GENETICS AND GENODERMATOSES

CUTIS VERTICIS GYRATA: A NEW CASE

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Background: Cutis verticis gyrata (CVG) is a condition in which excessive growth of the scalp skin leads to the formation of furrows that resemble a cerebriform pattern and cannot be corrected by external pressure. There are two forms: primary (essential and nonessential) and secondary. We report a female patient with primary essential CVG.

Observation: A 43-year-old female patient, born to non-blood-related parents, was admitted for well-established convoluted skin of the parietal and occipital scalp evolving since 2 years. There was no alopecia and no difference in the distribution of hair over the folds or in the ridges. There was no medical history of illnesses and no previous skin problems. Laboratory data, including hemogram, AST, ALT, alkaline phosphatase, creatinine, urea, free T4, TSH, prolactin, basal serum cortisol, and TPHA/VDRL, were found to be within normal limits. Cerebral MRI and mammography were normal. The diagnosis of our patient was more consistent with primary essential CVG. The patient did not agree to a skin biopsy and did not wish to undergo any surgical repair.

Key message: CVG diagnosis is based on clinical examination. The primary CVG (PCVG) is relatively rare and is subdivided in two groups: essential and non-essential CVG. The essential CVG or idiopathic CVG is generally not associated to other abnormalities. The non-essential CVG is generally associated to psychiatric or ophthalmological diseases. Various etiologies have been proposed for the secondary CVG including local causes such as nevi, fibromas, or inflammatory changes and systemic disorders such as acromegaly, myxedema, cretinism, or leukemia, as well as to the systemic administration of drugs. In our patient, any abnormalities in clinical findings or complementary laboratory examinations were found.