

CONFLUENT AND RETICULATED PAPILLOMATOSIS

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Confluent and reticulated papillomatosis (CRP) is a rarely reported dermatosis. A twelve-year-old girl who developed CRP was successfully treated with selenium sulfide application.

Key words : Confluent and reticulated papillomatosis.

Gougerot and Carteaud in 1932 described three forms of cutaneous papillomatosis¹ viz (1) confluent and reticulated papillomatosis, (2) nummular and confluent papillomatosis, and (3) punctate pigmented verrucous papillomatosis. Their diagnostic criteria for the establishment of CRP were based on, (1) morphological features of the individual lesion, (2) configuration of the eruption, (3) site of initial manifestation and areas of predilection, (4) distribution of the individual lesion, and (5) presence of concomitant manifestations. In 1937 these criteria were subsequently reiterated by Wise and Sachs.²

The eruption of CRP consists usually of asymptomatic, discrete, low, dome-shaped or flat-topped papules, 1-2 mm in diameter. Gradually, the surface which is slightly cornified, becomes uneven, mildly roughened and comes to resemble a flat wart. When scratched, a mealy scale is detached which crumbles under the finger nail. These papules extend peripherally and coalesce to form a diffuse plaque at the centre and a pigmented network at the periphery. The initial lesions appear at the inter mammary and epigastric regions and later over the spine between the scapulae assuming a rhomboid pattern, with the long axis running cephalo-caudally. They spread

upward and outward on the breasts, upper portions of the shoulders and downward along the midline towards the pubis and sacrum. The skin of the axillae is frequently involved, with exaggeration of the skin folds and enlargement and hyperkeratosis of the glandular orifices. The skin of the neck becomes lichenified but lacking in papillomatous appearance. Mucous membranes are not involved and systemic symptoms are absent. The usual age of onset is 10-16 years with a preponderance in females.

Case Report

A 12-year-old girl attended for asymptomatic and confluent grouped papules with a reticulated pattern over the chest, arm, face and upper interscapular regions. There was no history of contact with any chemicals or medicaments. Laboratory investigations including complete blood count, urine examination, serological test for syphilis, chest X-ray and Mantoux testing were within normal limits. Potassium hydroxide preparations failed to reveal any fungal filaments or spores. Skin biopsy was done and the specimen showed hyperkeratosis and papillomatosis with non-specific perivascular lymphocytic infiltrate in the dermis. CRP was diagnosed as the clinical features satisfied the criteria of Gougerot and Carteaud. The patient was treated with selenium sulfide shampoo externally. The lesions started disappearing by third week of application and completely cleared by the fourth week.

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Comments

CRP is generally an asymptomatic dermatosis of unknown etiology. It is insidious in onset, chronic in evolution and apparently neither congenital nor hereditary in nature, although it has been reported in three members of the same family.³ In spite of its vague etiology, several authors have suggested a possible endocrinological connection to this disease and cases have been reported in association with thyroid dysfunction, Cushing's syndrome, pituitary hypoplasia, hirsutism and irregular painful menses. However, in most cases, no endocrine imbalance is found. According to Waisman,⁴ cutaneous papillomatosis occurs primarily in obese, brunette persons and is one and the same disease as pseudoacanthosis nigricans. Further, the eruption is provoked by perspiration, maceration and friction and that it will improve or disappear following weight reduction. Kesten and James⁵ suggested that pseudoatrophoderma colli is an incomplete form of cutaneous papillomatosis. Yesudian et al⁶ showed that CRP is an abnormal host response to *Malassezia furfur* and can be cleared by selenium sulfide externally or injections of vitamin A.

The concept that CRP represents an unusual form of *M. furfur* is gaining ground. Whereas pityriasis versicolor is common, fewer

than 50 cases of CRP have been reported. Response to treatment with selenium sulfide, however, supports the idea that CRP may reflect an abnormal host response or may accompany certain latent or overt disease status.

References

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