



DERMATOPATHOLOGY

MULTIPLE ACANTHOLYTIC DYSKERATOTIC ACANTHOMAS OF THE SCROTUM

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Background: Acantholytic dyskeratotic acanthoma (ADA) is a rare benign epidermal tumor that is characterized by a circumscribed epidermal proliferation displaying acantholytic acanthosis with or without dyskeratosis. The etiology and pathogenesis of ADA is yet undefined. ADA usually presents as a solitary papule on the trunk of adults, although several cases of subungual localization have been published. A biopsy is often performed to exclude a basal cell carcinoma. Histologically, there is acantholysis with or without dyskeratosis. The striking features of acantholysis and dyskeratoses are also seen in other dermatoses, including Darier's disease, Hailey-Hailey disease, Grover's disease, warty dyskeratoma, acantholytic dyskeratotic epidermal nevus, acantholytic actinic keratosis or acantholytic squamous cell carcinoma. Unlike warty dyskeratoma, there is neither a cup-shaped architecture nor an association with a hair follicle. In contrast to acantholytic actinic keratosis, there is no keratinocyte atypia. Importantly, dyskeratotic acanthoma is not a variant of epidermolytic acanthoma, as dyskeratosis and epidermolytic hyperkeratosis with its underlying granular degeneration are fundamentally different processes.

Observation: A 70-year-old male with no significant past medical history presented for a routine skin exam. On exam, there were roughly 20 scattered gray-white 1-3mm hyperkeratotic papules localized on the scrotum. Some of the papules were dome-shaped and others were flat-topped with a cutaneous horn appearance. Patient denied any symptoms. He was unaware of the duration of their presence. Shave biopsy of one of the papules revealed slightly acanthotic epidermis with prominent hyperkeratosis, acantholytic changes and scant lymphohistiocytic infiltrate. Frank atypia was not noted. These changes were consistent with a diagnosis of ADA.

Key Message: To our knowledge, multiple ADAs have only been described once in the literature. Furthermore, this is the first case of an ADA localized to the scrotum, as all the cases described in the past have been localized to the trunk and subungual locations.

