INTRODUCTION:
Elephantiasis nostras verrucosa is a dermatologic condition that is characterized by hyperkeratotic, verrucous papules, plaques, and nodules with underlying woody fibrosis of the dermis and subcutaneous tissue. It is a complication of chronic obstructive lymphedema, which can slowly progress to produce massive enlargement of the affected body parts, usually the lower extremities. We present a case of an elderly gentleman with a classic presentation of chronic lower extremity lymphedema.

LEARNING OBJECTIVES:
1. Recognizing a classic presentation of Elephantiasis nostras verrucosa
2. Identifying clinical hallmarks of Elephantiasis nostras verrucosa
3. Acknowledging the sequelae of untreated Elephantiasis nostras verrucosa, the benefits of early intervention, and methods used for treatment

CASE
Presentation
A 70 year old chronically inactive, smoking, morbidly obese man with a history of bilateral lower extremity vein stripping presented for examination of an exophytic skin nodule of the right lower leg that had been increasing in size for the last three years. The patient reported no malaise, fevers, weight loss, or night sweats. The lesion did not bleed or ooze pus, and evolved on top of underlying chronic skin changes that had been present for more than 40 years.

Exam
Patient was morbidly obese. Other vital signs were unremarkable. Cardiovascular and respiratory examinations were unremarkable. Neurologic examination was unremarkable. Skin and extremity examination revealed large, edematous legs with extensive, non-tender, firm, minimally pitting, verrucous plaque that spared the ankle folds on his bilateral lower extremities. On the right shin there was a large, 6x10cm fungating, cobblestone nodule that was skin colored, woody, and non-fluctuant, but displayed significant erosion with serous oozing.

Laboratory Studies
A skin punch biopsy was performed. Pathology revealed edema and fibrosis throughout the dermis. There was also an increased number of blood vessels oriented perpendicular to the skin surface as well as patchy inflammation and hemosiderin laden macrophages.

Clinical Course
Elephantiasis nostras verrucosa is typically a clinical diagnosis, but in this case was confirmed with skin biopsy in order to rule out the development of cancer.

The slowly progressive cutaneous changes of elephantiasis nostras verrucosa left untreated may result in permanent disfigurement and gross dysfunction. With chronic dermal inflammation and local collection of toxic metabolites, a small percentage may progress into squamous cell carcinoma, including verrucous carcinoma, and angiosarcoma.

This fungating skin lesion was biopsied for concern of squamous cell carcinoma, including verrucous carcinoma, and angiosarcoma. Pathology slides at 100X, 200X and 300X. Routine hematoxylin and eosin stains show hyperkeratosis overlying diffuse dermal edema with multiple dilated lymphatic vascular spaces, extravasated red blood cells, and scattered siderophages.

REFERENCES:
- Karin, Thomas, MD. Pathology slides of elephantiasis nostras verrucosa from this patient case included as poster images. September 2011.