Dermatology Practical & Conceptual

Porokeratosis Ptychotropica Mimicking Anogenital Warts

Tugba Kevser Uzuncakmak[1], Necmettin Akdeniz[1,2], Pembe Gül Güneş[3]

1 Memorial Healthgroup, Sisli Hospital, Department of Dermatology, Istanbul, Turkey
2 Memorial Healthgroup, Atasehir Hospital, Department of Dermatology, Istanbul, Turkey
3 Memorial Healthgroup, Sisli Hospital, Department of Pathology, Istanbul, Turkey

Citation: Uzuncakmak TK, Akdeniz N, Güneş PG. Porokeratosis Ptychotropica Mimicking Anogenital Warts. *Dermatol Pract Concept.* 2024;14(2):e2024111. DOI: https://doi.org/10.5826/dpc.1402a111

Accepted: December 14, 2023; **Published:** April 2024

Funding: None.

Competing Interests: None.

Authorship: All authors have contributed significantly to this publication.

Corresponding Author: Dr Tugba Kevser Uzuncakmak, MD, Memorial Healthgroup, Sisli Hospital, Department of Dermatology, Istanbul, Turkey . Telephone: 0 +90- (530) 6640226 E-mail: tugbakevser@gmail.com

Case Presentation

A 34-year-old male presented with a 7-year history of slowly increasing, multiple 3–4 mm, papular lesions on the bilateral gluteal region (Figure 1A). He had been diagnosed with genital wart and lichen simplex chronicus previously, and topical therapies, including topical corticosteroids, 5-FU, podophyllotoxin, and cryotherapy, had been offered to him; he stated that he had had no benefit from previous treatments. In dermoscopic examination, sharply demarcated hyperpigmented hyperkeratotic peripheral rim with a light brown hyperpigmentation, center with yellowish and whitish scales, and white structureless areas were detected (Figure 1B-1C). Histologically, irregular acanthosis, and cornoid lamella formation in the areas of epidermal invagination were observed in the epidermis. The cornoid lamella structures were composed of dyskeratotic cells with granular layer loss and vacuoles under the parakeratotic column. Vacuolar degeneration was observed at the dermo-epidermal junction, and perivascular lymphocyte infiltration was observed around the dilated capillary vessel (Figure 1D). The patient was treated with Er:YAG laser.

Teaching Point

Porokeratosis ptychotropica (PP) is a rare variant of porokeratosis that is characterized by symmetrical dyskeratotic skin lesions on the gluteal clefts [1]. It was first described by Lucker et al. in 1995, and to date, few cases have been reported in the literature. PP may be misdiagnosed as psoriasis, eczema, epidermal nevus, candidiasis, squamous cell carcinoma, cutaneous tuberculosis, Bowen disease, or anogenital warts, as in our patient [2]. It presents clinically as a characteristic butterfly-shaped scaly plaque with a raised rim. These lesions are usually itchy, which may lead to scratching and chronic inflammation. Therapeutic options in the treatment of PP are limited and usually not curative. There are

