Multiple whitish papules on the groins in a man

Case report

A man 41 years of age presented with asymptomatic skin lesions, which he had for 2 years. Multiple small, whitish, papules that resembled deep-seated vesicles covered his scrotum, bilateral groins, and perianal area (Figure 1). No similar skin lesions appeared elsewhere, and he had no family history of inherited skin diseases. Skin biopsy showed a picture of prominent acantholysis in the suprabasal and middle layer of the epidermis. Some dyskeratotic cells within the acantholytic epidermis, hyperkeratosis, and acanthosis were also noted (Figure 2). Direct immunofluorescence studies were negative. After the diagnosis was made, he was treated with a topical steroid and the lesions persisted without discomfort.

Figure 1 (A) Multiple whitish papules on the scrotum, perianal area, and groins, (B) whitish papules, some with coalescent lesions on the left groin.

Figure 2 (A) Prominent acantholysis in the suprabasal and middle layer of the epidermis. Hyperkeratosis and acanthosis were also noted, (B) acantholysis and some dyskeratotic cells.
Diagnosis

Acantholytic dermatosis of the genitocrural area.

Discussion

Acantholytic dermatosis of the genitocrural area was first reported by Chorzelski and colleagues in 1984 with the term “papular acantholytic dyskeratosis of the vulva” as a unique entity of focal acantholytic dyskeratoses. It is an acquired dermatosis that appears on the genital area. Most reported cases occur in young to middle-aged women with lesions developed on the vulva. Only a few reports of this disease have occurred in men.

Clinically, it is characterized as numerous tiny skin-colored or whitish papules that develop on the genitocrural area and may become confluent and resemble deep-seated vesicles. Female patients mostly report lesions on the labia major, but they may extend to the perianal area, the inguinal region, or the upper medial aspects of the thighs. In men, it may occur on the scrotum or the penile area. Although it might be pruritic, most cases were asymptomatic. Evidence does not suggest that the disease is inherited.

Histopathologically, the condition shows prominent acantholysis, which can involve the full layer of the epidermis. Dyskeratosis with corps ronds and grains may be seen. There may be hyperkeratosis and focal parakeratosis. The immunofluorescence studies are negative, which is an important finding to help differentiate it from pemphigus.

Several diseases should be considered as the differential diagnoses. Hailey-Hailey disease develops not only on the groins, but it also appears on the axillae and other friction areas and often presents as painful erosions, fissures, or scaly erythematous plaques. Hailey-Hailey disease has an autosomal dominant family history, which is not seen in this disease. Darier disease mostly erupts in the seborrheic area and also has autosomal dominant inheritance. In addition, the histologic picture with marked dyskeratotic cells makes a difference. Grover disease presents with lesions that are located on sun-exposure areas, and spontaneous healing often occurs within a few weeks or months. Alternatively, acantholytic acanthoma is mainly solitary and usually occurs on the trunk of older individuals.

The etiology and pathogenesis of acantholytic dermatosis of the genitocrural area is still unknown. The warm, moist environment and easily physical friction of the genital region might be one of the factors that triggers the disorder. There were no reports of genetic study to date.

Conclusion

Treatments with topical steroids and topical retinoids had been reported to improve the condition, but some reports suggest that they are unhelpful. The most effective treatment appears to be local ablation of the lesion by cryotherapy, electrocautery, or laser therapy. However, because the lesions are not harmful, an accurate diagnosis with reassurance may be enough for the patients.

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