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Short Report
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Kraurosis Vulvae, an Epithelial Abnormality: Revisited

Virendra Sehgal N[1], Naresh Sehgal[2], Ruchi Sehgal[2] and Sonal Sharma[3]*

[1]Department of Dermato-Venereology (Skin/VD), Sehgal Nursing Home, India

[2]Department of Gyneacology, Sehgal Nursing Home, India

[3]Department of Pathology, University College of Medical Science and Associated GTB Hospital, India

Short Report

A 39 years-old young woman weighing 110 kg had reported to the outpatients' with the complained of instance itching and change in color of the skin of external genitalia for the past one and half year. The current episode had spontaneous onset, later has became a constant nuisance. She is mother of 11 and 12 year old boys. Her menstrual cycle are apparently normal, occasionally they are scanty and irregular.

Examination of the skin surface showed an irregular, well-demarcated chowky white depigmentation, punctuated by thickening and hyperpigmentation of the skin, marking of the skin were exaggerated. The lesions were located and the vulva and vagina (Figure 1). The endocrine female gonads test, including Luteinising Hormone (LH), Follicle Stimulation Hormone (FSH), and prolactin results are depicted in the following table 1.

Hematoxylin & Eosin (H&E) stained section prepared from representative skin lesion reveal an overall hypertrophy of the epidermis apparent as hyperkeratosis, mild parakeratosis, and prominent granular layer. Acanthosis apparent as elongation of the rete ridges and corresponding prominent papillae, accompanied by mild lymphohistiocytic infiltrate in the papillary dermis (Figure 2).

Kraurosis vulvae, sparingly reported disorder characterized by progressive atrophy of the skin and are mucous membrane of vagina and vulva apparent as lines or folds, the wrinkle. Invariably incessant pruitus vulve, resulting either in pigmentation, depigmentation are the skin are mucous membrane depictive of thickening / hypertrophic are its accompaniment. Changing hormonal profile might be incriminated in its causation. Hence female gonad endocrine function test are imperative requisite to define its plausible causation. Balanitis Xerotica Obliterans (BXO) is an exponent of kraurosis vulvae in male. It is one of the epithelial abnormalities of the genital tract [1,2].

Kraurosis vulvae, is an extraordinary sparingly reported entity. Its differential diagnosis should include lichenoid tissue reaction / lichenoid interface dermatoses [3,4]. It may also affect mucosa

Table 1: Hormonal Profile.

Test Name	Results	Units	Bio. Ref. Interval	
Luteinising Hormone (LH),	51.93	mIU/mL		**Adult Females**
			Follicular	1.80-11.78
			Mid cycle peak	7.59-89.08
			Luteal Phase	0.56-14.00
			Post menopausal	5.16-61.99
Follicle Stimulation Hormone (FSH)	14.7	mIU/mL		**Adult Females**
			Follicular	2.50-10.20
			Mid cycle peak	3.40-33.40
			Luteal Phase	1.50-9.10
			Post menopausal	23.00-116.30
			Pregnant	< 0.30
Prolactin, Serum	11.41	ng/mL		**Adult Females**
			Non Pregnant	2.80-29.20
			Pregnant	9.70-208.50
			Post Menopausal	1.80-20.30

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Correspondence:
Virendra Sehgal N, Department of Dermato-Venereology (Skin/VD), Sehgal Nursing Home, Delhi, India, Tel: 011-27675363, 98101-82241; Fax: 91-11-2767-0373; E-mail: drsehgal@ndf.vsnl.net.in

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Figure 1: Kraurosis vulvae depicting well demarketed depigmentation punctuated by pigmentation and thickening of the skin.

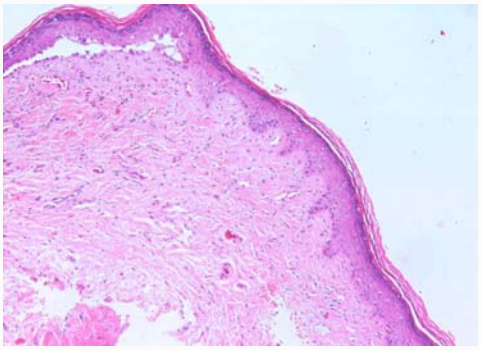

Figure 2: Hyperkeratosis, prominent granular layer and acanthossis, mild lymphohistocytic infiltrate lymphocytosis (H & E x 100).

of the oral cavity and the genital [5] lichen sclerosus *et* atrophicus is another condition which should be appropriately excluded by its clinical morphology and histopathological characteristics. Itching bruising and tearing of the skin are its salient clinical features, supplemented by characteristics histopathology; lymphocytes and neutrophilic granulocytes in the dermis, in addition to arrangement of collagen fibers of varying diameters and unclear fine structures [6]. Kraurosis vulvae by and large is deemed to have a benign course, occasionally, however, it may have potential to turn malignant [7] hence it is worthwhile to scan such cases to exclude histologically the changes indicative of malignancy.

Learning Points

- Kraurosis vulvae, an extraordinary seemingly overlook entity is the focus attention to creating awareness of future reference.
- Kraurosis vulvae is a cutaneous condition characterized by atrophy and shrinkage of the skin of the vagina and vulva.

Kraurosis vulvae is accompanied by a chronic inflammatory reaction in the deeper tissues and is identified by a peculiar microscopic pathology; mild to moderate hyperkeratosis, prominent granular cell layer, and acanthosis depicting uniform elongation of rate-ridges and corresponding papillae.

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