

A Circumscribed Erythematous Plaque on the Scrotum

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CASE REPORT

A 40-year-old male found an asymptomatic annular erythema on the scrotum. It enlarged gradually in half a year. Topical steroid and antifungal agents were given in vain, and he was referred to our hospital. No lesions were found elsewhere. The patient denied local contact of any chemicals. The lesion was excised in total and no recurrence was found.



Fig. 1
Margin elevated circumscribed erythematous plaque on the scrotum.

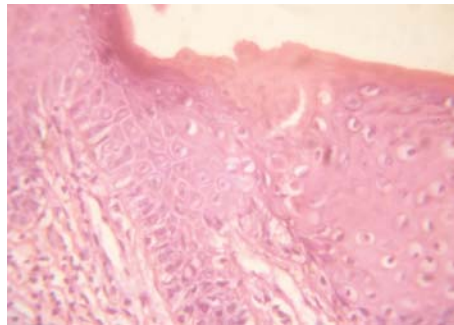
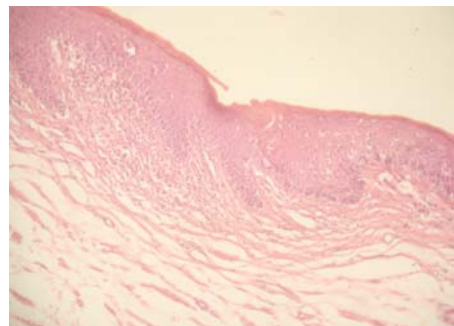


Fig. 3
Pathological examination.(H & E) (400X)



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DIAGNOSIS: Porokeratosis of Mibelli

HISTOPATHOLOGICAL FINDING:

檢體經過固定和H&E染色之後，低倍下可以看到表皮層局部的角質栓塞(Fig. 2)。高倍下在角化不全的區域可發現到典型的玉米狀層(Cornoid lamella)和多餘的角質堆積(Fig. 3)。另外在表皮與真皮交界也有線狀的發炎細胞浸潤。

DISCUSSION

Mibelli汗孔角化症最早由Mibelli在1893年發現。理論上在身上任何地方都可以出現，一般常見在肢端和四肢，也不限於汗孔附近。於生殖器附近出現者與全身型汗孔角化症有關¹，僅出現於生殖器附近之汗孔角化症相對罕見，文獻報告加上本例僅有5例^{1,2,3}(Table I)。其中一例與長期接觸benzene有關³，其餘都是偶發性案例。

在臨床分類上與本例需要作鑑別診斷者還有porokeratosis ptychotropica^{4,5}，它被認為是一種變異型發炎性疣狀表皮痣斑(inflammatory verrucous epidermal nevus)⁵，在病理上表皮一樣局部出現cornoid lamellae。但與本例之差別在於porokeratosis ptychotropica為在肛門附近兩側出現搔癢且逐漸增大之紅色至棕色塊狀病灶，且沿著兩側皮節(dermatome)分佈。本例則為局限在陰囊單側，無症狀之環型紅斑並不相同。至於身體其它部分之後是否也會有

病灶形成，則有賴長時間觀察。

因為統計上Mibelli汗孔角化症約7%⁶至11.6%⁷之後會產生皮膚惡性變化，所以需積極治療。治療上可使用二氧化碳雷射手術，冷凍治療，手術切除或局部以5% 5-fluorouracil塗抹均有不錯療效。

因為陰囊上之Mibelli汗孔角化症本身沒有症狀，臨床上易與黴菌感染或局部溼疹混淆，所以常被忽略。又因此病有轉變成皮膚惡性腫瘤的可能，故在鑑別診斷上臨床醫師需特別注意。

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Table I.

Case No.	Report	Age	Gender	Possible Cause	Treatment
1	Levell NJ, <i>et al.</i> ¹	27	M	Sporadic	Cryotherapy
2	Neri I, <i>et al.</i> ²	70	M	Sporadic	Follow up
3	Neri I, <i>et al.</i> ²	40	M	Sporadic	Follow up
4	Trcka J, <i>et al.</i> ³	70	M	Benzene	CO ₂ laser
5	present case	40	M	Sporadic	Total excision