Case Report

Warty But Not Warts


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Abstract

Warty dyskeratoma (WD) is a benign epidermal proliferation characterized by a reddish-brown or skin colored solitary papule or nodule with central follicular plugging. It is usually limited to the scalp, neck and face but has occasionally been reported on oral and vulval mucosae. Herein we report a female patient presenting with multiple verrucous papules on the scalp diagnosed clinically and histopathologically as warty dyskeratoma. The etiology of WD is unknown, but ultraviolet light, autoimmunity, viral infections, chemical carcinogens, and smoking have been postulated to play a role. Besides the characteristic histopathological features, the clinical appearance of WD is distinctive and is composed of discrete papules or nodules.

Key Words: Warty dyskeratoma, Verrucous

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Introduction

The skin of the scalp has several unique features that aid in its critical role of protecting the head. The follicular density is much higher, creating a dark, warm and moist environment. These unique features of the scalp make it susceptible to various infections, inflammations and tumors. A clear understanding of each disease process and its unique manifestations is key to developing an accurate differential diagnosis.

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Case Report

- A 56 year old woman presented to our out patient department with 5 years history of asymptomatic raised skin lesions on the scalp.
- The lesions were insidious in onset. The number of lesions were increasing gradually since one month. Oral mucosa, genital mucosa and nails were normal. She had no other dermatological or systemic disease and no history of preceeding trauma.

On examination well demarcated erythematous and hyperpigmented verrucous papules of 0.5-2cm with yellowish plug were seen on the left parietal scalp. (Fig. 1 & 2)
A biopsy was obtained for histological diagnosis. Histopathological examination showed medium sized invagination of epidermis connected with a column of keratinous material. The invaginated area showed acantholytic dyskeratotic cells (Fig. 3). In this particular case the lesions resolved spontaneously.

No known risk of malignant transformation of warty dyskeratoma is reported. Recurrence is extremely uncommon.10

Conclusion

- Not all warty lesions on scalp are common warts.
- The characteristic clinical and histopathological features of WD is distinctive.
- Multiple warty dyskeratomas on scalp are rare and reported in association with renal failure but our patient had normal renal function.9,10 In summary, multiple WD is an exceptional entity that could be misdiagnosed and its diagnosis should lead us to rule out any possible renal involvement.

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References