

CLINICAL PRACTICE

Clinical Images

Elephantiasis Nostras Verrucosa of the Pannus

Samuel Clark Berggard, BS, MSIV, MD candidate¹ and Vignesh Narayanan, MD, Assistant Professor of Medicine²

¹University of Colorado School of Medicine, Aurora, CO, USA; ²Department of Hospital Medicine, Denver Health and Hospital Authority, Denver, CO, USA.

KEY WORDS: elephantiasis nostras verrucosa; pannus.

J Gen Intern Med 26(7):810

DOI: 10.1007/s11606-011-1653-5

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Figure 1. Large abdominal pannus



Figure 2. Cobblestone-like verrucous nodules and papules with hyperpigmentation

A 54-year-old man with morbid obesity and congestive heart failure presented with paroxysmal nocturnal dyspnea, bilateral lower extremity edema and weight gain. Physical exam revealed a large abdominal pannus with lichenified skin containing cobblestone-like verrucous nodules and papules with hyperpigmentation (Figs. 1 and 2). The pannus completely encircled the patient's genitals and left a fibrotic tract from which he urinated. The dermatological findings are

consistent with elephantiasis nostras verrucosa—a dermatologic disorder secondary to chronic non-filarial lymphedema caused by bacterial or non-infectious lymphatic obstruction. Epidermal changes and fibrosis of the dermis and subcutaneous tissue are characteristic features¹⁻³. Diagnosis is based on exam findings, but imaging and biopsy are used to exclude malignancy such as lymphoma and angiosarcoma⁵. Topical keratolytics, emollients, retinoids and surgical debridement are only minimally effective^{1,4}. The patient was treated for decompensated heart failure and was discharged home with outpatient follow-up to be evaluated for an elective panniculectomy.

Conflicts of Interest: None disclosed.

Corresponding Author: Vignesh Narayanan, MD, Assistant Professor of Medicine; Department of Hospital Medicine, Denver Health and Hospital Authority, 660 Bannock St, Suite 388, MC 4000, Denver, CO 80204, USA (e-mail: Vignesh.Narayanan@dhha.org).

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Received November 10, 2010

Accepted January 18, 2011

Published online February 15, 2011