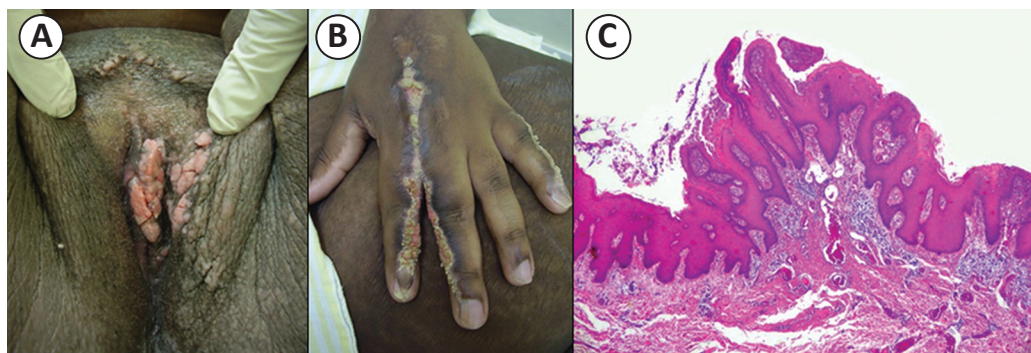


# The challenge to diagnose a clinical case of inflammatory linear verrucous epidermal nevus: Is there any ILVEN associated with human papillomavirus infection?

*Phillipe Godefroy<sup>[1]</sup>, Helena Lucia Barroso dos Reis<sup>[1]</sup>  
and Dennis de Carvalho Ferreira<sup>[2]</sup>*

[1]. Programa de Mestrado em Saúde Materno Infantil, Universidade Federal Fluminense, Niteroi, RJ. [2]. Programa de Pós-Graduação, Mestrado Profissional em Odontologia, Universidade Veiga de Almeida, Rio de Janeiro, RJ.



Since birth, a 24-year-old female Hispanic homemaker, a resident of Valença, State of Rio de Janeiro, Brazil, had warty lesions between the second and third fingers of the left hand, as well as on the left side of the vulva. She had been referred to the Sexually Transmitted Disease Clinic for further investigation. Previous histopathological biopsy findings of the lesions indicated the possibility of epidermodysplasia verruciformis, but polymerase chain reaction (PCR) did not confirm the presence of human papillomavirus (HPV) DNA. At the age of 15, she had undergone surgery for excision of some lesions. Five years after her two term pregnancies, lesions began to develop mainly in the vulva and thigh, for which she did not undergo any cosmetic surgery. Those lesions continued to develop during the third pregnancy. Her 2-year-old daughter also showed verrucous lesions in the right axilla and finger nail bed on the left hand, indicating the possibility of a genetic disorder. Clinical examination of the patient's lesions showed well-demarcated vulvar verrucous lesions, linear lesions on the left hand, and dark brown papules having linear distribution, principally on the left side of the body (**Figures A and B**) and

left inframammary region and the sternum. A previous cesarean section scar also had verrucous lesions. A histopathological exam of a new biopsy specimen confirmed the diagnosis of inflammatory linear verrucous epidermal nevus (ILVEN), which remains of an unknown etiology (**Figure C**). PCR performed again for HPV indicated negative results. The patient was treated with 90% trichloroacetic acid every week for 4 weeks, with which the lesions resolved. The patient is currently being followed up clinically in a gynecology assistance program.

## REFERENCES

1. Chatproedprai S, Wananukul S, Prasarnnaem T, Noppakun N. Epidermal nevus syndrome. *Int J Dermatol* 2007; 46:858-860.
2. Avcioglu SN, Altinkaya SÖ, Küçük M, Yüksel H, Demircan-Sezer S, Uçar G. Vulvar and perianal condyloma superimposed inflammatory linear verrucous epidermal nevus: a case report and review of the literature. *Case Rep Dermatol Med* 2013; 2013:261574.
3. Pinheiro RS, de França TR, Ferreira DC, Ribeiro CM, Leão JC, Castro GF. Human papillomavirus in the oral cavity of children. *J Oral Pathol Med* 2011; 40:121-126.

**Address to:** Dr. Dennis de Carvalho Ferreira. Programa de Mestrado em Odontologia/Universidade Veiga de Almeida. Rua Ibituruna 108, Maracanã, 20271-020 Rio de Janeiro, RJ, Brasil.

**Phone:** 55 21 2574-8888

**e-mail:** denniscf@gmail.com

**Received** 8 April 2014

**Accepted** 14 May 2014