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POST FEBRILE ACQUIRED CUTIS LAXA

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Acquired cutis laxa following enteric fever has been described in a male in the neck region. Biopsy revealed fragmented elastic fibres in the dermis which were better visualised with special stain for elastic tissue. This case is reported for rarity of its occurrence at the localised site following febrile illness.

Key Words : Cutis laxa, Enteric fever, Neck

Introduction

Cutis laxa is a loose redundant skin condition which may be congenital or acquired and generalised or localised. A localised cutis laxa in the neck region is being described here, with its classical clinical and histological features.

Case Report

A 17-year-old boy, presented with 2 months history of loose, redundant skin over anterior aspect of cervical region. Prior to the onset of the disease, patient

Fig.1. Hyperpigmented, redundant skin in the neck showing hyperelasticity on stretching.

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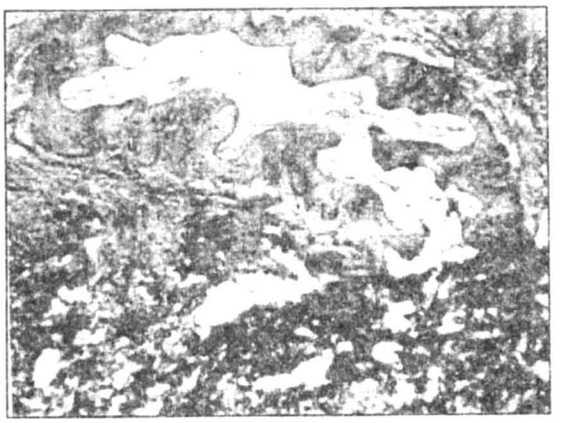

Fig 2. Microphotograph showing black fragmented elastic tissue in the upper and mid dermis (Verhoeff van Geison X 400)

was treated for enteric fever.

His general and systemic examination did not reveal any abnormality. Dermatological examination showed hyperpigmented, redundant skin area which showed hyperelasticity on stretching (Fig.1.) and recoiling on release. Hyperelasticity was observed mainly in the lower aspect of the front of the neck. His haematological and biochemical investigations were normal. Biopsy of the area showed fragmented elastic fibres in the derms in haematoxylin and eosion stain. Blackish fragmented elastic tissue was present on staining with Verhoeff. Van Giesons stain (Fig.2). We are planning for the plastic repair of the redundant skin.

Discussion

Cutis laxa can be hereditary or acquired. The hereditary cutis laxa may present as blepharochalasis. Acquired generalised cutis laxa has been encountered following febrile illness, urticaria or angioedema, extensive inflammatory skin disease such as systemic lupus erythematosus, erythema multiforme, insect bite, penicillin and penicillamine therapy.[1] Acquired localised cutis laxa due to trivial trauma has also been reported involving a localised site (neck) following enteric fever. The cause for the cutis laxa in our case remains obscure, however a probable subclinical inflammation produced by the enterotoxin liberated by the salmonella spp. could be responsible of the elastorrhexis, although no possible explanation could be offered for the predilection of the site.

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