KERATOSIS PUNCTATA PALMARIS ET PLANTARIS

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A 30-year-old man presented with multiple keratotic papules on palms and soles. The lesions started at the age of 15 from soles. Family history was positive with members in preceding two generations being affected. Cutaneous examination revealed multiple discrete hyperkeratotic papules of variable size on palms and soles. Parakeratosis was absent in histopathology and this ruled out the diagnosis of porokeratosis punctata palmaris et plantaris.

Key Words : Keratosis, Palmo-plantar, Punctate keratosis

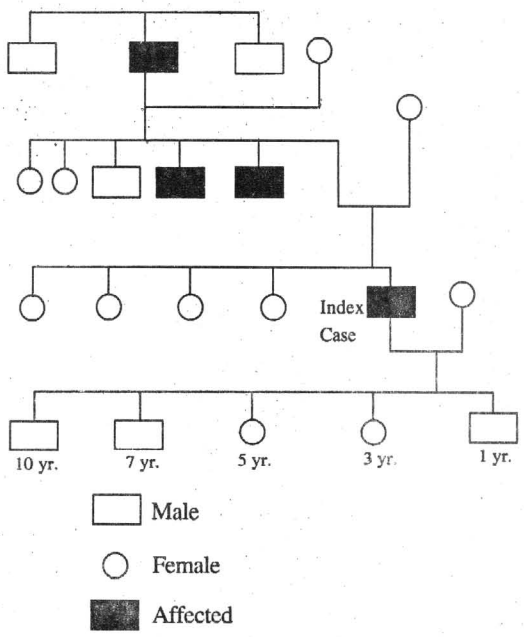
Introduction

Keratosis punctata palmaris et plantaris is a rare condition characterised by multiple discrete keratotic papules of variable size with a central conical plug which usually occur on palms and soles. The first recorded case was that of Davies Colley in 1879.[1]

The condition is often familial and transmitted as autosomal dominant with variable penetrance.[2,3] The onset is late as compared to other keratodermas, lesions usually appearing between 15 to 30 years of age. Current opinion is that the condition formerly known as porokeratosis of Mantoux is not related to sweat ducts and should be considered as a small pattern punctate keratoderma.[2]

Case Report

A 30-year-old man presented with multiple keratotic papules on palms and soles. The lesions started at the age of 15 on soles followed a few years later by involvement of palms. No history suggestive of exposure to arsenic could be elicited. Family history was positive with members in preceding two generations being affected. General physical and systemic examination were within normal limits. Cutaneous examination revealed multiple discrete hyperkeratotic papules of variable size (0.1X0.1cm. to 0.5X0.5cm) on palms and soles. Lesions were also present on palmar aspects of fingers and plantar aspects of toes. Examination of hair, teeth, nails and mucous membranes revealed no abnormality. An excisional biopsy



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of a papule from the palm revealed a circumscribed area of cone-shaped hyperkeratosis in stratum corneum. No parakeratosis was seen in the conical plug.

Discussion

Punctate palmoplantar keratoderma is usually confused with porokeratosis punctata palmaris et plantaris. Parakeratosis was conspicuously absent in our patient and this essentially ruled out the diagnosis of porokeratosis punctata palmaris et plantaris. Family history revealed members in 3 successive generations being affected with onset of the disease at around 15 years of age. This suggests an autosomal dominant mode of inheritance with variable penetrance as noticed by other authors previously.[3-5] The age of onset in our index case has still not reached puberty (eldest being 10 years old). They are on regular follow up as a proportion of them may dvelop lesions after pubertal age. Our patient fulfils the clinical and histological features of familial keratosis punctata palmaris et plantaris.[2]

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LICHEN SIMPLEX CHRONICUS OF SCROTUM

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This report deals with lichen simplex chronicus of the scrotum present in a 33-year-old male, with severe itching. Histopathological features were suggestive of chronic dermatitis.

Key Words : Lichen simplex chronicus, Dermatitis

Introduction

Lichen simplex chronicus (LSC) is a common chronic, usually solitary plaque of thickened skin occurring due to repeated rubbing and scratching or both. The classic form is idiopathic and common in atopics.[1] Presumably the intense pruritus results from mediator release or proteolytic activity,[2] although some investigators have reported that rubbing and scratching may be a condition response to stress.[3] Patients with LSC clinically have pruritus out of proportion to the appearance of lesions. The lesions of LSC are characterized by pigmentation and exaggeration of the normal skin markings. The central area becomes scaly, thickened and pigmented.[4] Here we are reporting a case of LSC involving the entire scrotum.

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Case Report

A 33-year-old man came to the hospital with the history of intense pruritus and thickened skin of the scrotum