AQUIRED FIBROKERATOMAS

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Fibrokeratoma is an uncommon benign skin growth It is a small lesion that first seems rather insignificant. It occurs more frequently on the fingers, and may have a slight or a great resemblance to a rudimentary or a supernumery digit. On the other sites it may be mistaken for some other commoner conditions such as cutaneous horn.

However, on clinical as well as on histopathological grounds, it seems that the lession is a distinct entity.

It is a benign symptomless condition arising as a hyperkeratotic projection out of normal skin. Its configuration shows a steeply projecting growth varying from a hemispherical to a stout or slender elongation.

The lesion appears abruptly and enlarges rather quickly to its final size which may not exceed 1-1.5 cm. within months or years.

Histopathology: The cores of these growths are formed by thick bundles of collagen which lie in the direction of the axis of the lesion, and are continuous with the underlying dermal connective tissue. There are dilated and elongated capillaries surrounded by fine network of reticular fibres vertical to the axis of the lesion. Connective tissue fibres are found in increased numbers interspersed among the collagen bundles. The cores of the lesion consist of pars reticularis as well as pars papillaris. The elastic fibres contrary to true fibroma are present in every core of fibrokeratoma. They may be coarse, fine and sparse but there presence in the core gives the impression that it is a true corium. The epieermis is normal but it may show acanthosis, elongation of rete ridges and hyperkeratosis.

Case 1 : 30 years old male was examined for an asymptomatic skin growth of 2 years duration on the dorsal aspect of right arm. The lesion was a horn like projection, firm, pinkish and hyperkeratotic, the size of which was 4 mm in height and 2 mm. in diameter at its base. It arose from normal skin. The growth was excised and examined pathologically.

Case 2 : 25 years old female patient complaining of an asymptomatic slowly growing growth of 4 years' duration. It was located on the distal phalanx of right middle finger, its size was 5 mm. in height and 3 mm. in thickness. It had colour of the normal skin.

Case 3: A 50 year old man had an acquired asymptomatic excrescence of 7 years duration present at the middle of the outer side of the right leg. It measured 3 mm in diameter at its constricted base and 6 mm. in height. It was greatly hyperkeratotic. Unlike the other cases it was preceded by trauma 2 months earlier.

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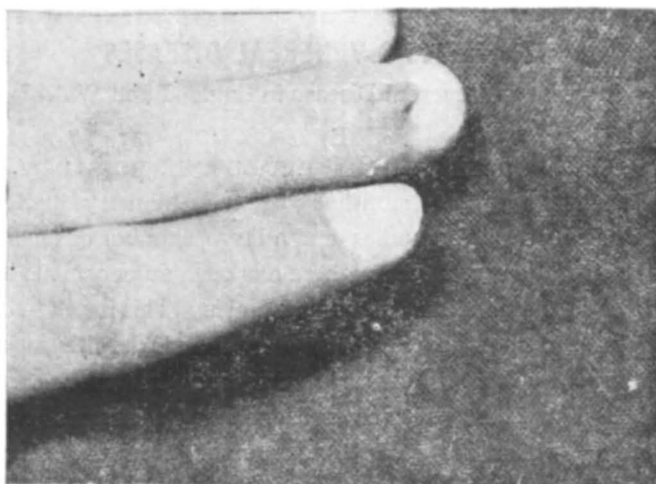

Case 4: A male patient aged 35 years had a skin growth on the outer aspect of the right little finger opposite the middle phalanx. Its duration was 2.5 years. It was an asymptomatic, hyperkeratotic;, smooth growth arising from normal skin, the size of which was 3 mm. long and 2 mm. at its base.

Comment: In 1931 Moncorps (1) reported two skin growths on the palms and soles which proved later to be the same as the cases reported by Bart (2) in 1968. He introduced the term acquired digital fibrokeratoma as they all occurred on the digits Fibrokeratoma can occur on the digits as well as on other areas. Although it is easy to identify, on the digits it has to be differentiated from knuckle pads and peri-ungual fibroma associated with adenoma sebaceum. When the lesion is greatly hyperkeratotic as in case III the differentiation from a cutanous horn is only based on histopathological examination, where the cutanous horn does not possess a prominent core of outstanding connective tissue and it often has the picture of epidermal neoplasia at the base.

Fibromas represent another important differential diagnosis of fibrokeratoma. They are composed of abnormally dense connective tissue distnict from that of normal cutis. While fibrokeratoma is composed of a large part of protrusion of connective tissue closely resembling that of normal dermis. With special stains no marked differences are found between the normal connectve tissue of cutis and the cores of fibrokeratoma

Digital fibrokeratoma may resemble rudimentary supernumery digit. But the latter is present since birth, and occurs at the base of the fifth fiinger and is often bilateral and familial.

Garlic Clove fibroma arising from nail beds which was first described by Steel (3) proved on histopathological examination to be dense sclerotic connective tissue.

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