

## Warty Dyskeratoma of the Lower Leg: A Rare Clinicopathological Presentation

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Warty dyskeratoma; Acantholytic dyskeratosis; Adnexal tumor; Lower extremity; Histopathology

### Abstract:

Warty dyskeratoma is a rare benign follicular adnexal tumor characterized by acantholysis and dyskeratosis. It typically presents as a solitary papule or nodule with a central keratin-filled crater, most commonly involving the head and neck region. Occurrence on the lower extremities is exceedingly rare and may pose a diagnostic challenge due to its resemblance to malignant and other benign cutaneous lesions. We report a case of warty dyskeratoma occurring on the lower leg of an adult patient, highlighting its clinical, dermoscopic, and histopathological features. Histopathology revealed characteristic suprabasal clefting with villi formation, corps ronds, and grains, confirming the diagnosis. This case emphasizes the importance of clinicopathological correlation in diagnosing rare adnexal tumors and avoiding misdiagnosis.

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## Introduction

Warty dyskeratoma is an uncommon benign adnexal tumor, first described by Helwig, and is considered to arise from the follicular epithelium [1]. Clinically, it presents as a solitary umbilicated papule or nodule with a keratin-filled crater, predominantly on the scalp, face, or neck [2]. Histologically, it is characterized by focal acantholytic dyskeratosis, including suprabasal cleft formation, villi, and dyskeratotic cells such as corps ronds and grains [3]. These features overlap with other acantholytic dermatoses, making histopathology essential for diagnosis [4]. Although most cases occur in seborrheic areas, rare presentations at unusual sites such as the extremities have been reported, often leading to diagnostic confusion with keratoacanthoma, squamous cell carcinoma, or adnexal tumors [5]. Herein, we present a rare case of warty

dyskeratoma occurring on the lower leg, emphasizing its clinicopathological correlation and differential diagnosis.

## Case Presentation

A 56-year-old male presented with a solitary lesion over the Anterio-medial aspect of lower leg of several months' duration. The lesion gradually increased in size and was asymptomatic. There was no history of trauma, discharge, or systemic illness.

On examination, a well-defined, dome-shaped nodule with a central keratin-filled crater was observed (**Figures 1 and 2**). The lesion was firm in consistency and non-tender. No regional lymphadenopathy was noted. Based on clinical

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appearance, differential diagnoses included keratoacanthoma, verruca vulgaris, and squamous cell carcinoma.

An excisional biopsy was performed. Histopathological examination revealed a cup-shaped epidermal invagination filled with keratinous material (**Figure 3**). There was suprabasal clefting with the formation of villi lined by basaloid cells (**Figure 4**). Numerous dyskeratotic cells (corps ronds and grains) were identified along with acantholysis (**Figures 5 and 6**). These features were consistent with warty dyskeratoma [6]. The postoperative period was uneventful, and no recurrence was noted on follow-up.

### Discussion

Warty dyskeratoma is a benign follicular adnexal neoplasm characterized by focal acantholytic dyskeratosis. It is usually solitary and most commonly occurs on sun-exposed areas of the head and neck [1, 2]. The exact pathogenesis remains unclear; however, it is believed to arise from pilosebaceous units. Histologically, the hallmark features include suprabasal clefting, acantholysis, and dyskeratosis with corps ronds and grains [3].

The main differential diagnoses include Darier disease, Grover disease, acantholytic acanthoma, and squamous cell carcinoma [4, 7]. Unlike Darier disease, warty dyskeratoma is solitary and lacks a genetic basis. Grover disease typically presents as multiple pruritic papules rather than a single lesion [7]. Clinically, lesions occurring at unusual sites such as the lower limb may mimic keratoacanthoma or malignancy, necessitating histopathological confirmation [5, 8]. Complete surgical excision is the treatment of choice and is usually curative, with minimal risk of recurrence [9].

This case highlights the importance of considering warty dyskeratoma in the differential diagnosis of solitary nodular lesions at atypical sites.

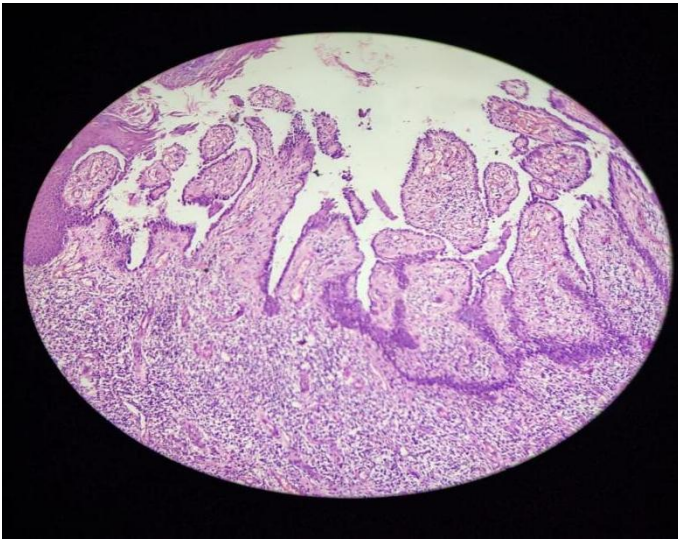
### Conclusion

Warty dyskeratoma is a rare benign lesion that may present at unusual sites such as the lower leg. Accurate diagnosis requires histopathological evaluation due to its resemblance to malignant conditions. Early recognition and appropriate management can prevent overtreatment and ensure an excellent prognosis.

