



## ***Kyrles Disease***

Kyrle's disease is a rare disorder, described by Kyrle in 1916 . There is controversy as to whether it repr

*Clinical Features* .

This eruption presents with a large number of papules, some coalescing into plaques, numbering in the

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*Histopathology* .

□ The essential histopathologic findings include (a) a follicular or extrafollicular corn

and/or dyskeratotic keratinization of the epithelial cells extending to the basal cell zone, (d) irregular epit

The

primary event is claimed to be a disturbance of epidermal keratinization characterized by the

formation of dyskeratotic foci and acceleration of the process of keratinization. This leads to the

formation of keratotic plugs with areas of parakeratosis . Because the rapid rate of differentiation and keratinization exceeds the rate of cell proliferation, the parakeratotic column gradually extends deeper into the abnormal epidermis, leading in most cases to perforation of the parakeratotic column into the dermis. Perforation is not the cause of Kyrle's disease, as originally thought , but rather represents the consequence or final event of the abnormally sped-up keratinization. This rapid production of abnormal keratin forms a plug that acts as a foreign body, penetrating the epidermis and inciting a granulomatous inflammatory reaction. A certain similarity exists between the parakeratotic column in Kyrle's disease and that observed in porokeratosis of Mibelli . In both conditions, a parakeratotic column forms as the result of rapid and faulty keratinization of dyskeratotic cells, but, whereas in Kyrle's disease the

dyskeratotic cells are often used up so that disruption of the epithelium occurs, the clone of

dyskeratotic cells can maintain itself in porokeratosis Mibelli by extending peripherally