



DERMATOPATHOLOGY

WART-LIKE LESION ON THE ABDOMEN OF A 52 YEAR-OLD MAN WITH A HISTORY OF INFLAMMATORY GASTROINTESTINAL DISEASE

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Background: A 52-year-old male presented to our surgery department with a chief complaint of palpable sutures that have been causing discomfort for the last month. The patient has a past medical history significant for Menetrier's disease status post-total gastrectomy, Roux-en-Y esophagojejunostomy complicated by multiple subsequent small bowel obstructions, open cholecystectomy, and two ventral hernia repairs.

Observation: During his suture removal surgery, a 2.2 x 1.1 x 0.4 cm wart-like growth was noted in the epigastric region of the abdomen. An excisional biopsy was obtained. Histopathology of the lesion showed a benign lesion extending deep into the dermis and present in the deep margin of the specimen. Immunohistochemical markers staining for CD31, CD34, Factor 13a, and smooth muscle myosin were all negative. A Masson Trichrome stain stained the dermis densely. A PAS stain did not show dermatophytes. In the deep center of the specimen, we noted a cavity surrounded by inflammatory cells indicating a fistula. In the stratum malpighii of the central portion of the lesion, a collection of fluid was present indicating a liquid drainage from the lesion.

Key Message: The diagnosis of fistula was given with recommendation for a complete excision of the lesion due to the possibility of communication with a deep, cavernous structure, such as the peritoneal cavity, leading to possible peritonitis or other complications. We also recommended a follow-up CT scan to determine the extent of fistula formation and to rule out chronic pancreatitis.

