ISSN: 2347-6567

International Journal of Allied Medical Sciences and Clinical Research (IJAMSCR)

IJAMSCR |Vol.11 | Issue 4 | Oct - Dec -2023

www.ijamscr.com

DOI : https://doi.org/10.61096/ijamscr.v11.iss4.2023.453-455

Case Study

Porokeratosis of Mibelli- By dermoscopic lens. A rare case report

Dr. Rupinder kaur[1], Dr. Gaurav Chhillar[2], Dr. Jasmine Chhillar[2], Dr. RachnaVerma[3], Dr. Usha Kataria*[4].

[1] Senior Resident, Department of Dermatology, BPS Govt. Med. College for Women, KhanpurKalan, Sonipat, Haryana.
[2] Interns, NCR Medical Collage and Hospital, Meerut, UP.
[3] Assistant Professor, Department of Dermatology, BPS Govt. Med. College for Women, KhanpurKalan, Sonipat, Haryana.
[4]Professor and head, Department of Dermatology, BPS Govt. Med. College for Women, KhanpurKalan, Sonipat, Haryana.

* Corresponding author: Dr.(Prof.) Usha Kataria
Email: ushachillar@gmail.com

Published on: 26 Oct 2023

Published by:
DrSriram Publications

Abstract

Porokeratosis is a benign, rare genetically determined autosomal dominant disorder. It is a disorder of epidermal keratinization characterized by hyperkeratotic papules or plaques surrounded by elevated border. It expands centrifugally. There is a clonal proliferation of keratinocytes, may be associated and chronic sun exposure, viral illness like HBV, HCV, HIV and immune-suppression.

Keywords: Porokeratosis; hyperkeratotic papules; epidermal keratinization; dermoscopy.

INTRODUCTION

A 35 years old male presented with multiple hyper-pigmented pinpoint papules on dorsum of both hands and fingers since 2-3 months and history of gradual increase in size of lesions. There was no family history of such lesions and no history suggestive of immune-suppression. Viral marker showed negative results. Physical examination showed multiple discrete hyperpigmented umbilicated hyperkeratotic papules. Lesions were present on dorsum and fingers of both hands.[Fig-1] On dermoscopic examination, well demarcated homogenous to pale area with characteristic peripheral ridge was observed.[Fig-2]
Dermoscopic image gave a clue to diagnosis of Porokeratosis. Skin biopsy was taken from the lesion and sent for histopathological examination. Histopathology showed presence of parakeratosis with in epidermal

investigation, which was suggestive of coronoid lamella and the diagnosis of Porokeratosis was made. Patient was advised acitretin and planned for radiofrequency ablation.

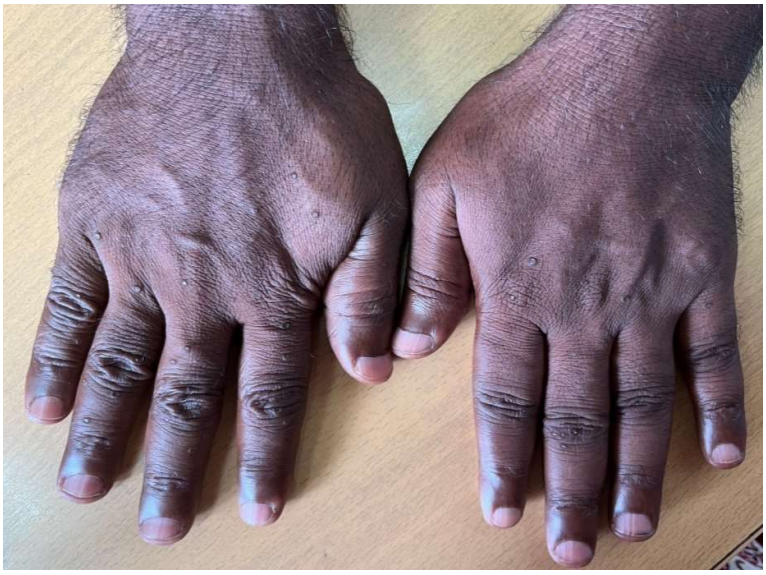
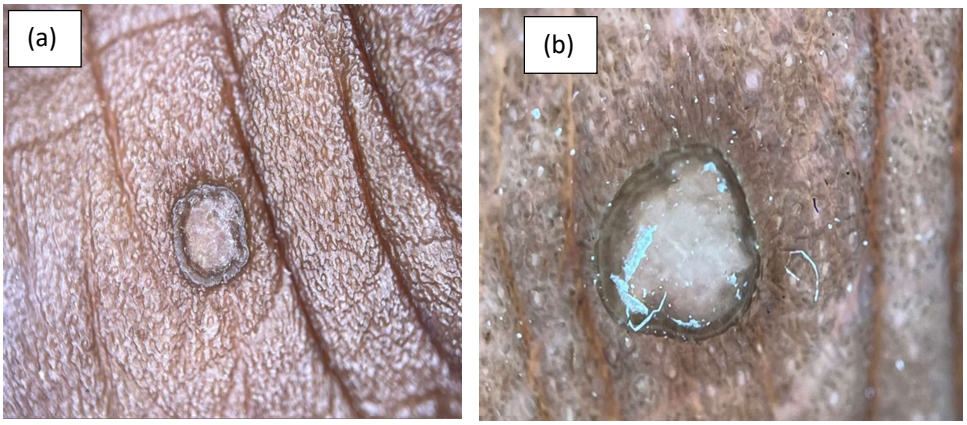


