

Images/Instrument in Dermatology/Dermatosurgery

Cutis verticis gyrata, leonine facies, and nail clubbing: A clue to pachydermoperiostosis

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Received: 21 November 2025
Accepted: 04 January 2026
Published: 24 February 2026

DOI
10.25259/CSDM_216_2025

Quick Response Code:



Cutis verticis gyrata classified as primary (without associated feature) or secondary (pachydermoperiostosis, acromegaly, cerebral tumors, aneurysm, Noonan syndrome, etc.)^[1] A 22-year-old male presented with 9-year duration of multiple skin folds over scalp [Figure 1a], increased seborrhea over face [Figure 1b], non-inflammatory swelling of multiple joints, nail clubbing, and generalized hyperhidrosis. Normal insulin-like growth factor (IGF) levels favored the diagnosis of pachydermoperiostosis. Acromegaly was ruled out by the presence of clubbing, periostosis, normal IGF levels, and absence of jaw prognathism. Cutaneous manifestations disfavored the diagnosis of Paget's disease. Genetic analysis was not performed in our case due to unaffordability.



Figure 1: (a) Clinical image of the bald scalp showing longitudinal skin folds with thickening of the skin suggestive of cutis verticis gyrata. (b) Clinical image of the face showing coarse facies, increased skin folds, and sebaceous hyperplasia giving rise to leonine facies.

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Ethical approval: The Institutional Review Board approval is not required.

Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patients have given their consent for their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation: The authors confirm that there was no

use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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How to cite this article: Gupta P, Sangwan P, Sirka C. Cutis verticis gyrata, leonine facies, and nail clubbing: A clue to pachydermoperiostosis. *CosmoDerma*. 2026;6:18. doi: 10.25259/CSDM_216_2025