

Huntley’s papules: A dermatologic clue to diabetes

A 54-year-old man with newly diagnosed diabetes mellitus (HbA1c: 17%) presented with facial and nuchal acanthosis nigricans, along with knuckle involvement. Incidentally, a few xerotic, hyperkeratotic papules were noted over the interphalangeal joints of the right index finger [Figure 1]. Dermoscopy revealed yellow-to-brown structureless areas arranged in a cobblestone pattern, leading to a diagnosis of Huntley’s papules [Figure 2]. These asymptomatic, hyperkeratotic papules, typically found on the dorsal hands near metacarpophalangeal and periungual areas, may cluster

and form plaques over time. Their pathogenesis is linked to hyperglycaemia-induced glycoxidation, resulting in the deposition of advanced glycation end-products and increased collagen and fibronectin production. Acral acanthosis nigricans is a close differential, with dermoscopy revealing a parallel ridge pattern, irregular pigment networks, and accentuated skin markings in contrast to the cobblestone-like yellow-to-brown structureless areas of Huntley’s papules. Recognising these dermatologic findings can aid in the early detection of metabolic dysfunction.



Figure 1: Hyperkeratotic papules clustered over the interphalangeal joints of the right index finger, marked as three black circles.



Figure 2: Polarised dermoscopy (DermLite DL4N, 10x) showed yellow-to-brown structureless areas in a cobblestone pattern.

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