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Case Study

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WHEN IDENTITY CONCEALS: UNMASKING WARTY DYSKERATOMA DISGUISED AS KERATOACANTHOMA

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ABSTRACT

Warty dyskeratoma and keratoacanthoma (KA) are cutaneous neoplasms characterized by nodules with central keratotic plugs. Warty dyskeratoma, a benign tumor, typically appears on the head and neck, while KA is a variant of squamous cell carcinoma (SCC) known for rapid growth and potential regression. We present a distinctive case of a 46-year-old man in IGMC Shimla with an itchy, rapidly developing nodule on the right side of occipital scalp. Histopathological analysis revealed cup-shaped epidermal invagination, acantholysis, and dyskeratotic cells, diagnosing it as warty dyskeratoma. This case illustrates the challenge in differentiating between warty dyskeratoma and KA, highlighting clinical, histological, and treatment distinctions.

KEYWORDS: SCC, dyskeratoma and keratoacanthoma (KA).

INTRODUCTION

Warty dyskeratoma and keratoacanthoma (KA) are skin tumors sharing nodular morphology and central keratotic plugs.[1] Warty dyskeratoma, predominantly occurring in adults' head and neck regions, is a benign epidermoid tumor with unique architectural patterns. [1] Conversely, KA, often found in sun-exposed areas, is a subtype of well-differentiated SCC, displaying rapid growth and occasional regression.[2]

CASE PRESENTATION

A 46-year-old man presented with a pruritic, firm, reddish nodule with a central keratotic plug on his right side of occipital scalp, which had swiftly enlarged over six months. (Fig.1) Histopathological examination of a biopsy specimen revealed a cup-shaped, keratin-filled epidermal invagination with acantholysis and dyskeratotic cells, indicative of warty dyskeratoma.(Fig.2,3)

No recurrence was observed after surgical removal.

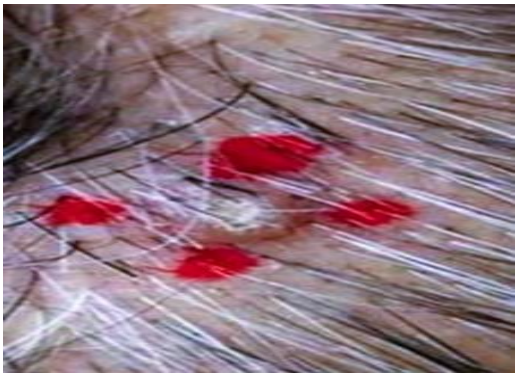

Fig 1: On the occipital scalp, there was a single, 3 mm-diameter firm reddish nodule with a central keratotic plug.

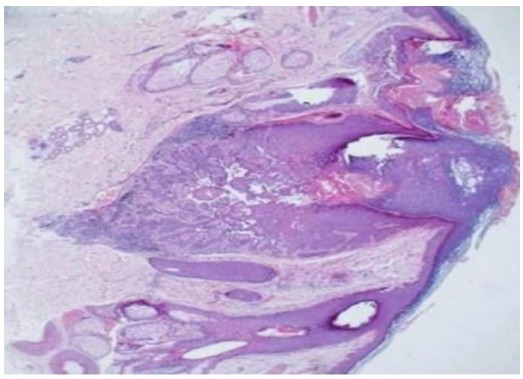

Fig 2: Shows epidermis has a distinct supra-basal acantholytic cleft and a cup-shaped, keratin-filled

invagination along with hyperkeratosis and acanthosis. (H&E stain)

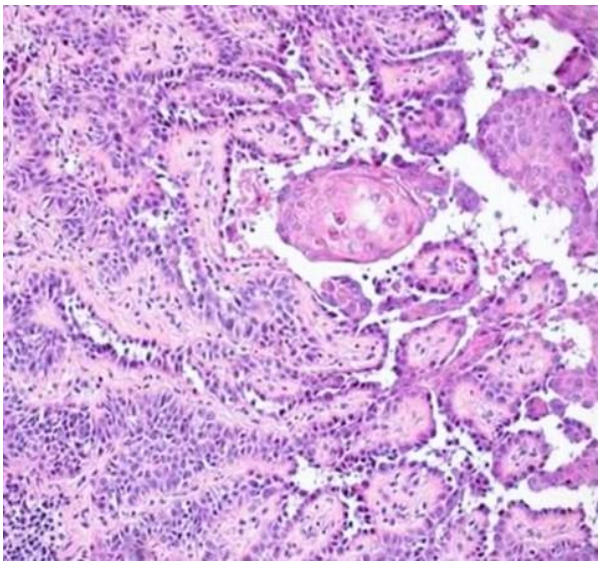

Fig 3: Many projecting villi are lined by a single layer of basal cells and acantholytic and dyskeratotic cells. (H&E stain, 40x).

DISCUSSION

Warty dyskeratoma typically manifests as a papule or nodule with central invagination, while KA, a debated entity, presents as larger nodules on sun-exposed skin.[3] Distinct histological characteristics separate the two: warty dyskeratoma shows acantholysis, cup-shaped invagination,[4] and pilosebaceous involvement, whereas KA exhibits cellular atypia and glassy, large keratinocytes. KA's potential malignancy necessitates excision, while warty dyskeratoma is benign.[5]

CONCLUSION

This case underscores the challenge of distinguishing warty dyskeratoma from KA due to their similar clinical appearance and central keratotic plugs. A comprehensive clinical and histopathological assessment is vital for accurate diagnosis, influencing appropriate management decisions.

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