

## Verrucous (Hypertrophic) Cutaneous Lupus Erythematosus: A Case Report

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### ABSTRACT

Verrucous (Hypertrophic) Lupus Erythematosus (LE) represents a rare but distinct, variant of chronic discoid lupus erythematosus. We report a case of LE with verrucous lesions for its rarity and peculiar location posing a diagnostic dilemma.

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### INTRODUCTION

Hypertrophic Lupus Erythematosus is a rare subset of chronic cutaneous LE and represents 2% of the total chronic cutaneous lesions of LE. It is similar to discoid LE but with marked hyperkeratosis due to an exaggerated proliferative response.<sup>1</sup> To the best of our knowledge report of this variant of lupus erythematosus in Nigeria is lacking, hence the need to document this particular case. This unusual case of cutaneous lupus erythematosus with verrucous lesions is reported for its rarity and clinical interest.

### CASE REPORT

A 6-year-old pupil presented to the dermatology clinic of Aminu Kano Teaching Hospital with painless skin eruptions over the tip of her nose of years duration. The rash started as a small papule that continued to enlarge until it reached the present size. It is not itchy and does not bleed. The patient is in good health and the systemic review was not contributory. Physical examination



Fig. 1: Keratotic plaque on the nose.

revealed a circumscribed, hyperkeratotic plaque, measuring size 3-6cm, roughly circular in shape over the nose (Fig. 1).

Systemic examination was unremarkable. Haemogram revealed mild anaemia (Haematocrit of 33%) and eosinophilia. Renal and liver function tests and chest X-ray were within normal limits. Serology for syphilis and LE cell phenomenon were negative. Biopsy of the skin lesion showed marked hyperkeratosis, acanthosis, follicular plugging with thinning of epidermis at places and focal dissolution of basal cell layer with melanin incontinence. Upper dermis showed lichenoid as well as patchy perivascular lymphohistiocytic infiltrate.

On the basis of these clinical and histologic findings a diagnosis of hypertrophic LE was made. The patient was treated with oral Prednisolone 5mg daily, chloroquine 150mg daily and topical betamethasone with remarkable improvement of the skin lesions after 8 weeks (Fig. 2).



### DISCUSSION

Hypertrophic/ verrucous LE is a very rare subtype of cutaneous lupus erythematosus whose clinical course is marked by chronicity and progression of the lesions.<sup>1</sup> It consists of dull red, raised, indurated lesions covered by keratotic, multilayered, horny, white or yellow scales. These lesions commonly affect the extensor surface of the arms and legs, the upper back, and the face. When the palms and soles are involved, hypertrophic lupus produces localized or partially diffuse keratoderma. Systemic involvement is, however, rare.<sup>2</sup>

Clinically the hyperkeratotic plaque can be mistaken for keratoacanthoma,<sup>3</sup> lichen planus hypertrophicus (LPH),<sup>4</sup> squamous cell carcinoma, lupus vulgaris and tuberculosis verrucosa cutis.<sup>5</sup> Hypertrophic LE is treatment resistant; intralesional corticosteroids generally give only transient thinning.<sup>6</sup> Successful treatment of hypertrophic LE has been demonstrated with etretinate,<sup>7</sup> isotretinoin,<sup>8</sup> and with thalidomide<sup>9</sup> in sporadic cases. In the case presented above, the patient responded to oral and topical steroid, and oral antimalarial.

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