



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

A CASE OF ELEPHANTIASIS NOSTRAS VERRUCOSA TREATED WITH LOW DOSE OF ACITRETIN

C Marasca⁽¹⁾ - M Mascolo⁽²⁾ - M Ferrillo⁽¹⁾ - A Iacobelli⁽²⁾ - G Fabbrocini⁽¹⁾

University Of Naples Federico II, Dermatology, Naples, Italy⁽¹⁾ - University Of Naples Federico II, Advanced Biomedical Sciences, Naples, Italy⁽²⁾

Background: Elephantiasis Nostras verrucosa (ENV) comprises a rare skin disease characterized by dermal fibrosis, hyperkeratotic, verrucous and papillomatous lesions that usually occurs after chronic secondary, nonfilarial lymphedema. No standard treatments exist and data obtained by literature are very few.

Observation: We describe a case of a 63-year-old Italian woman who had been permanently confined to a wheelchair since 10 years and had a 4-year history of lymphedema in her legs, including her foot. Verrucous, cobblestone-like lesions gradually developed over the skin in these areas. She referred pain, burning and heaviness. Her medical history was relevant for decompensated type 2 diabetes mellitus, chronic renal failure on dialysis, hypertension associated with hypertriglyceridemia, hypercholesterolemia and severe obesity (body mass index >35 kg/m²). Based on the results of the skin biopsy and personal history, we made diagnosis of ENV. She refused manual and mechanical massage, compression with elastic bandages or stockings. She declined any surgical intervention. Therefore, she was put on therapy with low dose of acitretin (20mg/die) because of her co-morbidities. The clinical examination two months after starting therapy with acitretin showed a substantially clinical improvement: particularly, she referred a reduction of symptoms and no worsening of serum lipids and liver function. The result of the visual analog scale (VAS) assessment was reduced from 9 (before starting treatment) to 3 (two months after).

Key message: In our experience, therapy with low dose acitretin has proved to be helpful in alleviating the symptomatology of the ENV and therefore it can be considered in those patients whose management is exclusively domiciliary because of concomitant pathological conditions and the refusal of treatments that included hospital accesses, such as surgical intervention.

