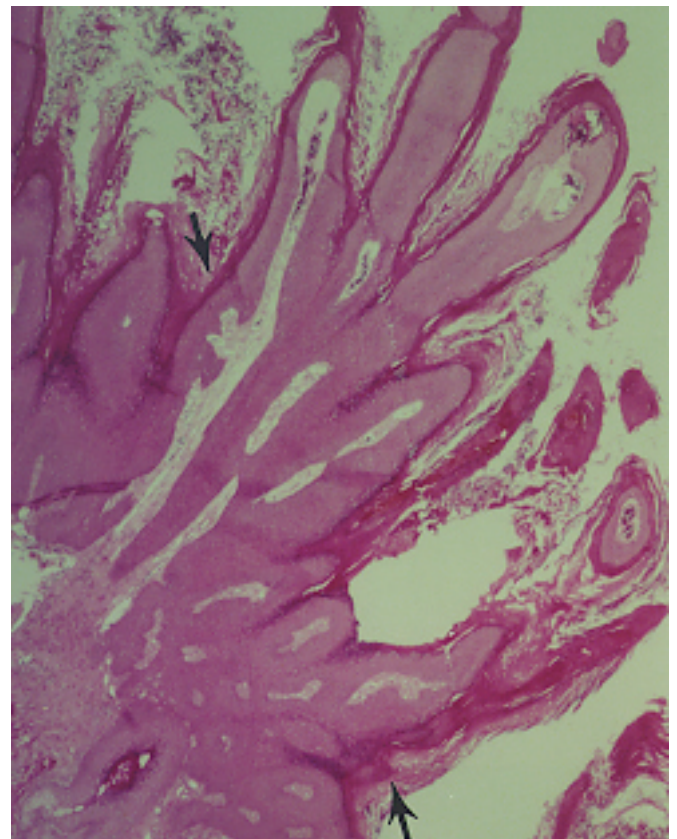


WART (*VERRUCA VULGARIS*)

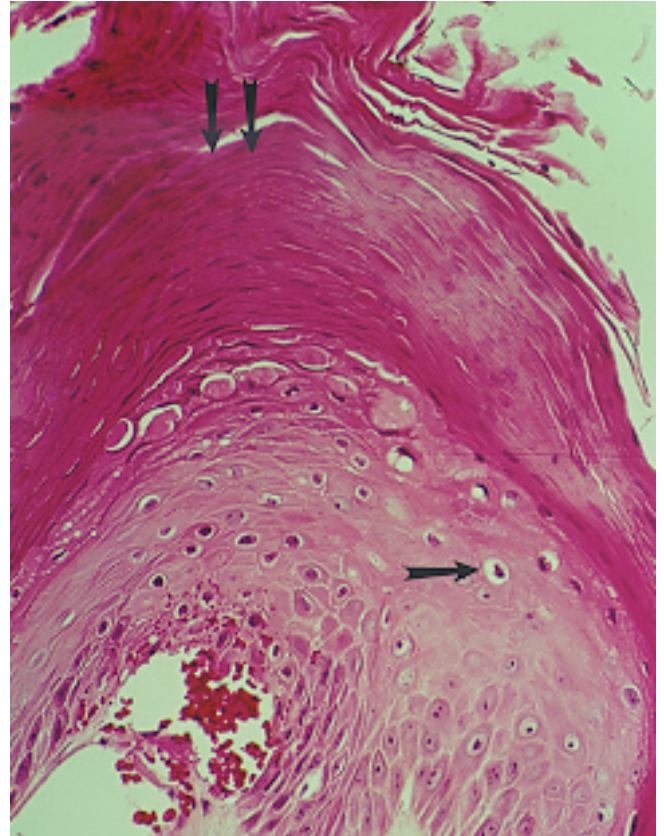
Verrucae (warts) may occur anywhere on the skin, singly or in groups, and are common in the skin lined portion of the nasal vestibule. A papillomatous appearance can be distinguished grossly. Microscopically there is papillary formation with keratinization and acanthosis. Rete pegs are elongated and at the periphery of the lesion they seem to bend inwards so as to point toward the center. Koilocytosis (enlarged keratinocytes with a pyknotic nucleus surrounded by a halo) may involve the more superficial epithelial layers producing zones of pallor. These cells are probably infected with the human papilloma virus.

Koilocytosis, along with clumps of keratohyalin granules in the granular layer, and vertical tiers of parakeratotic cells, help distinguish a wart from other papillomata.

Verruca vulgaris, nasal vestibule, filiform type, with keratinization, acanthosis and vascular cores. Extreme elongation of papillae is seen in the filiform type. Arrows indicate how rete pegs tend to bend inwardly toward the center.



Verruca vulgaris. Koilocytosis is demonstrated (single arrow) and there is hyperkeratosis and parakeratosis (double arrows). Keratohyalin granules, prominent in other areas, are not seen here, but their presence in verruca vulgaris (along with koilocytosis) help distinguish this condition from verrucal carcinoma.



CLINICAL ASPECTS

Treatment of a simple wart is by excision or fulguration.