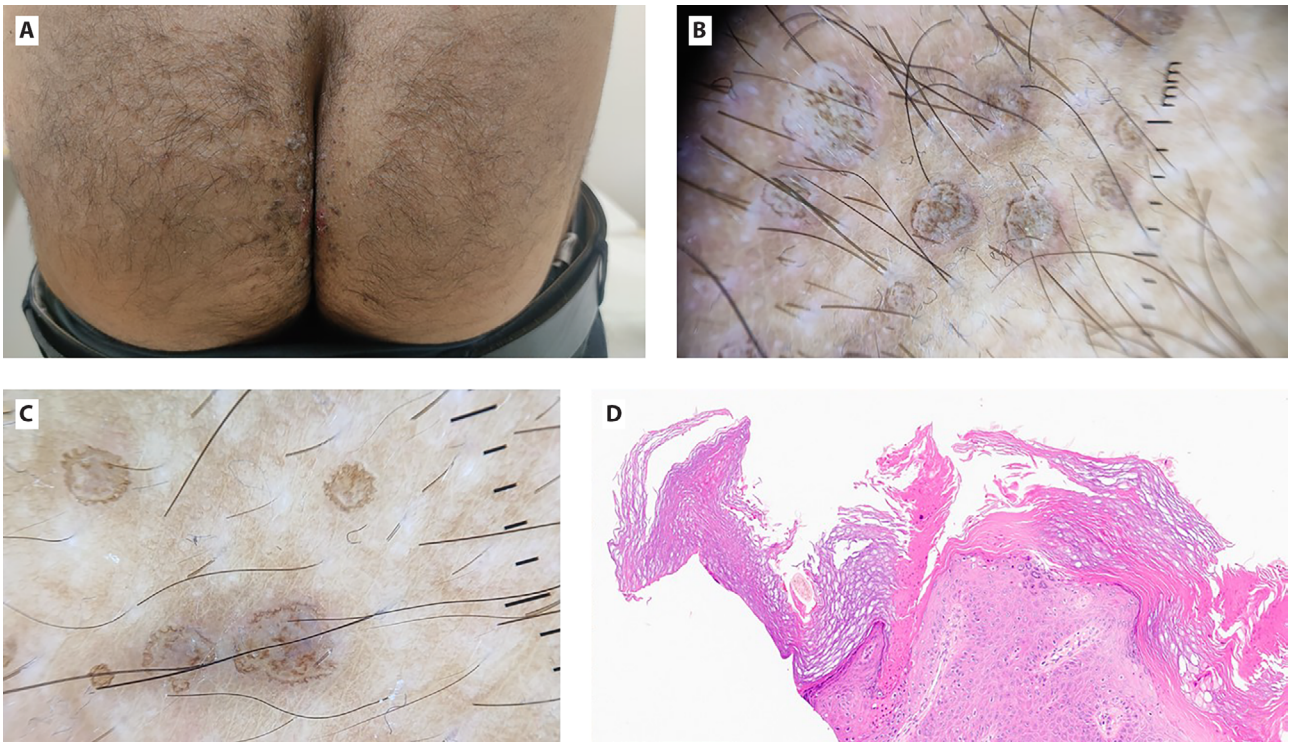

Figure 1. (A) Clinical presentation of itchy hyperkeratotic popular lesions on gluteal cleft (B-C) Hyperpigmented hyperkeratotic peripheral rim with a light brown hyperpigmentation, center with yellowish and whitish scales, and white structureless areas were seen at dermoscopy (D) A cornoid lamella in porokeratosis. A thin column of parakeratotic cells overlies a narrow zone in which the granular layer has disappeared. Vacuolar degeneration was observed at the dermoepidermal junction, and perivascular lymphocyte infiltration was observed around the dilated capillary vessel in dermis (H&E, 10×10).

few case reports about various treatment options, such as topical/intralesional corticosteroids, topical/ systemic retinoids, imiquimod, cholesterol, 5-fluorouracil, simvastatin, excimer laser, photodynamic therapy, intralesional bleomycin injection, cryotherapy, CO2 laser, and dermatome, and excision has been reported in the literature, but complete clearance has not been observed with almost any treatment [3,4]. In our case, focal recurrence foci were observed after ablative fractional Erbium:YAG laser treatment, although not as much as in the first visit, and follow-up with repeated laser treatments was recommended. We present this rare disorder, which has the risk of progressing into squamous cell carcinoma in the long term if left untreated, as a reminder of the differential diagnosis of many benign and malignant anogenital dermatoses.

References

1. Zaar O, Polesie S, Navarrete-Dechent C, et al. Dermoscopy of porokeratosis: results from a multicentre study of the International Dermoscopy Society. *J Eur Acad Dermatol Venereol.* 2021; 35(10):2091-2096. doi:10.1111/jdv.17439
2. Lacarrubba F, Musumeci ML, Verzì AE, Poma C, Caltabiano R, Micali G. Porokeratosis Ptychotropica: Dermoscopy, Reflectance Confocal Microscopy, and Histopathological Correlation. *Indian J Dermatol.* 2021 Sep-Oct; 66 (5): 540-542.
3. Albanell-Fernández M, Luque-Luna M, López-Cabezas C, et al. Treatment of Porokeratosis Ptychotropica With a Topical Combination of Cholesterol and Simvastatin. *JAMA Dermatol.* 2023;159(4):458-460. doi:10.1001/jamadermatol.2022.6591
4. Ryoo YW, Kim Y, Yun JM, Kim SA. Porokeratosis ptychotropica: a case report. *J Yeungnam Med Sci.* 2023;40(4):423-425. doi:10.12701/jyms.2022.00549