

## HYPOCHROMIC SEBORRHOEIC KERATOSIS

K Pavithran

The characteristic location on the upper part of back of chest and distinctive morphologic features—well-defined, white plaque with cobble-stone-like surface suggested the diagnosis of hypochromic seborrheic keratosis in an adult male. Histopathology resembled seborrheic keratosis except for the absence of pseudohorn cysts and of melanin pigment in the basal layer.

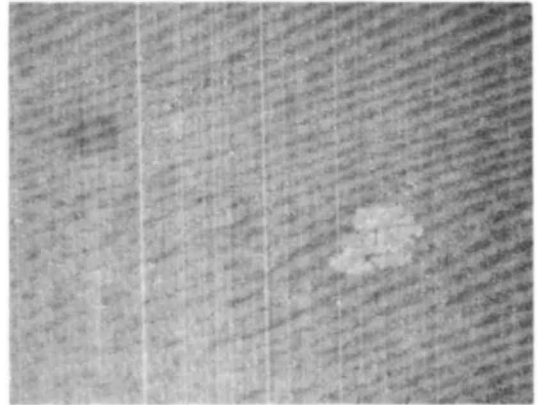
**Key words :** Seborrheic keratosis, Hypochromic.

Hypochromic seborrheic keratosis (HSK), also known as keratosis alba, is an asymptomatic, benign, white, keratotic papule with a cobble-stone-like surface.<sup>1,2</sup> It is usually seen on the upper back in the older individuals. Except for the absence of pseudohorn cysts in the epidermis and lack of melanin pigment in the basal layer, the histopathological features of hypochromic seborrheic keratosis are almost similar to those of usual seborrheic keratosis. We report a case of HSK in an adult male.

### Case Report

A 45-year-old male was seen for an asymptomatic, raised, white plaque on the right scapular area. It had started as a tiny white papule and gradually increased in size. No one in his family had a similar skin lesion. The lesion was a well-defined, creamy-white, slightly elevated, flat plaque on the right scapular area. It measured 15×10 mm and had a cobble-stone-like surface (Fig. 1). There were three other, raised, brownish-black plaques on the back with overlying thick greasy crusts, the removal of which revealed papillomatous surface. Systemic examination was normal.

Routine laboratory tests on blood, urine and stools were normal. Histopathological study of the biopsy specimen taken from the white plaque revealed hyperkeratosis, acanthosis and papillomatosis. There was intra-epidermal proliferation of the epidermal cells consisting mainly of basophilic basal-like cells, and of



**Fig. 1.** Hypochromic seborrheic keratosis—white, well-defined, flat plaque with cobble-stone-like surface, on the back. Note an adjacent pigmented lesion of usual seborrheic keratosis.

squamous cells. There were no pseudohorn cysts. The basal layer was devoid of any melanin pigment. The whole plaque appeared arising above the normal epidermal surface. Dermis appeared normal.

### Comments

The morphological features of the skin lesion i. e. a well-defined white plaque with cobble-stone-like surface suggested a diagnosis of HSK in our patient. Its location on the upper back and histopathologic resemblance to seborrheic keratosis further supported this diagnosis. It is a rare cutaneous lesion. Though HSK is easily recognized clinically by its distinctive appearance and location, it may be confused with more common skin lesions like verruca plana and acrokeratosis verruciformis. The

From the Department of Dermato-Venereology, Medical College Hospital, Kottayam-686 008, India.

lesions of verruca plana are usually multiple and histopathological study reveals vacuolation of epidermal cells. Acrokeratosis verruciformis usually involves dorsa of the hands and feet and shows characteristic church spire elevations on histopathologic examination.

#### References

1. Cornelson RL, Dossor GP and Everett MA : Hypochromic seborrhoeic keratosis, *Cutis*, 1971; 81 : 255-258.
2. Smith JD, Dickson JE and Knox JM : Keratosis alba, *Brit J Dermatol*, 1971; 85 : 418-420.