

UNILATERAL ATROPHODERMA VERMICULATUM

M Jayaraman, V Somasundaram

Atrophoderma vermiculatum is an autosomal dominant disorder with small pitted scars over cheek and forehead. A 25-year-old male had multiple 1-2 mm sized pitted scars with ridges producing a reticulated honeycomb appearance on the left cheek since childhood. The lesions were unilateral and there was no other family member with similar lesions.

Key Words: *Atrophoderma vermiculatum*, *Folliculitis ulerythematosae reticulata*

Intoruduction

Folliculitis ulerythematosae reticulata is an autosomal dominantly inherited follicular atrophoderma.¹ This condition was first described by Unna in 1894 as *ulerythema acneforme*. Pernet in 1916 called it as *atrophodermia reticulata symmetrica faciei*, Mackee and Parounagian in 1918 called the condition as *folliculitis ulerythematosae reticulata*.² Darier in 1920 coined the term *atrophodermie vermiculee*,³ while Winer⁴ preferred the term *atrophoderma reticulatum*. One such case is reported.

Case Report

A 25-year-old male had asymptomatic slowly progressive small pit like areas of atrophy, separated by narrow ridges over the left cheek since childhood. The atrophy and ridges were producing a reticulated, honeycomb appearance. Firm skin coloured papules of 2-5 mm size were seen over the angle of the mouth. No other family member was having similar lesions. Biopsy of one of the papules showed moderate atrophic epidermis with multiple keratin cysts in the dermis (Fig. 1).



Fig. 1. Photomicrograph showing multiple epidermal cysts (H&Ex50).

Discussion

The primary defect in *atrophoderma vermiculatum* is considered to be an abnormal keratinisation in and around the pilosebaceous follicles followed by dermal atrophy. Although reported to have occurred in patients with atopy, alopecia areata, neurofibroma and Down's syndrome, they were probably coincidental. Association with epidermal cysts was previously reported.²

From the Department of Dermatology, Madras Medical College, Madras-600003, India.

Address correspondence to : Dr M Jayaraman
222, R K Mutt Road, Mylapore, Madras-600004.

Other atrophies which simulate this are post-acne scarring and viral varioliform scarring for which there was no evidence. This type of atrophy is usually bilateral, but in our patient it was peculiarly unilateral. Only one case with unilateral lesions has been reported earlier.⁵

References

1. Arndt KA. Follicular syndromes with inflammation and atrophy. In: Fitzpatrick TB, Eisen AZ, Wolf K, et al, eds. *Dermatology in general medicine*. New York: McGraw Hill, 1979: 721-4.
 2. Ormsby OS, Montgomery H. In: *Diseases of skin*. 8th edn. Philadelphia: Lea and Febiger, 1954: 625.
 3. Fesch PJ, Burmage MR, Parlovic CS, et al. Atrophoderma vermiculatum. *J Am Acad Dermatol* 1988; 18: 538-42.
 4. Winer LH. Atrophoderma reticulatum. *Arch Dermatol Syphilol* 1936; 34: 980-8.
 5. Rozum LT, Mehregan AH, Johnson SAM. Folliculitis ulerythematosa reticulata-a case with unilateral lesion. *Arch Dermatol* 1972; 106: 388-9.
-