

Lewandowsky-Lutz Dysplasia in a Retropositive Individual: A Rare Case Report

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Lewandowsky-Lutz dysplasia also known as epidermodysplasia verruciformis is a rare genodermatosis, which characterized by wide spread and persistent infection with human papilloma viruses, clinically presenting with combination of pityriasis versicolor-like lesions, reddish verruca-like and seborrheic keratosis-like plaques having potential for malignant transformation.¹ It is usually transmitted as an autosomal recessive disorder with mutations in EVER1/TMC6 and EVER2/TMC8 genes located on chromosome 17q 25.² The most common serotypes of Human papillomavirus implicated are 3, 5, 8-10, 12, 14, 15, 17 and 19-25.³

A 38-year-old male patient, a truck driver by profession, born of a non-consanguineous marriage, presented to our outpatient department with multiple asymptomatic flat whitish skin lesions over the face, neck and abdomen and multiple elevated skin colored lesions over the dorsum of both hands and feet. These lesions first appeared at 9 years of age on the dorsum of the hands and feet and gradually progressed. The patient has been married for 12 years and has two children with apparently good health. He gave a history of frequent extramarital sexual contact and was diagnosed with retroviral infection 6 years back and was started on anti-retroviral therapy. Cutaneous examination revealed multiple well defined hypopigmented macules (Figures 1 and 2), few coalescing to form patches noted over the face, neck and trunk. There were multiple well defined skin colored to slightly brownish papules with a smooth surface (Figures 3 and 4) noted over the dorsum



Figure 1: Clinical picture showing hypopigmented macules over the front of the neck



Figure 2: Clinical picture showing hypopigmented macules over the back of the neck

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of both hands and feet. There was no involvement of any mucous membrane. A detailed systemic examination was done, which revealed no abnormalities. Routine blood investigations-within normal limits, CD4 cell

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Figure 3: Clinical picture showing brownish papular lesions over the dorsum of hand



Figure 4: Clinical picture showing brownish papular lesions over the dorsum of foot

count-270 cells/mm³, potassium hydroxide mount showed neither spores nor hyphae.

Histopathology (Figure 5) showed basket weave hyperkeratosis, focally thickened granular layer, large

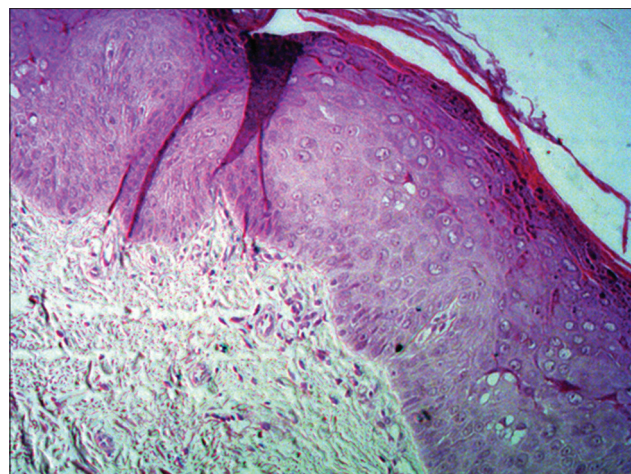


Figure 5: Histopathological picture of Lewandowsky-Lutz dysplasia

swollen pale keratinocytes (koilocytes), which were characteristic.

Points to Ponder

- Diagnosis of this condition is usually based on a combination of clinical features and histopathology.
- The presence of koilocytes on histopathology is characteristic.
- It is important always to rule out tinea versicolor infections by doing a potassium hydroxide mount.

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