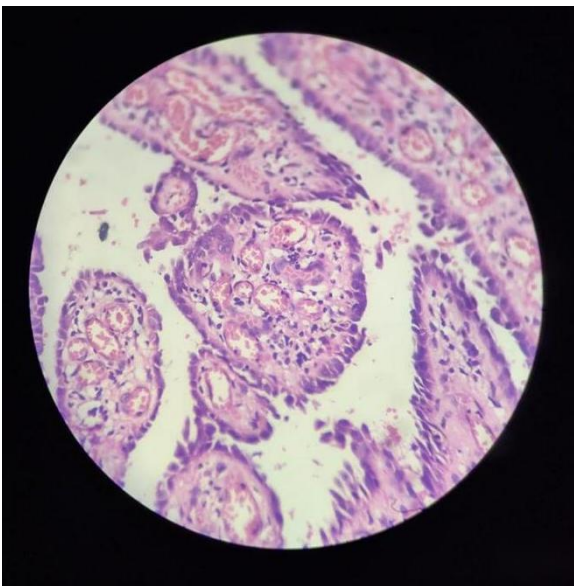
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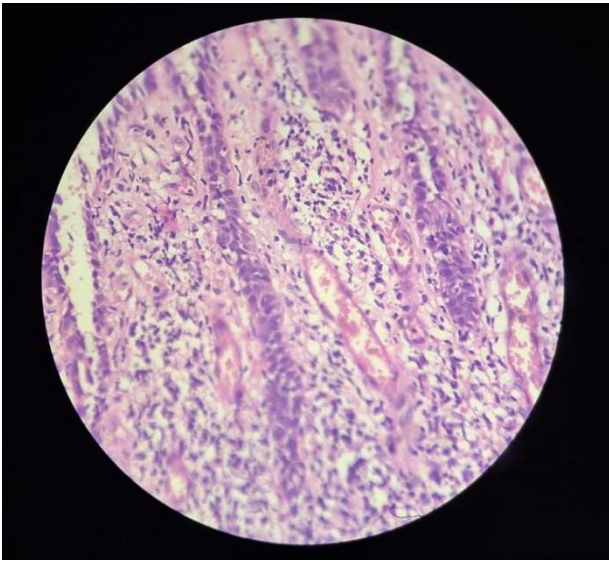
**Figure Legends**



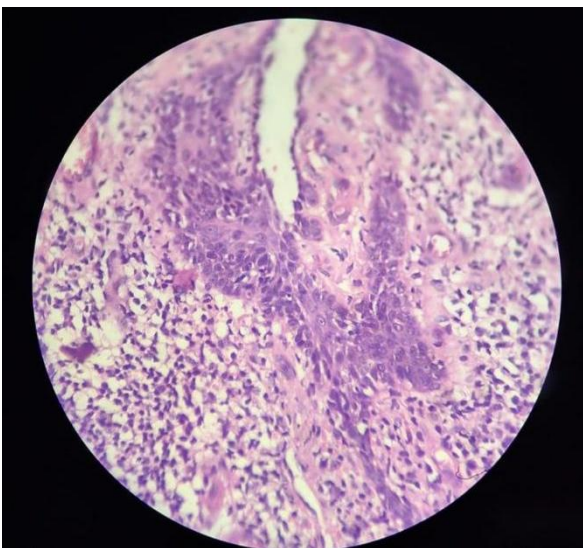
**Figure 1.** Clinical image showing a solitary, well-defined dome-shaped nodular lesion over the lower leg with a central keratin-filled crater.



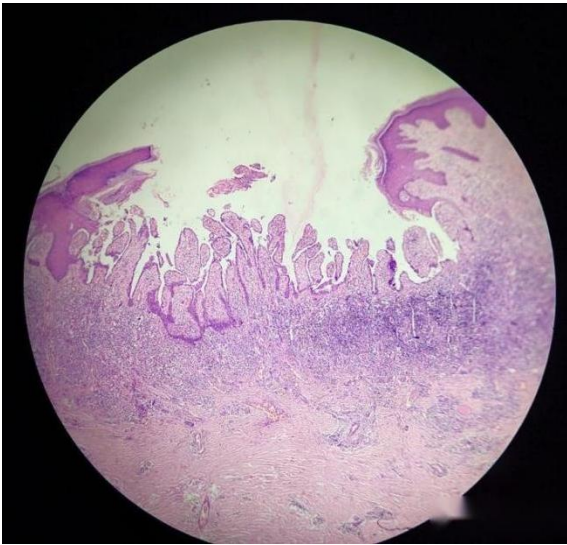
**Figure 2.** Closer view of the lesion demonstrating an umbilicated appearance with central keratin plug and surrounding erythematous margin.



**Figure 3.** Low-power histopathology (H&E, ×40) showing a cup-shaped epidermal invagination filled with keratinous material.



**Figure 4.** Intermediate magnification (H&E, ×100) demonstrating suprabasal clefting with formation of villi lined by basaloid cells.



**Figure 5.** High-power view (H&E, ×200) revealing acantholysis and dyskeratosis with characteristic corps ronds and grains.



**Figure 6.** Higher magnification (H&E, ×400) highlighting dyskeratotic cells and acantholytic changes confirming focal acantholytic dyskeratosis.