Porokeratosis Mibelli, Which Occur After Burning

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Abstract
Porokeratosis mibelli is a disorder with going abnormal epidermal keratinization. Clinically its characteristic features are annular plaques, irregular peripheral keratotic ridge and atrophic center. Sometimes it can be hypopigmentation or hyperpigmentation in the center. A 24 year old woman patient whose hand have burned with oil drop 3 years ago. And now she has a big porokeratosis mibelli lesion on the hand with clear central hypopigmented area. We treated her with topical corticosteroids and topical keratolytics.

Keywords: Porokeratosis Mibelli, Burning.

Introduction
In this case we present a demonstrative porokeratosis mibelli lesion. Also reason is a burning in this case and this is a rare etiology of porokeratosis mibelli.

Case Study
A 24 year old woman patient came to our clinic with a lesion on dorsal face of right hand. Lesion has an annular, irregular hyperkeratotic ridge and borders have expanded centrifugally time to time. Three years ago her hand have burned with a hot oil drop and the wound firstly occured at that time. A hypopigmented, atrophic area have occured in the centre and a hyperkeratotic plaque have growed up surround of this centre. Patient used many systemic and topical antifungal therapy before coming our clinic and there was no any response. It is decided to taking skin biopsy on the hyperkeratotic ridge. And the histopathology confirmed our prediagnosis: porokeratosis of mibelli. We tried to treat patient with topical keratolytics and topical corticosteroids.

Figure 1: Porokeratosis of mibelli lesion on the hand; hyperkeratotic, annular border and hypopigmented area in centre.

Discussion
Porokeratosis mibelli (PM) is a disorder with going abnormal epidermal keratinization [1,2]. Porokeratosis mibelli was firstly described by Mibelli in 1893 [1,2]. Clinically its characteristic features are annular plaques, irregular peripheral keratotic ridge which can expand over a period of time [1,2]. Sometimes it can be hypopigmentation or hyperpigmentation and atrophy in the center [1,2]. Although etiology of PM is unclear; immunosuppresion, ultraviolet radiation, trauma, Hepatit B, Hepatit C, HIV infection have been incriminated [1,2]. In generally the lesion develops on extremities but also can be develop on the face, genitalia, buccal mucosa, palms and soles [1,3]. Nail dystrophy can be observed rarely [2,4]. One of the morphological variant of the PM is giant porokeratosis of mibelli which with a diameter of up to 20 cm and surrounding wall of 1 cm [1,5]. It is neccessary to attention for this variant because of there is some risk of development of squamous cell carcinoma (%10) [1,5,6]. Treatment options are various, such as topical 5-fluorouracil, imiquimod, keratolytics, cryotherapy, dermabrasion, oral retinoid, CO₂ laser ablation, 585-nm pulsed dye laser radiation, Grenz ray radiation, Nd:YAG laser radiation, surgical excision and electrodesiccation [1,6,7]

Conclusion
This case showed us a manifastation of PM with clear hypopigmented area in the centre and burning can be a reason of PM. It should give attention for giant PM cause of possibility to transformation squamous cell carcinoma.

References


