Inflammatory linear verrucous epidermal nevi (ILVEN)

- Pruritic, erythematous, hyperkeratotic, linear plaques
- Often present at birth or develops within the first 6 months of life
- Location:
  - Lower half of the body, and the buttock is the most frequently involved area
  - Only 16% of lesions were found on the upper half of the body, including the axillae, arm, and hand
only 16% of lesions were found on the upper half of the body, including the axillae, arm, and hand.

Diagnosis
- Altman and Mehregan (1971)
  1. early onset
  2. female predominance (female to male ratio: 4:1)
  3. commonly involving the left lower extremities
  4. intense pruritus
  5. psoriasiform lesions along the lines of Blaschko
  6. persistent lesions refractory to treatment

Histopathology of ILVEN
Specific
- Areas of depressed hypergranulosis and overlying orthokeratosis alternating sharply with areas of agranulosis and overlying parakeratosis
- Not pathognomonic due to not always evident in biopsy
- Non-specific
- Inflammatory dermal infiltrate
- Acanthosis, and papillomatosis with elongation of the epidermal ridges
- Microabscesses of Munro

Pathogenesis of ILVEN
Unknown
- Sporadic, rarely inherited
- Genetic mosaicism: post-zygotic mutation in GJA1, encoding connexin 43
- Clinical and histological similar to linear psoriasis, shared central involvement of T cells, upregulation of
  - Interleukins-1
  - Interleukins-6
  - tumor necrosis factor α (TNF-α)
  - intercellular adhesion molecule-1
Causes of Inflammatory linear verrucous epidermal nevi (ILVEN) have different entities. We have to learn how to differentiate these diseases. Treatment of ILVEN with topical steroid, intralesional steroid, topical retinoids, calcipotriene provide little relief but with lower risk of scarring.

**Inflammatory linear verrucous epidermal nevi (ILVEN)**
- Keratinocytic epidermal nevus (linear epidermal nevus, ILVEN)
- Rare variant of epidermal nevus
- Onset: early childhood
- Clinical: pruritic erythematous hyperkeratotic papules coalescing into plaques
- Unilateral, lower limbs

**Histopathology of ILVEN**
- **Specific**: areas of depressed hypergranulosis and overlying epidermal acanthosis alternating sharply with areas of acanthosis and overlying parakeratosis
- **Non-specific**: inflammatory dermal infiltrate, in general, and prominent in thin tip of the epidermis itself
- **Monolayered, of Matas**

**Pathogenesis of ILVEN**
- Unknown
- Sporadic, rarely inherited
- Genetic mosaicism: postzygotic mutation in SIA1, encoding connexin 43
- Clinical and histological similar to linear psoriasis, shared central involvement of T cells, upregulation of
  - Intercellular adhesion molecule 1 (ICAM-1)
  - Intercellular adhesion molecule 3 (ICAM-3)
  - Human leukocyte antigen A (HLA-A)

**Genetic mosaicism**
- **Definition**: presence of genetically distinct cell lines in the same individual.
- **Types**:
  - Somatic mosaicism—mutation arises from mitotic errors after fertilization
  - Germline mosaicism—mutation only in egg or sperm cells.

**Linear psoriasis vs ILVEN**

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More beneficial but with risk of scarring
Treatment of Inflammatory Linear Verrucous Epidermal Nevus

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Key Words. Inflammatory linear verrucous epidermal nevus - 13-Cis-retinoic acid

Abstract. Inflammatory linear verrucous epidermal nevus (ILVEN) is a rare and chronic skin disorder, which may trouble the patient considerably. The condition is generally believed to be resistant to therapy, although some authors have reported success with several treatments, including dithranol and retinoids. The present case, a classical presentation of ILVEN, again illustrates the refractoriness to various treatments, including an experimental treatment with topical 13-cis-retinoic acid. A review of the literature on therapeutic possibilities of ILVEN is presented. Based on our own observations and literature data, it is attractive to hypothesize that a positive result with treatments such as dithranol and retinoids should be interpreted as an antipsoriatic effect in ILVEN with superimposed psoriasis.

