AINHUM ASSOCIATED WITH PSORIASIS

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Ainhum was first fully described by da Silva Lima in 1867. Afterwards it has been reported in association with skin diseases like keratoderma palmariss et plantaris[3,4,6], pityriasis rubra pilaris[5], keratosis pilaris[8], scleroderma[1], etc. To the best of our knowledge, ainhum has not been reported in association with psoriasis. As such report of a case of ainhum associated with psoriasis will be of interest.

CASE REPORT

K., 25 years male, reported with the complaint of scaling of the palms and soles of 2 years' duration. About 3 years prior, patient noticed thickening of soles. Later, palms also got thickened. Two years prior small vesicles appeared on the soles and these burst open with clear watery discharge. Following this scaling started from the soles. Similar episode occurred in the palms. After that scaling had been occuring from palms and soles continuously. The lesions on soles and right palm showed varying degree of itching. Afterwards thick and scaly patches developed on front of right wrist and fold of right elbow; these did not have itching. On enquiry, patient stated that he had been having constriction of both fourth toes from about the age of 5 years. Patient stated that depth of constriction arount toes was not increasing. There was no family history of similar skin disease or constrictions of toes in the present and the previous three generations.

General and systemic examination did not show any significant abnormality. Soles and palms showed thickening and visible scales; thickening and scaling extended to dorsal surfaces of feet (Fig. No. 1) and hands. Right cubital fossa and flexural surface of right wrist joint also showed squamoerythematous patches. Removal of the scales from the skin lesions revealed intense erythema. Nails of fingers and toes showed moderate degree of clubbing. Fourth toes on both sides showed deep grooves near their bases (Fig. No. 1). There was no sensory disturbance in the periphery of limbs or peripheral nerve thickening.

Hb. was 12 g%; total and differential leucocyte counts were normal. Urine and stools revealed no abnormality. Blood V.D.R.L. was negative. X-ray of feet showed narrowing in the middle of proximal phalanges of fourth toes. Skin biopsy from dorsum of right foot showed parakeratosis interspersed with hyperkeratosis and a microabscess in stratum corneum, thinning of stratum granulosum, moderate acanthosis, and dilated capillaris and lymphocytic infiltration in the upper dermis (Fig. No. 2).

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DISCUSSION

The patient developed constrictions around fourth toes at the age of 5 years. At the age of 22 years thickening and scaling of the palms and soles occurred. There is no history of similar skin lesions in the family in the present and the previous three generations. Possibility of hereditary keratoderma palmaris et plantaris was thought of but onset of lesions after the age of 22 years and absence of family history are points against this diagnosis. Further histological findings of skin biopsy from the dorsum of one of the feet do not support the diagnosis of hereditary keratoderma palmaris et plantaris. Histological findings are consistent with diagnosis of psoriasis. As such, this patient showed Ainhum in association with psoriasis.

SUMMARY

A case of "ainhum" associated with psoriasis is reported. This appears to be the first report of such association.

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LEGEND TO FIGURES

Fig. 1. Photograph showing squamoerythematous lesions on dorsa of feet and constrictions around fourth toes.

Fig. 2. Microphotograph showing histological features of skin biopsy.