CONTINUAL SKIN PEELING

Familial continual peeling is a very rare disorder characterised by asymptomatic, generalized, non-inflammatory exfoliation of the stratum corneum. This term was first coined by Kurban and Azar in 1969[1] to describe a familial syndrome of continual skin peeling in four of nine siblings. Histopathologic, radiographic and electronmicroscopic studies revealed that hyperkeratosis, rich in —SH and a rapid rate of proliferation of epidermal cells were the main defects. In the literature, many other names are associated with this entity as keratolysis or skin peeling, keratolysis exfoliativa congenita and deciduous skin. Silverman et al in 1986[2] observed that the pathological changes were localised to the stratum corneum and consisted of retention hyperkeratosis due to a specific lipid abnormality and this is accompanied by a unique type of intracellular splitting. To the best of our knowledge it has not been reported earlier in the Indian literature. Recently, it has been classified in the group of mechano-bullous disorders under the name peeling skin syndrome.[3]

Our patient, a female aged 17 suffered from peeling of the skin since birth. The peeling was first observed at elbows and knees when she started crawling at the age of seven months. The peeling progressed slowly to involve the whole body. Milestones were normal. There was no history of seasonal variation, itching, arthritis or ulceration on any area. In the family, two younger sisters were also suffering from the same disease since their births. The patient was well developed, healthy and intelligent. Physical and systemic examinations were essentially normal. Spontaneous peeling of skin was observed in certain areas, and it peeled off on mild rubbing from every site. Erythema or thickening of the skin was not seen in any area. Nails, teeth, hair and cornea were normal. Topical application of 10% urea cream resulted in moderate improvement all over the body except at frictional sites.

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References

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