SYMMETRICAL PROGRESSIVE ERYTHROKERATODERMA
(A case report)

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Summary

A case of symmetrical progressive erythrokeratoderma in a 32 year old male patient noticed at the age of 27 years, has been described.

Symmetrical progressive erythrokeratoderma is a rare condition characterised by asymptomatic, hyperkeratotic lesions with an erythematous base, distributed bilaterally and symmetrically on the dorsal aspects of hands, forearms, feet and legs. In extensive cases the lesions may also be present on the upper arm, shoulders, neck and face[1]. The lesions usually start appearing during infancy but may be delayed until adult life[1]. It is suggested that the condition is transmitted as an autosomal dominant character[2]. To the best of our knowledge, no such case has been reported from India.

Case Report

A 32 years old man noticed asymptomatic, well demarcated, erythematous and hyperkeratotic plaques on the dorsal aspects of both hands 5 years earlier. These gradually extend to involve the extensor aspects of forearms and the skin over the dorsal aspects of proximal phalanges. The lesions were bilaterally symmetrical. (Fig. page No. 170) Other members of the family upto 3 generations did not show any evidence of similar disease. Other parts of the body including the palms, soles and nails were not involved. Repeated scrapings for fungus and the Auspitz sign were negative. The patient was prescribed topical corticosteroid with salicylic acid ointment, but there was little improvement over a period of six months.

Discussion

Asymptomatic hyperkeratotic plaques on an erythematous background, distributed bilaterally, limited to the dorsal aspects of hands and forearms are quite suggestive of symmetrical progressive erythrokeratoderma, even though the disease started late in life and there is no evidence of familial transmission. Sparing of the palms and soles excludes the recessive form of palmo-plantar keratoderma ; Mal de Malda[1]. It is also unlikely to be symptomatic erythrokeratoderma which may occur at the site of chronic inflammatory changes or repeated trauma in subjects who do not produce the more common lichenifying response to such

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Received for publication on 2—5—1977

stimuli[3]. The possibility of psoriasis and dermatophytosis was excluded because there were no seasonal variations, negative Auspitz sign and scrapings. Histopathology of symmetrical progressive erythrokertoderma is non-specific[4]. It is characterised by hyperkeratosis, parakertosis, acanthosis and variable dermal inflammatory changes. The disease is gradually progressive but tends to regress in later life[1]. As expected topical corticosteroid and keratolytic agents have little role in the treatment of this disease.

References

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3. Gentler W: Derm Wschr, 136: 1257, 1952. (Quoted by 1)
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Announcements...

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The University of California, San Francisco, Cleveland Clinic and Northwestern University conduct The Third Annual Dermatology Seminar at Hawaii. Starts the evening of February 12th and ends approximately noon February 17th, at the Hotel Intercontinental, Maui, Kehei, Hawaii. The speakers include several guests and the faculty of the above departments.

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