POROKERATOSIS PALMARIS ET PLANTARIS PUNCTATA

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A 60-year-old male patient admitted for chronic renal failure for the last 10 years was found to have multiple papular lesions over his palms and fingers since the age of 10. Histopathology showed presence of cornoid lamella, the characteristic feature of porokeratosis.

Key words : Porokeratosis palmaris et plantaris punctata.

Porokeratosis is a rare, chronic, progressive keratoatrophoderma inherited as a dominant character.[1] Five different types of porokeratosis have been described.[2] These are porokeratosis of Mibelli (classical type), superficial disseminated type, linear porokeratosis, disseminated superficial actinic porokeratosis (DSAP), and porokeratosis palmaris et plantaris punctata (PPPP). Wolff-Schreiner[3] reported another variety of porokeratosis—porokeratosis palmaris et plantaris disseminata (PPPD). Recently Singh et al[4] reported a case of linear porokeratosis with lesions on the palm. Punctate porokeratosis is usually associated with the linear or the Mibelli variant.[3] However, a purely punctate variety involving the palms and soles can occur and is probably the rarest type of porokeratosis.[5] We are presenting a case of PPPP which we think is the first case reported in India.

Case Report

A 60-year male patient was admitted for the management of chronic renal failure which the patient had had for more than 10 years. During routine examination he was found to have multiple, discrete papular lesions on both palms and on the palmar aspect of all the fingers. These were present since the age of 10 years. He was able to remove the lesions or they used to fall off on their own and then recur at the same places. These were tiny round projections restricted to the palms and fingers (Fig. 1), and these could be easily broken off leaving a small depression at the site.

Fig. 1. Tiny, round papular projections on the fingers.

The laboratory investigations revealed hemoglobin 8.5 gm%, BUL 180 mg%, serum creatinine 4 mg%, hypoproteinemia and albumin in urine. The rest of the investigations were normal.

Histopathological examination showed the characteristic cornoid lamella as a column of parakeratotic cells in the centre of a keratin-filled invagination (Fg. 2). No granular layer was seen at the site of cornoid lamella. The surrounding epidermis showed hyperkera-

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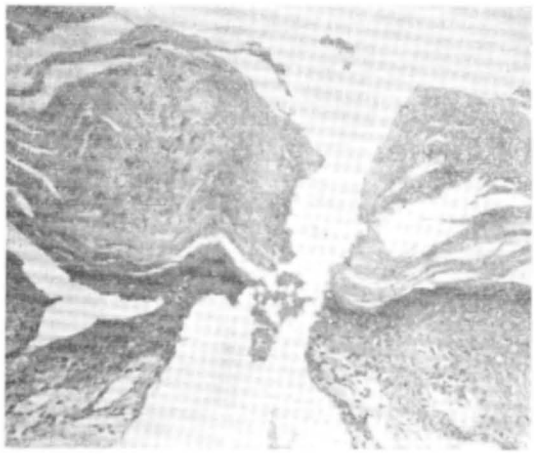

Fig. 2. Cornoid lamella seen as a parakeratotic column in the centre of a hyperkeratotic epidermis.

tosis, hypergranulosis and acanthosis. A non-specific perivascular infiltrate of chronic inflammatory cells was present in the dermis.

Comments

The punctate form is rare and is limited in distribution, occurring either on the elbows, wrists and fingers or only on the palms.[6] If located on the palms and soles, the lesions may be indistinguishable from those of keratosis palmo-plantaris punctata.[2] In keratosis palmo-plantaris punctata, histopathological examination shows massive hyperkeratosis over a sharply limited area with a depression of the underlying Malphighian layer below the general level of the epidermis. There is an increase in the thickness of the granular layer. The dermis is free from inflammation.[7] Brown[8] and Herman[9] reported the presence of cornoid lamella in the cases diagnosed as punctate keratoderma and therefore stated that these represented punctate porokeratosis limited to the palms and soles.

Clinically and histopathologically, our case appears to be of punctate porokeratosis restricted to the palms and palmar aspect of fingers. Since, the lesions were present many years before chronic renal failure set in, there appears to be no correlation between the skin lesions and the renal failure.

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