A 27-year-old Man with Symmetrical, Hyperkeratotic, Brownish Patches and Lentigines on Bilateral Wrists, Dorsal Hands, Knees and Ankles

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CASE REPORT

A 27 year-old man visited our out-patient clinic and complained of many asymptomatic pigmented patches on the wrists, dorsal hands, knees and ankles since he was a 10 year-old boy. The lesions got exacerbated with darker colors and more hyperkeratosis in summer. After swimming or soaking in water, they became white. There is no symptom about the lesions. No family history is found.

Dermatological examination showed symmetrical, well-circumscribed, hyperkeratotic and brownish patches with mild velvety appearance on the wrists, dorsal aspects of hands, knees and ankles. In addition, some pin-head-sized, black macules are also noted on the brownish patches (Fig. 1). The patient’s general condition is good without obesity, medical disease, or any drug histories.

A biopsy specimen taken from the right ankle revealed marked hyperkeratosis and mild acanthosis without obvious papillomatosis. Slight hyperpigmentation is demonstrated without significant increase in numbers of melanocytes. There are few lymphocytes around the superficial vessels (Fig. 2).

Fig. 1
Hyperkeratotic, pigmented patches are distributed symmetrically on the dorsum of hands(A), flexoral areas of wrists(B), and ankles(C). Velvety appearance is noted on the proximal aspects of interphalangeal areas. Also, many lentigines are found(D).

Fig. 2
Skin biopsy from the right ankle(2A) revealed marked hyperkeratosis and moderate acanthosis.
DIAGNOSIS: Acral Acanthosis Nigricans and Multiple Lentigines

DISCUSSION

黑色素瘤是一種呈灰色至棕色不等的色素性角化的斑塊，表面呈疣狀或絨毛狀突起，常對稱分布於皮膚對摩處。臨床上的重要意義為此種疾病常伴隨胰島素抗性，也可能和癌症有關係。1994年Schwartz將黑色素瘤分為以下8類：(1) 良性型黑色素瘤(benign acanthosis nigricans)，(2) 間發肥胖相關的黑色素瘤( obesity-associated acanthosis nigricans)，(3) 伴發黑色素瘤(syndromic acanthosis nigricans)，(4) 癌症相關的黑色素瘤( cancer associated with acanthosis nigricans)，(5) 單側性黑色素瘤( unilateral acanthosis nigricans)，(6) 藥物誘發的黑色素瘤( medication-induced acanthosis nigricans)，(7) 肢端黑色素瘤(acral acanthosis nigricans or acral acanthotic anomaly)，(8) 混合型黑色素瘤(mixed-type acanthosis nigricans)。

所有類型的黑色素瘤在病理組織學的表現都類似。臨床上呈現的棕黑色斑塊，是角質層過度角化所造成，非黑色素增加或黑色素細胞增生所致。本文所報告的病例亦同，其棕黑色斑塊之組織病理切片顯示過度角化，表皮無明顯黑色素增加或黑色素細胞增生。臨床上較特別的是對其他正常皮膚部位，病灶上方伴隨有多發性小痣，此黑色素細胞增生之病灶，多數且侷限在肢端黑色素瘤病灶上，過去文獻並無類似報告；反觀良性型傳染性黑色素瘤，也是一種表皮母斑性的皮膚異常，病灶可能伴隨多發性痣，與本文所報告的病例有許多雷同之處，可視之為良性型黑色素瘤的一種異形。

REFERENCES