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Phrynoderma in a Pediatric Patient: Clinical Features and Management

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A 7-year-old girl presented with a 3-month history of hyperkeratotic, rough, dry papules and plaques on the elbows and knees. The lesions had gradually increased in number and size. The lesions were associated with little to no itching. She had a history of poor nutrition, consuming predominantly carbohydrate-rich foods with limited intake of fruits and vegetables. The child was slightly underweight at initial consultation.

Examination revealed symmetrical hyperkeratotic follicular papules, consistent with follicular hyperkeratosis. Lesions were rough, dry, hyperpigmented. Laboratory findings revealed mild anemia along with low levels of serum vitamin A level (12 µg/dL, normal = 20 to 120 µg/dL).

The diagnosis of **Phrynoderma** related to nutritional deficiency, was made. Vitamin A and Vitamin B-complex supplementation were advised along with skin moisturization. Monthly follow-ups were done and lesion completely resolved within 3 months of beginning of treatment.



Figure 1 and 2: Multiple discrete hyperpigmented, keratotic, follicular papules with some having central keratinous plug, localized to elbows and knees



Figure 3 and 4: Multiple discrete hyperpigmented, keratotic, follicular papules with some having central keratinous plug, localized to knees



Figure 5 and 6: Multiple discrete hyperpigmented, keratotic, follicular papules with some having central keratinous plug, localized to elbows

Declaration of patient consent:

Appropriate patient consent was obtained by the authors for taking and sharing pictures.



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