

Pigmented rugose axillae

STEVEN KOSSARD FACD

A middle-aged man develops sudden progressive hyperpigmentation of his axillae and groins associated with a rugose surface. What is the diagnosis?

A 54-year-old man suddenly developed progressive hyperpigmentation of his axillae (Figure 1) and groins associated with a rugose surface. Skin biopsy showed a papillomatosis epidermis with a mildly pigmented basal layer and a loose, laminated stratum corneum (Figure 2).

Differential diagnosis

The differential diagnosis of hyperpigmented axillae includes:

- **Erythrasma** may present as erythematous or pigmented, slightly scaly patches that are usually localised to isolated flexures. Wood's ultraviolet light examination reveals coral-pink fluorescence. Skin biopsy shows small coccobacilli in the stratum corneum, representing *Corynebacterium* species.
- **Dowling–Degos disease** is a genodermatosis associated with spotted and reticulate pigmented macules localised to the flexures. Small horn cysts and comedones may be present, but the skin is not rugose. Skin biopsy shows elongated epidermal ridges which are branched and pigmented.
- **Acanthosis nigricans** is the correct diagnosis. It is most frequently associated with obesity and has been particularly linked to insulin resistance. Acanthosis nigricans may rarely be familial and complicates many syndromes. In women, not only has insulin resistance been found, but also hirsutism, polycystic ovaries and elevated testosterone levels. Acanthosis nigricans may be seen in association with autoimmune diseases that produce insulin receptor antibodies. In this patient, the late, sudden and progressive onset is typical of malignancy associated with acanthosis nigricans, and on investigation was associated with a gastric carcinoma.

Keypoint

Sudden progressive acanthosis nigricans in middle-aged or elderly individuals should prompt review for internal malignancy.

MT



Figure 1. Hyperpigmented rugose axillary fold.

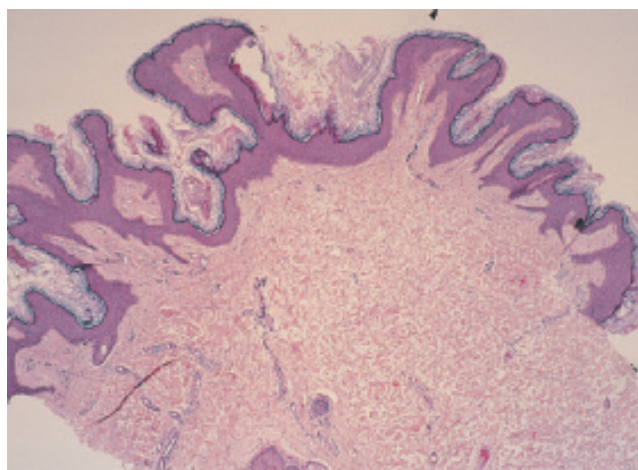


Figure 2. Skin biopsy demonstrating epidermal papillomatosis, a mildly pigmented basal layer and a loose, laminated stratum corneum.

Professor Kossard is Associate Professor, Skin and Cancer Foundation and St Vincent's Hospital, Sydney, NSW.