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A rare clinical image: Papillomatosis cutis lymphostatica in a black patient

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Description

Patient is a 53 year-old black woman with a history of type 2 DM, HTN, R knee total arthroplasty, and significant obesity. She has been suffering with chronic lymphedema for several years and is presenting today with papillomatosis cutis lymphostatica with overlying cellulitis to the right lower extremity (Figures 1,2). Supporting clinical features in this patient include common features such as shiny, smooth, pearl-like, hyperkeratotic papules that are either flesh toned or hyperpigmented, positive stemmer sign, and hyperkeratotic hyperpigmented skin [1]. At this stage of pathology, edema is no longer pitting in nature. Papules range in size from 0.5 to 1 cm and are predominantly dome-shaped or occasionally scalloped (Figure 3). Today, She did have overlying erythema and discomfort upon exam due to the concurrent cellulitis, but does not typically experience pain related to the lesions. Risk factors for this patient include history of poorly controlled type [2] diabetes mellitus, right total knee replacement and varicose veins in bilateral lower extremities [1].

Key clinical message

Papillomatosis cutis lymphostatica is underrecognized in clinical settings. Access to digital visual media for clinicians is limited, articularly depicting non-caucasian patients. PCL presents potential complications such as recurrent cellulitis, disordered mobility, loss of independence and confidence, and difficulty with imaging modalities e.g. ultrasound [2].

Treatment

Mechanical, compression garments or pneumatic compression device, lymphatic massage (manual decongestion) with physical therapy [1]. Avoid mechanical measures if active infection is present, may resume once treated.

Pharmacologic: Salicylic acid ointment [3], Urea cream [3], Acitretin [4].

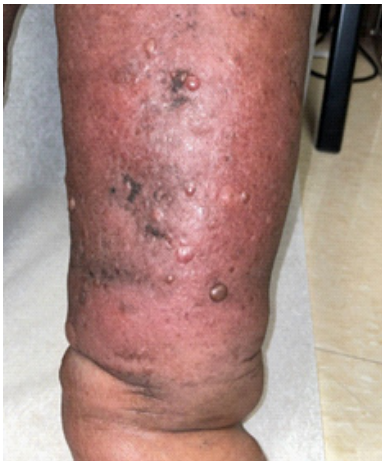

Figure 1: Magnetic resonance of cholangio pancreatography; intrahepatic bile

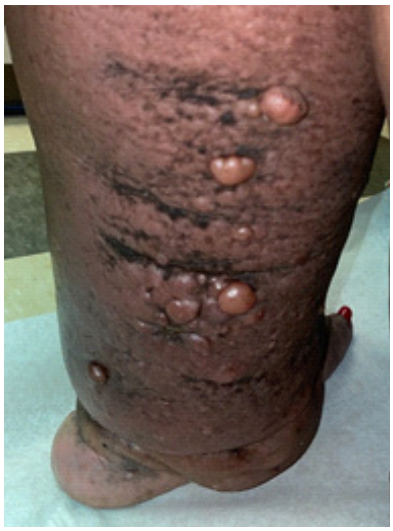

Figure 2: Posterior aspect of LLE demonstrating. Papillomatous formations and discolored skin, as well as deformed medial contour of ankle.

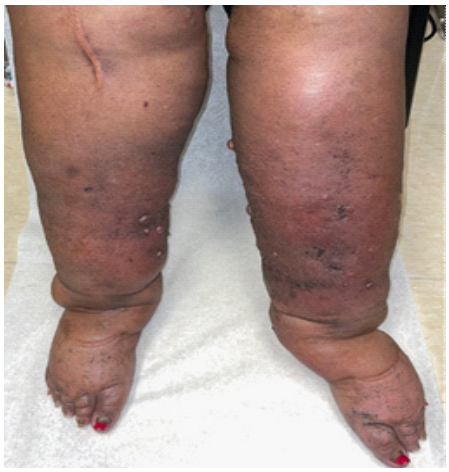

Figure 3: The patient's LLE with significant lymphedema, Mild "buffalo hump" to feet, and scattered papillomas. Note erythema prominent in LLE. Extended scar to R knee from TKR.

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