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LINEAR POROKERATOSIS

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A case of porokeratosis occurring in a linear fashion over the upper limb of a 20-year-old male is reported. Involvement of palm, not observed in earlier reported cases of linear porokeratosis, was an additional feature.

Key words : Linear, Porokeratosis.

Porokeratosis of Mibelli is a genodermatosis[1] characterized by the formation of slightly atrophic, discoid patches surrounded by a distinct, raised, keratotic, advancing border.[2] Different morphological forms of the disease have been described including small, discrete, discoid lesions, hypertrophic lesions, oral mucosal lesions and disseminated superficial variety.[1] Isolated cases of a relatively rare, linear form of porokeratosis, occurring predominantly in children have also been described.[3-6] This is characterized by linear configuration of the lesions. Bloom and Abramowitz[3] described linear porokeratosis as a clinical variant of porokeratosis of Mibelli. However, this is not universally accepted. Rahbari et al[4] reviewed the literature and could find only seven case reports of linear porokeratosis. Rahbari et al[4] further reported eight cases of linear porokeratosis and stressed to recognize linear porokeratosis as a distinct clinical variant.

Case Report

A 20-year-old male had developed small, annular, and hyperkeratotic verrucous lesions arranged in a linear fashion over the flexure aspect of the left forearm extending from the antecubital fossa upto the mid-palm. for last 4 years. Two discrete lesions, one near the medial epicondyle and another over the forearm. were also present. Two small papular lesions initially appeared near the antecubital fossa in close proximity with each other which gradually enlarged and coalesced, and then new lesions appeared in a linear fashion gradually encroaching and involving the palm. The lesions were slowly increasing in size. Itching was completely absent. The individual lesions were circular to oval, 0.5 to 3 cm in diameter. There were central areas of atrophy and hypopigmentation, with raised, brownish and hyperkeratotic margins. A sulcus was seen in the margin of some of the lesions. The lesions on the palm were warty. Oral mucosa was not involved. There was no other associated cutaneous or systemic disease.

Histopathological examination from the margin of a lesion showed the characteristic coronoid lamella as a thickened column of keratin, extending outward from a notch in the malpighian layer, while the centre of the lesion showed hyperkeratosis, parakeratosis and acanthosis in the epidermis and an inflammatory infiltrate in the dermis.

Comments

Porokeratosis of Mibelli occurs at all ages.[1] Any part of the body may be involved including the palms and soles.[1] The classic description of porokeratosis usually emphasizes discrete lesions occurring usually over the

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extremities.[1,2,7] However, lesions have been observed occurring during childhood and arranging themselves in a linear fashion.[4-6] Histologically the lesion is characterized by loss of granular layer and formation of parakeratotic coronoid lamella.[7]

Involvement of palm in the form of warty or callous like lesions is known to occur in classical porokeratosis of Mibelli[2] as occurred in our case also. Histopathology of the lesion showed that these papules were the classical lesions of porokeratosis of Mibelli which appeared in a linear fashion.

Linear porokeratosis appears to be a distinct, rare clinical variant of classical porokeratosis of Mibelli, occurring predominantly in children and young adults with a predilection for extremities. Palm was also involved in this case. This has not been observed in cases of linear porokeratosis reported previously.

References

1. Chernosky ME: Porokeratosis, in: Dermatology in General Medicine, Second ed, Editors, Fitzpatrick TB, Eisen AZ, Wolff K et al: McGraw Hill Book Company, New York, 1979; p 279-282.
2. Domonkos AN, Arnold HL and Odom RB: Porokeratosis (Mibelli), in: Andrews' Diseases of the Skin, WB Saunders Company, Philadelphia, 1982; p 716-718.
3. Bloom D and Abramowitz EW: Porokeratosis Mibelli: Report of 3 cases in one family, Arch Dermatol Syphilol, 1943; 47: 1-15 (Quoted in reference 4).
4. Rahbari H, Cordero AA and Mehregan AH: Linear porokeratosis, Arch Dermatol, 1974; 109: 520-528.
5. Chernoski ME and Freeman RG: Disseminated superficial actinic porokeratosis, Arch Dermatol, 1967; 96: 611-624.
6. Freund E: Ungewohnilicher Fall von Systematisierter Porokeratosis Mibelli bei einen kind. Arch Dermatol Syphilol, 1934; 170: 2-11 (Quoted in reference 4).
7. Lever WF and Schaumburg-Lever G: Genodermatoses, in: Histopathology of the Skin, JB Lippincott Co, Philadelphia, 1983; p 62-64.