

Nagashima-type palmoplantar keratoderma



Figure 1: (a) Diffuse, well-demarcated, erythematous palmoplantar hyperkeratosis with transgradient erythema extending to dorsal hands. (b) Lateral view.



Figure 2: (a) Whitish spongy appearance of lesional skin was noted after a 10-minute water exposure. (b) Lateral view.

A 38-year-old woman presented with a history of asymptomatic erythema and thickening of palms and soles since she was six years old. The condition has been stable without any progression. There was no family history of similar lesions. A skin examination showed diffuse, well-demarcated, erythematous palmoplantar hyperkeratosis with transgradient erythema extending to dorsal surfaces of hands [Figures 1a and 1b], feet and inner wrists. A whitish spongy appearance of lesional skin was noted after a ten-minute water exposure [Figure 2a and 2b]. Dermoscopy revealed the spongiotic and edematous dermatoglyphics after water immersion. Genetic testing showed a nonsense mutation in the *SERPINB7* gene. The diagnosis of palmoplantar keratoderma, Nagashima type, was made. Differential diagnoses considered included aquagenic syringal acrokeratoderma, which is a dermatosis limited to the palms and can also present with whitish papules and wrinkles on the palms after water exposure.

Acknowledgement: The authors thank Dr. Wei-Ting Tu (Department of Dermatology, National Cheng Kung University Hospital, College

of Medicine, National Cheng Kung University, Tainan, Taiwan) for assistance with genetic testing.

Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship: This study received funding from National Cheng Kung University Hospital research grant (NCKUH-11104017).

Conflicts of interest: There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation: The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

Tai-Li Chen, Cheng-Yuan Li

Department of Dermatology, Taipei Veterans General Hospital, Taipei, Taiwan.

Corresponding author:

Dr. Cheng-Yuan Li,
Department of Dermatology, Taipei Veterans General Hospital,
Taipei, Taiwan.
proteinm@yahoo.com.tw

How to cite this article: Chen T-L, Li C-Y. Nagashima-type palmoplantar keratoderma. Indian J Dermatol Venereol Leprol. doi: 10.25259/IJDVL_1214_2024

Received: August, 2024 **Accepted:** August, 2024 **Epub Ahead of Print:** November, 2024

DOI: 10.25259/IJDVL_1214_2024

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.