Fig 1:Multiple well demarcated hyperkeratotic papules over dorsum of bilateral hands.

(a) nonpolarized mode and **(b) polarized mode.**



(a) nonpolarized mode and **(b) polarized mode.**

Fig 2: Skin-coloured to pale central homogenous area bounded by irregular double-marginated "white track" peripheral rim on dermoscopy [original magnification, ×10]

DISCUSSION

The classic lesion of Porokeratosis was first described by Mibelli in 1893. It is usually seen during childhood as annular plaques with central atrophy and elevated keratotic ridge which corresponds to coronoid lamellas on histopathological examination. Males are affected more as compared to females. It is commonly seen in Caucasians and is rarely observed in dark skinned individuals.[1] Porokeratosis represents a group of disorders of epidermal keratinization.[1,2] The keratinocytes which could be due to defect in keratinocytes differentiation.[3] Malignant transformation has been described in all forms of Porokeratosis and the risk is highest in giant lesions of Porokeratosis.[4] Hence regular monitoring is required to look for malignant changes. Dermoscopic image helped in making bedside diagnosis because of better visualization of keratotic ridge that is characteristic of classical Porokeratosis of Mibelli.[5,6]

Dermoscopy should be used as rapid non-invasive simple diagnostic technique. This case is being presented here as a dermoscopic findings of classic morphology of Porokeratosis of Mibelli with involvement of dorsum of hands.

REFERENCES

1. Judge MR, MeLea WH, Munra CS. Disorder of keratinization. In:Burn T, Breathnach S, Cox N, Griffiths C, editors. Rook's Textbook of dermatology. 7thed.Oxford: Blackwell Publishing Science;2004. p. 34.75-7.
2. Sertznig P, von Felbert V, Megahed M. Porokeratosis: present concepts. J EurAcadDermatolVenereol.2012;26(4):404-12. doi: 10.1111/j.1468-3083.2011.04275.x, PMID 21929548.
3. Shen CS, Tabata K, Matsuki M, Goto T,Yokochi T, Yamanishi K. Premature apoptosis of keratinocytes and the dysregulation of keratinization in porokeratosis. Br J Dermatol.2002;147(3):498-502. doi: 10.1046/j.1365-2133.2002.04853.x, PMID 12207590.
4. Sasson M, Krain AD. Porokeratosis and cutaneous malignancy.A review.Dermatol Surg.1996;22(4):339-42. doi: 10.1111/j.1524-4725.1996.tb00327.x, PMID 8624658.
5. Zaar O, Polesie S, Navarrete-Dechent C, Errichetti E, Akay BN, Jaimes Jet al.Dermoscopy of porokeratosis: results from a multicentre study of the International Dermoscopy Society. J EurAcadDermatolVenereol.2021Oct;35(10):2091-6. doi: 10.1111/jdv.17439, PMID 34077570.
6. Jha AK, Sonthalia S, Lallas A. Dermoscopy of porokeratosis of Mibelli. Indian Dermatol Online J.2017Jul-Aug;8(4):304-5. doi: 10.4103/idoj.IDOJ_284_16, PMID 28761862.