Inflammatory linear verrucous epidermal nevus (ILVEN) is a relatively rare disorder characterized by an inflammatory parakeratotic pattern. It was first described by Unna in 1906 [1]. In 1971, the criteria for the diagnosis of ILVEN have been defined by Altman and Mehregan [2]: early age of onset, predilection for females, frequent involvement of the left lower extremity, pruritus, distinctive inflammatory and parakeratotic histological appearance, persistence of lesions associated with marked refractoriness to treatment.

The histopathological criteria were further defined by Dupret and Cochet in 1977 [3]. These authors stated that areas of hypergranulosis with overlying orthokeratotic hyperkeratosis alternate with areas of acanthosis with overlying parakeratotic hyperkeratosis. The criterion "refractoriness to treatment" is challenged by several reports in which a positive effect has been suggested for various treatments such as dithranol, intralesional injection of corticosteroids, cryotherapy with liquid nitrogen, pulsed dye laser, and, of course, surgical excision [4-8].

The aim of the present communication is to report the effect of various treatments in a patient with ILVEN, including the topical application of 13-cis-retinoic acid and to review the literature on therapeutic possibilities of this disorder, which so far has been claimed to be persistent.

Fig. 1. Detail of the lateral lesion on the right upper leg.
Nevo epidérmico verrugoso inflamatorio lineal. Comunicación de un caso de aparición tardía

RESUMEN
El nevo epidérmico verrugoso inflamatorio lineal (NEVIL) es una variación de nevo epidérmico, poco frecuente y de aparición preponderante en la primera infancia. Se caracteriza clínicamente por neoformaciones epidérmicas escamosas de aspecto protásico con distribución lineal, que siguen las líneas de Blaschko. Suele ser unilateral y puede afectar todo el hemibusto. Se comunicó el caso de un paciente de 25 años de edad con un nevo epidérmico verrugoso inflamatorio lineal, que inició en la edad adulta, atendiendo al principio la extensión ascendente a todo el hemibusto ipsilateral.

Palabras clave: NEVIL, nevo epidérmico verrugoso inflamatorio lineal, protásico, patrón protásiforme, líneas de Blaschko, mosaico.

Inflammatory linear verrucous epidermal nevus. A report of a case of late onset

ABSTRACT
Inflammatory linear verrucous epidermal nevus (ILVEN) is an uncommon clinical variant of epidermal nevus that usually appears during childhood. The lesions are scaly and scabrous and linear plaques like lesions distributed along Blaschko lines on one side of the body. We report the case of a 25-year-old woman with an ILVEN that appeared 6 years before the clinical examination, affecting the right leg at the beginning and then spreading to the epideral side of the body.

Keywords: ILVEN, inflammatory linear verrucous epidermal nevus, protásico, Blaschko lines, mosaico.
Fish Tank Granuloma Caused by Mycobacterium marinum


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Abstract

Introduction: Mycobacterium marinum causes skin and soft tissue disease and can disseminate to bone and skin. In this study, we aimed to investigate the association between treatment outcomes and antimicrobial susceptibility patterns. A total of 12 patients with Mycobacterium marinum were evaluated.

Methods: We collected clinical characteristics and treatment methods in patients with Mycobacterium marinum. We also determined the antimicrobial susceptibility and response to treatment.

Results: Among the patients, 10 were diagnosed with skin and soft tissue disease, and 2 were diagnosed with bone and skin disease. All patients received antimicrobial therapy. Of the 12 patients, 6 (50%) were treated with clarithromycin, 4 (33%) were treated with azithromycin, and 2 (17%) were treated with ciprofloxacin. The duration of treatment ranged from 12 to 24 weeks. The response to treatment was evaluated using a 4-point scale: complete remission (CR), partial remission (PR), no change (NC), and progression (P).

Conclusion: Early diagnosis and appropriate antimicrobial therapy are critical for successful treatment of fish tank granuloma. The use of clarithromycin and azithromycin was associated with better outcomes compared to ciprofloxacin.
If deep or recurrent in antiphospholipid

It is critical to identify and understand the underlying causes to prevent recurrent

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