

Linear Hyperkeratotic Papules on the Forehead

A 10-year-old girl presented with multiple skin-coloured and hyperpigmented, slightly hyperkeratotic, flat-topped papules (2-5 mm) over her forehead. The papules were mostly distributed linearly. A few scattered similar-looking lesions were also seen (**Fig. 1**). Based on the characteristic features a diagnosis of verruca plana was made.

Verruca plana, caused by human papilloma virus, is frequently seen in children and young adults. The lesions are usually distributed in photo-exposed areas like face, neck, and dorsum of the hands. Contiguous warts may coalesce to form larger plaque. Linear arrangement of the papules at the sites of scratching (koebnerization) is characteristic. Common differential diagnoses of this condition include acne (polymorphic lesion, presence of comedone, common in acne-prone area), molluscum contagiosum (pearly, skin-colored papules with central umbilication), syringoma (small, firm skin-coloured, translucent papules, common on the lower eyelids), and adenoma sebaceum (pink, dark brown, or skin-colored telangiectatic papules).



FIG. 1 Multiple skin-colored, hyperkeratotic flat-topped papules over the forehead.

Treatment of plane warts is mainly needed for cosmetic concern. Topical retinoid, laser therapy, chemical cauterization, electro cauterization, and cryotherapy are the common modalities of treatment.

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Henoch-Schönlein Purpura with Penile Involvement

A 10-year-old boy presented with fever and skin lesions of the lower limbs for 6 days along with abdominal pain and joint pains for 3 days. Dermatological examination revealed palpable purpura all over the lower limbs (**Fig. 1a**). Genital examination revealed swollen and hyperaemic penis (**Fig. 1b**). His platelet count, and kidney and liver function tests were normal; ASLO, HBsAg, p-ANCA, c-ANCA and ANA were negative. Serology for dengue and Weil-felix test were negative. Skin biopsy and direct immunofluorescence studies were suggestive of Henoch-Schönlein purpura (HSP).

In HSP, involvement of penis is extremely rare. Penile skin involvement is characterised by swelling, erythema, ecchymosis or induration of the shaft/prepuce. The differential diagnoses for such penile involvement are balanoposthitis and paraphimosis.



FIG. 1 Purpura over both lower limbs (a); and swollen hyperaemic penis (b).

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