ISSN 0378-6323 May - June 2003

Indian Journal of Dermatology, Venereology & Leprology

EDITORIAL OFFICE
Dr. Uday Khopkar
Editor, IJDVL
2/7, Govt. Colony, Haji Ali,
Mumbai-400034.
E-mail: editor@ijdvl.com

PUBLISHED BY
Medknow Publications
12, Manisha Plaza,
M. N. Road, Kurla (W),
Mumbai-400070, India.
Phone: 91-22-25032970
Fax: 91-22-25032398
E-mail: publishing@medknow.com
Website: www.medknow.com

Manuscript submission
www.journalonweb.com/ijdvl

Cover design courtesy
Sudler & Hennessey

CONTENTS

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CONTENTS (CONTD.)

The Indian Journal of Dermatology, Venereology and Leprology is a bimonthly publication of the Indian Association of Dermatologists, Venereologists and Leprologists and published by Medknow Publications.

The Journal is **indexed/listed** with Health and Wellness Research Center, Health Reference Center Academic, InfoTrac One File, Expanded Academic ASAP, NIWI, INIST, Uncover, JADE (Journal Article Database), IndMed, Indian Science Abstract's and PubList.

Koebner phenomenon in PLEVA

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ABSTRACT

Koebner phenomenon has been described in relation to many immunological, inflammatory and infectious dermatoses since the time of its first description. We report a man with pityriasis lichenoides et varioliformis acuta showing Koebner phenomenon.

Key Words: Koebner phenomenon, Pityriasis lichenoides et varioliformis acuta, PLEVA

INTRODUCTION

Pityriasis lichenoides et varioliformis acuta (PLEVA) is an acute or subacute and at times relapsing papulovesicular disease of unknown etiology.[1] The initial lesion is an edematous, pink papule which undergoes central vesiculation and hemorrhagic necrosis to give rise to a reddish brown crust. A purely vesicular form of the disease also exists.[1] Koebner phenomenon has been described in many dermatoses, but a search of the literature did not reveal any report of its occurrence in PLEVA. Here we describe a case of the vesicular form of PLEVA showing Koebner phenomenon.

CASE REPORT

A 65-year-old electrician presented with a history of crops of multiple, intensely itchy, vesicular skin lesions of 2 months' duration. He was hypertensive and was on treatment with amlodepine for the past one year. On examination, he was found to have multiple umbilicated vesicular lesions, distributed mainly over the extremities, in various stages of evolution. A few lesions showed central necrosis. The vesicles were not grouped but showed distinct koebnerization along the lines of scratching (Figure 1). Very few lesions were present on the trunk. There were no systemic symptoms. Routine hematological, biochemical and radiological examinations were within normal limits.

Histopathological examination from a vesicular lesion showed spongiosis, subepidermal bulla formation and an angiocentric infiltrate comprised of lymphocytes and neutrophils in the superficial and deep dermis consistent with the clinical diagnosis of PLEVA.

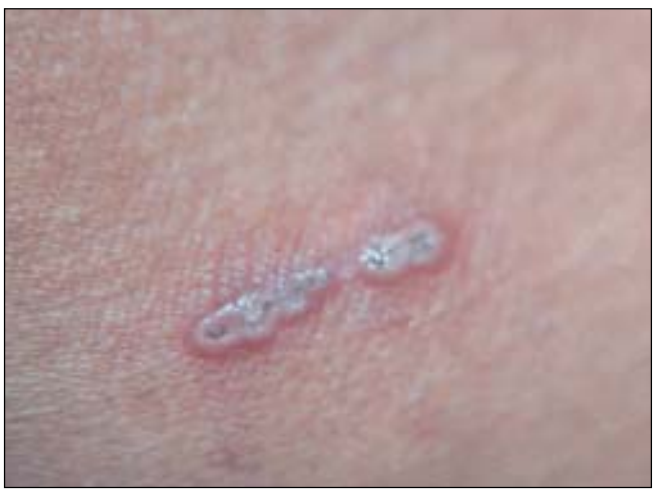

Figure 1: Umbilicated vesicular lesions in a linear pattern

DISCUSSION

Isomorphic phenomenon, a feature of psoriasis, was originally described by Heinrich Koebner in 1876.[2] Although best known in psoriasis, the Koebner phenomenon may also be seen in certain other dermatoses. Boyd and Neldner have classified all reported cases of Koebner phenomenon into four different groups:[3] (1) True isomorphic phenomenon, diseases in which the phenomenon is reproducible by a variety of insults (type 1), e.g. psoriasis, lichen planus and vitiligo; (2) Koebner phenomenon seen in infectious diseases, pseudoisomorphic phenomenon (type 2), e.g. warts, molluscum contagiosum; (3) diseases occasionally localized to sites of trauma (type 3), e.g. erythema multiforme, Darier's disease, lichen nitidus, Hailey-Hailey disease, perforating folliculitis, reactive perforating collagenosis, Kaposi's sarcoma, and (4) single reports or a few examples of a number of disorders associated with Koebner phenomenon (type 4). The fourth group includes different dermatological disorders, varying from anaphylactoid purpura, bullous pemphigoid, erythrokeratoderma variabilis, lichen amyloidosis, urticaria pigmentosa, dermatitis herpetiformis to DLE, multicentric reticulohistiocytosis and xanthoma eruptivum.

The pathogenesis of Koebner phenomenon is not known.[4] Scratching secondary to the intense pruritus associated with PLEVA in the index case might have caused the lesions in a linear isomorphic pattern.

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