

Visual Treats in Dermatology

Dermoscopy of acquired digital fibrokeratoma, a benign fibrous tumor

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A 55-year-old male presented with asymptomatic raised skin lesion over the dorsum of the right index finger of 2-year duration. There was no history of pain, bleeding and discharge from the lesion. There was no history of local trauma before onset. On examination, a solitary skin colored pedunculated papule of 0.8*1.2*0.7 cm over dorsum of the right index finger was present [Figure 1a]. Dermoscopy using handheld dermlite 4, contact, non-polarized mode showed homogenous yellowish areas divided by white meshwork like septa and a scaly collarette at the base [Figure 1b]. The clinical diagnosis of acquired digital fibrokeratoma (ADFK) was made and surgical excision was done.

ADFK is usually a clinical diagnosis. Rarely, it has to be differentiated other conditions such as verruca, pyogenic granuloma, periungual fibroma, rudimentary supernumerary digit, and keratoacanthoma. Histopathology is necessary in confirming the diagnosis. However, dermoscopy can be helpful in differentiating ADFK from its close mimics. The dermoscopic findings in fibrokeratoma may often vary among different cases. The common findings described in the literature include homogenous pale-yellow areas divided by white keratotic septi, dotted vessels, and a scaly collarette at the periphery.^[1] The homogenous pale-yellow areas and a peripheral scaly collarette represent epidermal hyperkeratosis, acanthosis, and the presence of

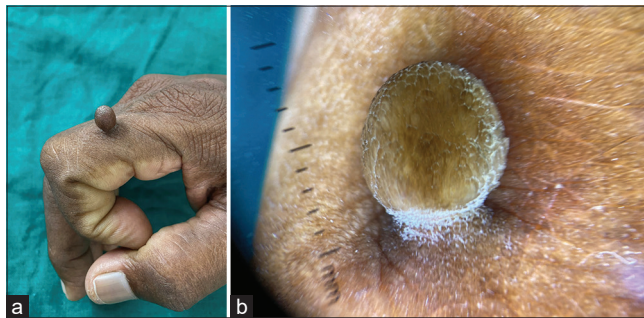


Figure 1: (a) A typical acquired digital fibrokeratoma occurring on the dorsum of the right index finger presenting as skin colored pedunculated papule. (b) Dermoscopy showing homogenous yellowish areas divided by white meshwork like septa and a scaly collarette at the base (Dermlite ×4, 10, contact, non-polarized).

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dense collagen fibers. The meshwork like keratotic septa reflects the histologically retracted epidermis.

Declaration of patient consent

Patient's consent not required as patient's identity is not disclosed or compromised.

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Conflicts of interest

There are no conflicts of interest.

REFERENCE

1. Shih S, Khachemoune A. Acquired digital fibrokeratoma: Review of its clinical and dermoscopic features and differential diagnosis. *Int J Dermatol* 2019;58:151-8.

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