SKIN MANIFESTATIONS OF INTERNAL DISEASE

PAPILLOMATOSIS CUTIS LYMPHOSTATICA: ABOUT 2 CASES

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Background: Papillomatosis cutis lymphostatica (PCL) is a rare and not a very well-known condition. It is usually secondary to chronic lymphoedema.

Observation: Case n 1:A 74 year-old male, with a past medical history of heart failureand asthma, presented to the hospital with erysipelas involving both lower extremities. In the prior five years, he had 5 episodes of erysipelascomplicated with chronic lymphoedema. On examination, hot and painful erythematous placards in the lower extremities were noted with several confluent, partially hyperkeratotic cobblestone-like papules and nodules on both legs. Based on clinical findings, the diagnosis of PCL complicated by erysipelas was made. The patient was treated with intravenous antibioticswith good evolution.
Case n 2:A 60 year-old male, with a history significant forrheumatoid arthritis, recurrent erysipelasand chronic arterial insufficiency,presented with a 2-year history of asymptomatic, enlarging papules on lower extremities. Skin examination showed multiple skin-colored verrucous papules on both legs, as well as extensive lymphoedema of lower extremities. The diagnosis of PCL was made based on the patient's history and clinical findings.He was treated with compression bandages.

Key message: PCLis a rare complication of primary or secondary lymphedema.This disease affects the lower limbs especially the toes. The diagnosis is based mainly on clinical findings and patient's history. The histological examination is needed to rule out complications especially angiosarcoma. To the best of our knowledge, only one case of PCL complicated with erysipelas, such as our first patient,was reported through the literature. Options for effective treatment of PCL are limited (cryotherapy, retinoid, and surgery).Our observations arenoteworthy in order to remind the clinician of this entityin order to prevent complications.