Eliezri and Libow[1] described multinodular keratoacanthoma, a morphologically recognized variant of keratoacanthoma. It is charactorised by nodules at the periphery of a progressively expanding tumour showing central scarring and no tendency towards spontaneous resolution. Kumar et al[2] described similar condition. To the best of our knowledge, the variant keratoacanthoma centrifugum marginatum has not been reported in the Indian literature.

Case Report

A 38-year-old male developed multiple, firm mildly pruritic, mobile, nontender, skin coloured nodules of about 2-4 cm over both legs and distal part of thighs (Fig.1). Each lesion began as a papule of about 0.5 cm size which gradually attained the above mentioned size over a period of 3-4 months. Later on, central area of lesions developed scarring. He denied history of trauma but admitted the contact with kerosene oil and diesel. These nodules were filled with keratin. No other systemic involvement was seen.

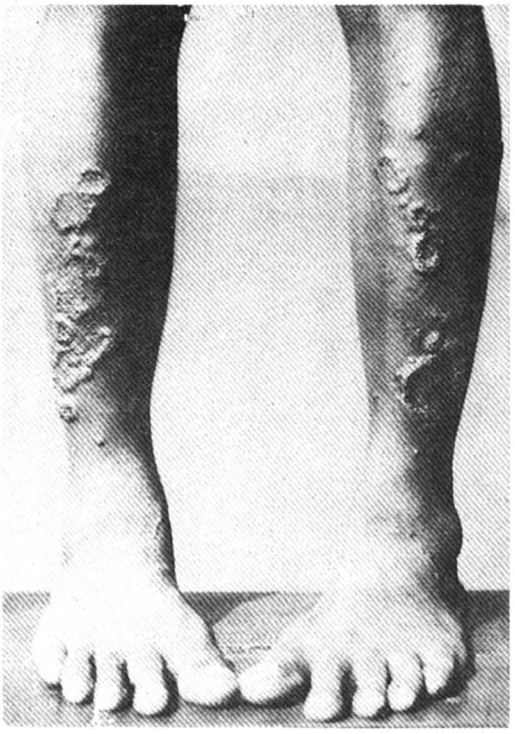

Fig. 1. Multiple papulonodular lesions on the legs.

Routine tests including blood and urine did not show any abnormality. Skiagram of chest did not show any abnormality. Biopsy of the nodule showed plugs of highly keratinized proliferative squamous epithelium filling a crater.

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Keratinized plug was surrounded by tips of epidermis. At the base of keratinized plug, marked epithelial proliferation was seen but basement membrane was not breached.

Discussion

Though few cases of multiple keratoacanthomas have been reported but occurrence of multiple lesions over legs has been a rarity. Multiple keratin filled crater of skin colour with mild itching and no tenkderness suggested a clinical diagnosis of keratoacanthoma in our patient. Possibility of squamous cell carcinoma was ruled out by the absence of fixity to bone, regional lymphadenopathy and intact basement membrane on histopathological examination. Multiple keratoacanthomas and familial primary self healing squamous epithelioma of Ferguson Smith type resemble each other closely. Lesions observed in our patient have been described in the literature as keratoacanthoma centrifugum marginatum.[3,4]

References

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