PARAKERATOSIS OSTRACEA--AN UNUSUAL VARIANT OF RUPOID PSORIASIS

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A 25-year-old male developed hard, lamellar, oyster's shell-like scaly lesions accompanied with psoriatic arthropathy. Occurrence of parakeratosis ostracea is rare but its association with psoriatic arthropathy is still rarer and hitherto unreported.

Key words : Parakeratosis ostracea, Psoriatic arthropathy, Association.

Parakeratosis ostracea is a very rare skin disorder. It is considered to be a morphological variant of rupoid psoriasis and synonymous with conditions like parakeratosis scutularis. The condition is characterized by an eruption of hard, lamellar, scaly, cup-like (likened to the shell of an oyster) lesions predominantly affecting the legs, and sometimes the scalp.[1] We observed a case of parakeratosis ostracea associated with psoriatic arthropathy in a young Punjabi male.

Case Report

Twenty five year old male developed papulosquamous lesions progressing to hard, shield-like, scaly lesions on both thighs, knees, legs, feet, arms, forearms and hands within two months. He had also developed arthralgia of both knees, ankles, elbows, wrists and small joints of the hands and feet for the past one month. Family history was negative. The lesions were numerous, discrete, papulo-squamous, size ranging from 2 mm to 1 cm, present over both arms, forearms and dorsa of hands and feet. In addition, numerous hard, dry, dirty-brown, lamellated scaly lesions were present on both thighs, knees and legs. These lesions, on removal, revealed cup-like structures, size varying from 2-5 cm, with a depth of 1-1.5 cm. The inner surface of the scales showed horny keratotic plugging and oyster's shell appearance. Palms and soles showed dry, thickened, hyperkeratotic and fissured plaques. Nails of both the hands and feet showed yellowish discoloration, subungual hyperkeratosis, distortion and onycholysis. Movements of both knees, ankles, elbows, wrists and small joints of both hands and feet were painful and restricted.

Laboratory investigations revealed Hb 9 gm %, normal urine and stools, total leucocyte count 14250/cmm, ESR 138 mm. Fasting blood sugar, blood urea, total serum proteins and A : G ratio were normal. Rheumatoid factor and LE cell phenomenon were negative. VDRL test was non-reactive. X-ray hands were normal. X-ray knee joints showed narrowing of joint space. Biopsy of skin lesions showed hyperkeratosis with parakeratosis. The rete ridges were seen in only one area. Dermis showed focal collection of mononuclear cells.

Comments

Exact aetiology of parakeratosis ostracea is not known. To date, only three cases have been observed by Rook et al,[1] but not documented. The present case with a characteristic morphological appearance had associated psoriatic arthropathy as well.

Reference

1. Rook A, Wilkinson DS, Ebling FJG et al : Textbook of Dermatology, 4th edition, Blackwell Scientific Publications, Oxford, 1986; p 1531.

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