

Elephantiasis nostras verrucosa

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Accepted 9 March 2014

DESCRIPTION

A 63-year-old obese man presented with worsening lower leg oedema, fever and chills. Physical examination revealed non-pitting oedema and hyperkeratotic papulonodules with a verrucose appearance in lower extremities, especially at posterior tibial side (figure 1). Oedema sites were warm and red. He had a history of colon cancer treated 8 years ago with surgery and radiotherapy to the lower abdomen. Chronic lymphoedema developed after radiotherapy in both lower extremities (figure 2). He had multiple hospital admissions due to cellulitis related to lower leg oedema. He was treated with intravenous antibiotics and discharged with recommendations of elevation of the limbs and wound care.

Elephantiasis nostras verrucosa is a rare, disfiguring complication of longstanding chronic lymphoedema.¹ It is characterised by marked oedema of the affected extremity, generalised thickening and lichenification of the skin.² Disruption of the lymphatic system after trauma, surgery or radiation is the most common cause of chronic lymphoedema. Recurrent soft tissue infections also induce fibrosis and worsen the condition.³ Congenital, traumatic or surgical disruption of lymphatic vessels, venous stasis, radiation, neoplastic obstruction, portal hypertension, obesity and congestive heart failure are the precipitating factors of this disease.²⁻³ The diagnosis is based on the history and the peculiar skin changes. Treatment options include use of elastic bandages, pneumatic stockings, mechanical massage, oral retinoids and surgery. The goal of the therapy is to re-establish function and to reduce physical



Figure 2 Chronic lymphoedema in lower extremities.

disability. Oral retinoids were used successfully in some case series. For refractory cases, microsurgical lymphovenous anastomosis can be used. Amputation should be the last option.

Learning points

- ▶ Elephantiasis nostras verrucosa is a serious complication of longstanding chronic lymphoedema.
- ▶ Soft hyperkeratotic verrucose appearance distinguishes this lesion from the oedematous site.
- ▶ Prompt diagnosis is needed to prevent disability and recurrent infections.

Contributors Both the authors were actively involved in patient care and the preparation of the manuscript.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES

- 1 Sisto K, Khachemoune A. Elephantiasis nostras verrucosa: a review. *Am J Clin Dermatol* 2008;9:141–6.
- 2 Vaccaro M, Borgia F, Guarneri F, et al. Elephantiasis nostras verrucosa. *Int J Dermatol* 2000;39:764–6.
- 3 Yoho RM, Budny AM, Pea AS. Elephantiasis nostras verrucosa. *J Am Podiatr Med Assoc* 2006;96:442–4.



Figure 1 Left ankle and posterior tibial area.



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To cite: Akturk HK,
Gbadamosi-Akindele M.
BMJ Case Rep Published
online: [please include Day
Month Year] doi:10.1136/
bcr-2013-200363

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