

Dirt-Like Hyperpigmented Plaques on the Dorsal Aspect of Both Feet

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Case Report

A 12-year-old boy came into our dermatologic clinic with asymptomatic brownish slightly papillomatous macular areas symmetrically distributed on the dorsal aspect of both feet (Figure 1A).



Figure 1A: Persistent, asymptomatic, brown and dirt-like dermatosis on both feet.

Past medical history was unremarkable. Scrubbing of the skin, including the use of soap and hot water did not lead to any improvement. No complementary tests were applied. Clinical diagnosis was solved after swabbing with a cotton ball soaked in 70% ethyl alcohol (Figure 1B).



Figure 1B: Clinical image of right foot after firm rubbing with an isopropyl alcohol 70% swab. Left foot was not treated to show the difference.

Also known as Duncan's dirty dermatosis, Terra Firma-Forme Dermatitis (TFFD) is derived from Latin for 'solid earth' and is often suspected based upon its distinctive clinical presentation as a hyperpigmented dirt-like brown skin eruption. Few cases have been published although it has been considered a frequently misdiagnosed condition [1]. Lesions may appear verrucous, reticulate, and stuck-on, often affecting the neck, trunk, and umbilicus. Most reports have described adolescents or young adults with a history of normal hygiene and vigorous but unsuccessful attempts at cleansing the affected areas [2]. In typical cases, histopathological examination is rarely performed. From a pathophysiological point of view it may be caused by a delay in the maturation of keratinocytes, with melanin retention, and a sustained accumulation of sebum, sweat, corneocytes, and microorganisms in regions in where hygienic measures are less rigorous. TFFD and *dermatosis neglecta* are widely considered to be synonymous, but some authors have proposed a separation of both terms. The differential diagnosis of TFFD includes melasma, acanthosis nigricans, and confluent and reticulate papillomatosis, tinea versicolor, ichthyosis, and granular parakeratosis. This condition can be treated with the diagnostic method itself (swabbing with 70% ethyl or isopropyl alcohol) or with products such as salicylic-acid-based exfoliants or other keratolytic agents in order to accelerate the normalization of the skin [3]. The knowledge of this entity is important to avoid performing unnecessary skin biopsies and endocrinological evaluation to rule out insulin resistance.

References

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