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Acquired reactive perforating collagenosis

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An 82-year-old man with poorly controlled type 2 diabetes mellitus presented with a 6-month history of itchy, umbilicated hyperkeratotic papules with central keratotic plugs on the posterior left calf. Surrounding erythema had developed over the preceding 4 days (figure 1).

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Figure 1: Clinical image of umbilicated hyperkeratotic papules with central keratotic plugs and surrounding scaling on the posterior calf.

Laboratory evaluation showed mildly elevated inflammatory markers. Empirical antibiotic therapy was initiated for presumed soft-tissue infection; however, the clinical presentation was atypical, prompting further evaluation. A skin biopsy demonstrated transepidermal elimination of collagen, consistent with acquired reactive perforating collagenosis.

Acquired reactive perforating collagenosis is a perforating dermatosis characterised by the extrusion of dermal connective tissue through the epidermis [1]. Important differential diagnoses include prurigo nodularis, perforating folliculitis, and Morbus Kyrle. It is associated with systemic conditions such as diabetes and chronic kidney disease. Treatment is directed at improving the underlying systemic disease and reducing pruritus or secondary infection.

This case highlights that perforating dermatoses should be considered in patients with pruritic keratotic lesions, especially those with diabetes or undergoing dialysis.

Notes

Informed consent: Written informed consent was obtained from the patient for the publication of the case report and the accompanying image.

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