

Nasal verrucae vulgaris: an uncommon finding

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Abstract: Verrucae vulgaris, also known as common warts, affect approximately 10% of the general population and account for approximately 70% of cutaneous warts. They are caused most commonly by human papillomavirus (HPV) types 1, 2, 4, 27, 40 and 57 that are trophic to human skin. The most common site of occurrence is the hand. The occurrence on the nose is uncommon. The peak incidence is between 12 and 16 years of age. The occurrence in an elderly individual is rare. We herewith report a case of nasal verrucae vulgaris that occurred on the nose of an 80-year-old woman. To our knowledge, the occurrence of nasal verrucae vulgaris in an elderly individual has not been previously reported.

Keywords: Verrucae vulgaris, common warts, human papillomavirus, nose.

INTRODUCTION

Verrucae vulgaris, also known as common warts, affect approximately 10% of the general population and account for approximately 70% of cutaneous warts [1]. The condition is caused most commonly by human papillomavirus (HPV) types 1, 2, 4, 27, 40 and 57 that are trophic to human skin [2]. In spite of this, the occurrence of verrucae vulgaris on the nose is uncommon. A perusal of the English literature did not reveal any published cases. We herewith report a case of verrucae vulgaris that occurred on the nose of an 80-year-old woman. To our knowledge, the occurrence of nasal verrucae vulgaris in an elderly individual has not been previously reported.

CASE REPORT

An 80-year-old Asian woman presented with multiple, raised, well-circumscribed lesions with a roughened surface on her nose of approximately 10 months' duration. The lesions were asymptomatic but the number and sizes of the lesions increased over time. She did not have respiratory difficulties or hoarseness of voice. Her past health was unremarkable and she was not on any medications. She had not been exposed to other individuals affected by the same condition.



Fig. 1: Skin colored hyperkeratotic papules on the nose of an 80-year-old woman.

Physical examination revealed several skin-colored hyperkeratotic papules on the nose (Figure 1). The sizes of the papules ranged 2 to 4 mm in diameter. There was no wart-like lesion elsewhere on the body. The rest of the physical examination was normal.

Based on the physical appearance of the lesions, the patient was diagnosed with nasal verrucae vulgaris. The patient was referred to a dermatologist (BB) who performed liquid nitrogen cryotherapy via canister every 2 weeks until the warts cleared after 3 months.

DISCUSSION

HPV is transmitted by close physical contact including person-to-person and autoinoculation. The virus, however, does not spread to histologically dissimilar sites, such as the oral cavity or genitalia. Moist environments and disruption of the epidermal

barrier increase the chance of infection. The incubation period is approximately 1 month. The peak incidence is between 12 and 16 years of age, but occasionally lesions may arise into middle age [2]. The occurrence in an elderly individual is considered rare. Typically, verruca vulgaris presents as a painless, firm, well-circumscribed, small (2 to 10 mm) papule/nodule with a hyperkeratotic and verrucous surface. The lesions are usually yellow, grayish brown or flesh-colored. Tiny black dots may be visible at the surface of the lesion and they represent thrombosed, dilated capillaries. Trimming the surface keratin makes the capillaries more prominent.

Table 1: Verrucae vulgaris with facial involvement

Authors (year of publication)	Sex	Age	Site of lesion
Cutler et al [4]	M	37	Cheeks and chin
Hama et al[5]	M	57	Face, neck and hands
	M	32	Face, neck and hands
Ma et al [6]	M	20	Left frontolateral hairline
	M	54	Left submaxilla
Minaei et al [7]	F	10	Between nose and mouth
Hu et al [3]	M	23	Inner canthus of left eye
Present case (2015)	F	80	Nose

Abbreviations used: M = Male; F = Female

Verrucae vulgaris can occur on any part of the skin surface [3]. Sites of predilection include the hands, followed by the feet, elbows, and knees. Compared to the commonly affected sites such as the hands and feet, verrucae vulgaris involving the nose has not, to our knowledge, been reported, though no doubt it has been observed by physicians. A literature search revealed reports of 7 patients with facial involvement (Table 1). In none of the above case reports was there mention that the nose was also involved.

We are under the impression that the occurrence of nasal verrucae vulgaris, although rare, is more common than is presently appreciated. With the report of this case, it is hoped that further case reports would be forthcoming.

CONCLUSION

The occurrence of verrucae vulgaris on the nose is rare, not to mention in an elderly individual. We report an 80-year-old Asian woman who had verrucae vulgaris on her nose. To our knowledge, the occurrence of verrucae vulgaris on the nose has not been thus far reported in the literature.

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