Verruciform Xanthoma Associated with Reactivation of Epstein-Barr Virus

Xantoma verruciforme asociado a reactivación de virus de Epstein-Barr

To the Editor:

Verruciform xanthoma is a rare benign tumor first described by Shafer1 in 1971. It usually arises on the oral mucosa.

An 11-year-old boy was referred to our outpatient clinic for evaluation of a lesion that had been present on the tongue for 6 weeks and was slightly tender on palpation. The child had been diagnosed with acute myeloblastic leukemia 4 years earlier and had received 2 allogeneic bone marrow transplants, the first 3 months after the diagnosis and the second 3 years later. At the time we saw the patient, he was in complete remission, with full chimera of the transplant, and he had never presented signs of graft-versus-host disease (GVHD). He had not received immunosuppressant treatment for the previous 7 months.

Physical examination revealed an elevated, oval-shaped, sessile tumor with a long axis of about 2 cm. The tumor was located on the left lateral surface of the tongue and had a whitish, verrucous surface that was not ulcerated (Fig. 1).

Two months before the lesion appeared, asymptomatic reactivation of Epstein-Barr virus (EBV) infection had been detected, evidenced by an increase in the viral load on serial measurements performed as part of the routine follow-up of the patient’s hematologic disease.

Biopsy showed verrucous acanthosis with hyperkeratosis and isolated plaques of parakeratosis, and there were numerous foamy histiocytes in the dermal papillae (Figs. 2 and 3). The lesion was diagnosed as verrucous xanthoma.

The tumor was completely excised and there were no signs of recurrence during 2 months of follow-up. Verrucous xanthoma usually presents clinically as a slow-growing asymptomatic lesion with a whitish, reddish, or gray color, a rough surface with a granular or papillomatous appearance, a sessile or pedunculated base, and it can measure up to 2 cm in diameter. The most common site is the oral mucosa, although it can also arise on the genitalia or, more rarely, on other sites of the skin. Approximately 70% of such tumors arising on the oral mucosa are located on the masticatory mucosa, followed by the hard palate and the tongue, as in our case. There have also been isolated cases of multifocal involvement of the skin and mucosas.

With regard to the epidemiology of the tumor, it can occur at any age, though there is a slightly higher prevalence in middle age (40-60 years). Under 50 years of age, the inci-

Figure 1 Whitish sessile lesion with a verrucous surface on the left lateral border of the tongue.

Figure 2 Papillomatous acanthosis with hyperkeratosis and foci of parakeratosis (hematoxylin-eosin, original magnification x2).

Figure 3 Dermal papillae with numerous foamy histiocytes. Neutrophils are present in the foci of parakeratosis (hematoxylin-eosin, original magnification x20).

Please cite this article as: Maldonado-Cid P, et al. Xantoma verruciforme asociado a reactivación de virus de Epstein-Barr. Actas Dermosifiliogr 2013;104:445-6.
In summary, we have presented the case of a patient with a lingual tumor having the typical clinical and histopathological features of verrucous xanthoma. The patient presented recent reactivation of EBV infection, an association not previously described in the literature and which could therefore be a casual finding.

References


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Congenital Subungual and Periungual Melanocytic Nevus

Nevus melanocitico congénito subungueal y periungueal

To the Editor:

A healthy newborn infant aged 12 hours, of Ecuadorian origin and with no family history of melanoma or other tumors of interest, was referred for evaluation of a congenital lesion of the nail of the third finger of the left hand. The infant had not suffered any birth or postnatal trauma to the affected finger.

Physical examination showed practically the whole nail surface to be a homogeneous erythematous-brown color (Fig. 1A). Dermoscopy revealed black globules arranged linearly on the brown background of the nail plate and a marked gray periungual pigmentation with brown globules (Fig. 2A). Correlation of the clinical and dermoscopic findings suggested melanocytic nevus of the nail matrix as the most likely diagnosis, although other melanocytic lesions or hemorrhage could not be excluded at that time. Given the apparent benign nature of the lesion,