# PUNCTATE PALMOPLANTAR KERATODERMA (BUSCHKE-FISCHER)

Abraham George, Nadiga Rajashekhar

A 55-year-old agricultural labourer presented with typical lesion of punctate palmoplantar keratoderma of 10 years duration. The clinical diagnosis was supported by histopathologic findings.

Key words : Keratoderma, Punctate, Buschke-Fischer

Punctate palmoplantar keratoderma (Buschke-Fischer) is considered to be a rare keratoderma.[1] It is inherited in an autosomal dominant fashion, but frequent sporadic cases are encountered. Both the genetic[2] and nongenetic[3] link to internal malignancy have been reported. Punctate palmoplantar keratoderma appears between 10-45 years. It is characterised by numerous hard round or oval, yellow horny papules distributed on palms and soles. Their size varies from 2 to 10 mm in a diameter and tend to be larger when subjected to trauma. The keratotic plug can be picked out without bleeding, leaving annular keratotic depressed lesion. The cause of the disorder is not known, but a dual influence of genetic and environmental factors may trigger off the disease in many cases.[4] A strong association between palmoplantar keratoderma and hard manual labourer has been postulated.[5] We report a case of punctate palmoplantar keratoderma.

From the Department of Skin and STD, J.J.M. Medical College, Davangere - 577 004, India.
Address correspondence to:
Dr. Nadiga Rajashekhar

## Case Report

A 55-year-old agricultural labourer developed asymptomatic keratoderma of palms

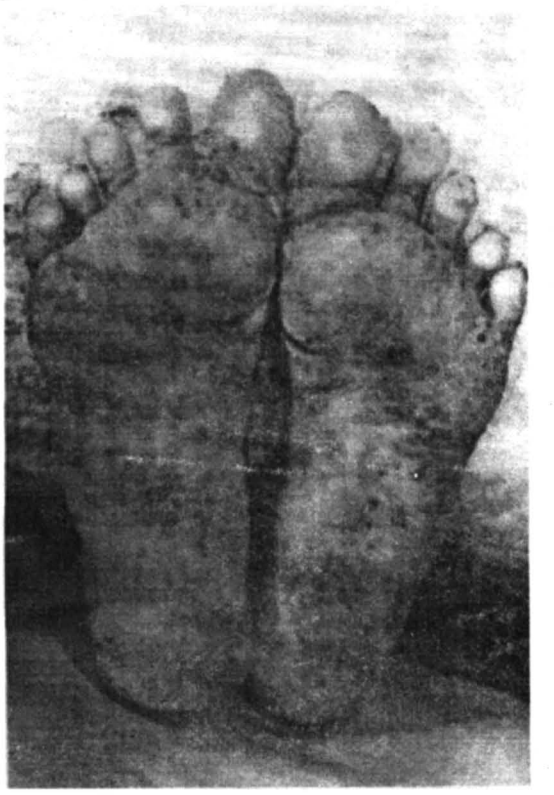

Fig. 1. Punctate palmoplantar keratoderma of feet

and soles of 10 years duration. The patient noticed at the age of 45 years, 2-3 wart-like punctate projections arising on the palms and soles. The lesions increased in number over the next 3-4 years, spreading to involve the flexor aspect of the digits. The lesions were larger on the soles than those of palms and localized predominantly to the heels and to the thenar and hypothenar prominences. Lesions varied from 1 to 3 mm in size. The dorsal aspect of hands and feet were not involved. Hyperhidrosis was not present. No other family member was affected with similar disease. Histology of the palmar lesions showed hyperkeratosis, parakeratosis, partially invaginating the epidermis and poor development of granular layer.

## Discussion

A few cases of punctate keratoderma have been described in the literature. The age of onset, clinical appearance, lack of peripheral extension, lack of hyperhidrosis couple with the histopathologic picture was compatible with the diagnosis of punctate palmoplantar keratoderma of Buschke-Fischer variety.

## References

1. Aderson WA, Moses DE, Elam MD, et al. Keratosis punctate and atopy, Arch Dermatol 1984; 120: 884-890.
2. Bennion SD, Patterson JW. Keratosis punctata palmaris et plantaris and adenocarcinoma of the colon, J Am Acad Dermatol 1984; 10: 587-591.
3. Fegueux S, Bilet S, Crickx B. Hyperkeratose palmoplantaire filiforme et cancer recto-sigmoidien, Ann Dermatol 1988; 115: 1145-1146.
4. Bologa EJ. Le complexe geno-ecologigue dansle determinisme des keratoses palmo-plantaire, Ann Dermatol Syphilol 1970; 97: 259-266.
5. Nielsen GP. Punctate palmoplantar keratoderma associated with Morbus Bechterew and HLA $B_{27}$, Acta Derm Venereol 1988; 68: 346-350.