Degos’ acanthoma or clear cell acanthoma (CCA) is an asymptomatic benign lesion of unknown etiology, which typically presents as a red brown, solitary nodule on the leg.¹ A wafer like scale is often appreciated at the periphery.² The hallmark feature of CCA on histology is the presence of clear cells in the epidermis that are rich in glycogen and show a positive periodic acid-schiff (PAS) reaction.³

Our patient though clinically presented as CCA, there was a characteristic absence of clear cells on microscopic examination of the biopsy specimen. However, other findings of CCA were strikingly evident. As clear cells are mandatory to diagnose CCA, we consider this as a new entity and would like to give the name Degos’ like nonclear cell acanthoma for this condition.

CASE REPORT

A 19-year-old boy from Bhutan presented to the Dept. of Dermatology with an elevated skin lesion over the lateral aspect of the right foot 2 cm anterior to the lateral malleolus. He had noticed the lesion since the past 5 months. It was small initially and had progressively grown to attain the present size. Apart from occasional pain, there were no other symptoms. On examination, a solitary reddish nodule was seen over the above mentioned site, with a wafer like scale in the superior aspect (Fig. 1).

On palpation, the nodule was firm in consistency and nonfriable. Clinically, a differential diagnosis of eccrine poroma and CCA was made and an excision biopsy of the nodule performed. Histopathology revealed an acanthotic epidermis with psoriasiform hyperplasia and fusion of the rete ridges (Figs. 2 and 3).

The dermis showed a diffuse neutrophilic infiltrate and dilated blood vessels (Fig. 4). An aggregate of
neutrophils was also seen in the crust overlying the epidermis (Fig. 5). PAS reaction was negative (Fig. 6). In none of the sections were clear cells appreciated. Patient has come for follow-up with us with no recurrence of the lesion.
DISCUSSION

Clear cell acanthoma (CCA) is a tumor that is clinically and histologically distinct. It was first described in 1962. Typically the lesions are solitary, sharply delineated red nodules or plaques 1-2 cm in size, usually covered by a thin wafer like peripheral crust. Clinically, various forms of CCA have been described in literature like the pigmented type, polyoid type, pedunculated CCA, giant CCA, cystic CCA and eruptive CCA. A histopathologic examination of each of these variants also will show the hallmark finding of pale slightly enlarged cells in the epidermis. Apart from this psoriasiform epidermal hyperplasia with fusion of epidermal rete ridges and a clearly demarcated lateral border are other findings. Intralesional neutrophils are characteristic and are often evident within an overlying parakeratotic scale. The underlying dermis again shows a neutrophilic picture with enlarged blood vessels. The glycogen rich keratinocytes stain distinctively with PAS, which can be washed out with diastase that digests the glycogen. Our case showed the characteristic nodule of CCA.

However, on histopathology, there were no clear cells and the PAS reaction was negative. Other findings on the other hand as seen in CCA were fulfilled in this case. As clear cells are mandatory for the diagnosis of CCA we consider this to be a new entity altogether and would like to propose the term Degos’ like non-CCA for this condition.

Key Message

Degos’ acanthoma is not a rare dermatologic disorder as earlier thought. Clinically, apart from the classic description, there could be many other variants. The diagnosis can be arrived at only by a histopathology examination, which shows the presence of clear cells in the epidermis, excluding the basal layer, that are glycogen rich and show a positive PAS reaction. The absence of clear cells rules this diagnosis out. In such instances, a revision of the diagnosis is mandatory, mimicry being a common phenomenon in dermatology. It is here where the ability of an astute clinician comes into play at coming to a precise conclusion.

What is Known?

Degos’ acanthoma is a clinically and histologically distinct tumor. The presence of clear cells in histopathology is a hallmark feature of this benign tumor.

What is New?

Our patient presented with a lesion that clinically resembled Degos’ acanthoma with a striking absence of clear cells on histopathology. Other histologic features of the condition were however present. Though clear cells on histopathology are mandatory for a diagnosis of CCA, whether this could be a new histologic variant of Degos’ acanthoma or a new clinical entity altogether, further identification of new cases in the future would be decisive.

REFERENCES

2. Fine RM, Chernosky ME. Clinical recognition of clear-cell acanthoma (Degos’). Arch Dermatol 1969;100(5):559-63.
In Obese T2DM Patients

Voliphage™ M

Metformin SR 500 mg + Voglibose 0.2 / 0.3 mg Tablets

Superior Glycaemic Control In Obese T2DM

DIABETIX
A Division of FRANCO-INDIAN PHARMACEUTICALS PVT. LTD.