A filiform lesion on a finger

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A man presents with a static filiform lesion on his finger.

What is this condition?

A 27-year-old man developed a filiform lesion on the side of his right middle finger (Figure 1). The lesion was flesh-coloured and it had a keratotic cap. It had been present for five years and had remained static in size. A shave biopsy showed an elevated epidermis covered by a thick stratum corneum, and a central core of collagen, small islands of adipose tissue, scattered stellate fibroblasts and vessels (Figure 2).

Differential diagnosis

Filiform or digitate lesions on the fingers may be caused by a number of processes.

- **Warts** are commonly localised to a finger and appear filiform. Warts usually have a papillomatous (verrucous) surface and do not remain static. Skin biopsy will show wart-virus-induced changes including viral parakeratosis, koilocytes and viral inclusions in the epidermis.
- **Cutaneous horns** are usually seen in the background of sun-damaged skin, particularly on the dorsal surface of the hands and fingers. Cutaneous horn is usually principally made up of keratin. Skin biopsy shows solid columns of keratin containing abnormal nuclear remnants (parakeratosis) overlying a solar keratosis or squamous cell carcinoma.
- **Rudimentary digits** may have a similar appearance to this man's lesion, but are localised to the ulnar surface of the fifth digit and are present at birth. Rudimentary digits have an epidermis-covered connective tissue stalk containing numerous nerve filaments and are probably the result of the loss of the vestigial nail plate and central cartilage found in supernumerary digits.
- **Acral fibrokeratoma** is the correct diagnosis. It is an acquired connective tissue fibroma that is localised usually to the hands and feet. On the palms and soles, the lesions may be flatter and dome shaped.

The histological features of acral fibrokeratoma are identical to the digital fibromas occurring around the nail folds in tuberous sclerosis. Isolated acral fibrokeratomas are incidental and are not associated with syndromes. Acral fibrokeratomas can be surgically removed if required.

Keypoint

Acral fibrokeratomas may have a digitate appearance, and they can be distinguished from warts by their history and biopsy findings. MT

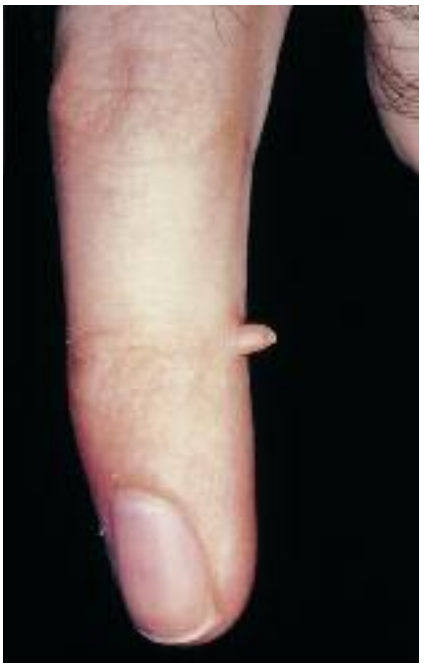

Figure 1. Flesh-coloured filiform lesion with keratotic cap on the side of the man's finger.

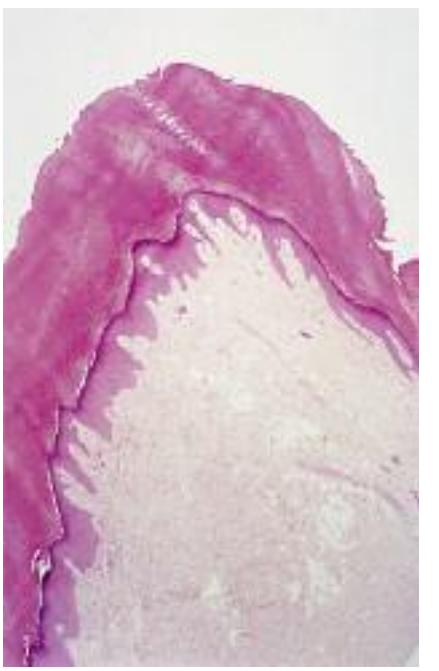

Figure 2. Skin biopsy showing a dome-shaped lesion covered by an epidermis with thick horny layer and underlying connective tissue core.

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