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Kyrle's Disease: A Case Report

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***Abstract**: A case of Kyrle's disease in a known patient of Type 2 DM and CKD presented with left ventricular failure is reported. He had papulo-nodular brown lesions in both arms and legs on extensor surface characterized by central keratin plugs. Lesions were non-tender and numerous. Intense pruritus was present. He recovered with anti-failure regime and hemodialysis. Dermatological lesions were treated by Isotretinoin, vitamin A, Tretinoin cream and oral antihistamines.*

***Key Words:** papulo-nodular lesions, keratin plug, pruritus, Isotretinoin,*

I. Case-report

A 39 years old Hindu male was admitted with shortness of breath and cough for 2 days. On examination, B.P was 180/110 mm Hg. and bilateral coarse crackles, raised JVP and S_3 were present. He was a known diabetic for the past 10 years , developed nephropathy for last 2 years and was undergoing maintenance hemodialysis for last 5 months. On general examination, he was found to have multiple brown papulo-nodular lesions with central keratin plug and silvery scales distributed over the anterior aspect of both thighs and legs (Fig-1). There were also numerous papules of varying size on the extensor aspect of both elbows (Fig-2). The lesions were non-tender and associated with severe pruritus. With treatment, he was relieved of LVF. Subsequently dialysis was done for CKD. Necessary investigations (FBS, PPBS, Blood urea, serum creatinine, serum sodium and potassium, USG abdomen) were done for type-2 D.M. and CKD .The dermatological lesions were diagnosed to be Kyrle's disease.

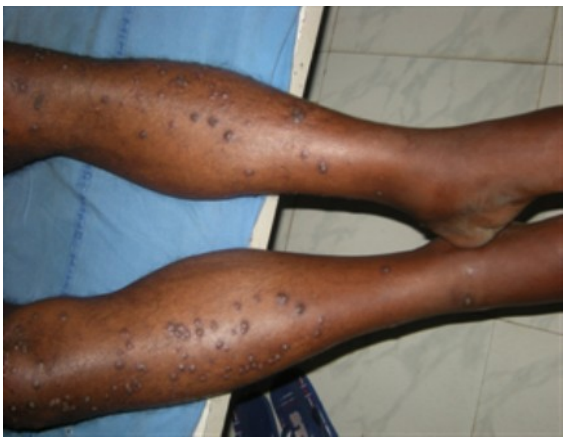

Figure 1

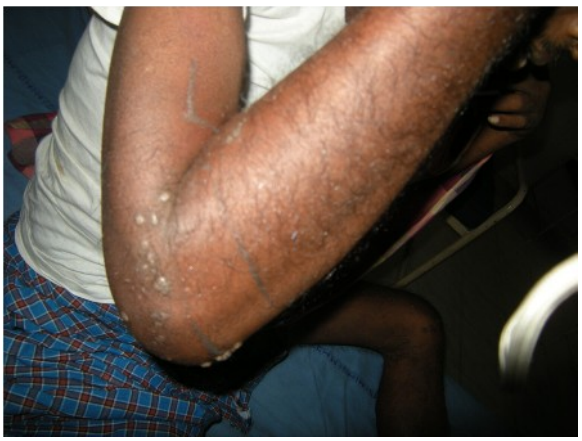

Figure2

II. Discussion

Kyrle disease was first described in 1916 by Kyrle[1] and is characterized by the formation of large papules with central keratin plugs and is often associated with hepatic diseases (cirrhosis, primary sclerosing cholangitis)[2,3,4], renal diseases, diabetes and Congestive heart failure. It can affect both men and women commonly seen in 3rd and 4th decade. Rarely it may be idiopathic or inherited. Lesions begin as small papules with silvery scales that eventually grow to about 1.5 cm in diameter to form red-brown nodules with a central keratin (horny) plug. Multiple lesions may coalesce to form large keratotic plaques. Lesions occur mostly on the legs but also develop on the arms and in the head and neck region. The palms and soles are rarely affected[5]. Without treatment lesions heal spontaneously but new lesions may appear.
Lesions are not painful but patients may experience intense pruritus Treatment includes Isotretinoin, High dose vitamin A, Tretinoin cream Emollients and oral antihistamines are useful in relieving pruritus.

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