

EP-228

후천성 손발톱주위 섬유각화종의
비전형적 증례: 돔형 및 분지형
혼합형

(An Unusual Presentation of Acquired
Periungual Fibrokeratoma:
A Mixed Dome-Shaped and Branching Type)



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Purpose: Acquired periungual fibrokeratoma is a rare benign fibrous tumor that typically arises from the proximal nail fold. Although it usually presents as a solitary lesion with a single morphological type—such as dome-shaped, rod-shaped/branching, or flat—its morphological variability may pose diagnostic challenges. We report a case with mixed features of dome-shaped and branching types to facilitate recognition of this unusual variant.

Methods: A 67-year-old man presented with a recurrent, asymptomatic mass on the proximal nail fold of the left second toe, previously excised 1 year earlier. Physical examination revealed a garlic-shaped, pedunculated mass with multiple elongated projections at its base measuring 1.3 × 0.9 × 0.7 cm (Figure 1). Shave excision was performed, and the specimen was subjected to histopathologic evaluation.

Results: Histopathologic examination demonstrated hyperkeratosis, parakeratosis, and acanthosis of the epidermis. The dermis showed thick collagen bundles arranged along the vertical axis with fibroblast proliferation and focal vascular dilation (Figure 2). Focal dermal necrosis and hemorrhage were also observed. The lesion was diagnosed as acquired periungual fibrokeratoma. No recurrence was observed during 6 months of follow-up.

Conclusion: This case highlights the morphological diversity of acquired periungual fibrokeratoma and its potential to present with mixed features. Accurate diagnosis is important because atypical variants can mimic verruca vulgaris, digital mucous cysts, or other periungual tumors. Complete surgical excision is recommended to minimize recurrence.

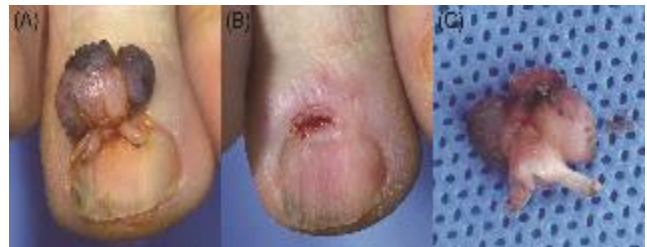


Fig. 1. A, Preoperative photograph showing the unique features of acquired periungual fibrokeratoma: the garlic-shaped mass and multiple elongated projections at its base. B, Postoperative photograph showing a tiny open wound at the proximal nail fold. C, The undersurface of the resected tumor specimen shows a narrow tumor base.

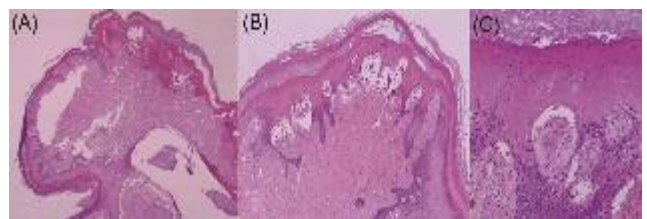


Fig. 2. Histological examination of the resected tumor. A, A papillary lesion is shown (hematoxylin and eosin [H&E], ×15). B, The dermis comprises vertically oriented collagen bundles and focal dilated blood vessels along with epidermal hyperkeratosis and acanthosis (H&E, ×40). C, Dermal papillary necrosis and hemorrhage are shown (H&E, ×200).