

LETTERS TO THE EDITOR

LIPOID PROTEINOSIS WITH PUNCTATE KERATODERMA OF PALMS AND SOLES

A 40-year-old male born of consanguineous marriage presented with classical features of lipoid proteinosis such as hoarseness of voice and yellowish waxy nodular and indurated lesions in the skin (Fig. 1) and mucous membranes. In addition he had punctate keratoderma of both palms (Fig. 2) and soles. Biopsy from a nodular skin lesion and palm revealed eosinophilic material in the upper dermis surrounding the blood vessels and sweat glands (Fig. 3). Biopsy from the palm in addition showed hyperkeratosis with follicular plugging.

Lipoid proteinosis is a disorder of autosomal recessive trait related to an abnormal deposition of hyaline material in the skin, mucous membranes, upper respiratory and gastro-intestinal tracts and other visceral organs perhaps associated with a perturbation of collagen synthesis.¹ Verrucoid plaques which are sometimes red and



Fig. 1. Lipoid proteinosis.



Fig. 2. Punctate keratoderma of the palms.



Fig. 3. Atrophic epidermis with periappendageal eosinophilic deposit (Haematoxylin-Eosin, $\times 10$).

scaly may also develop over elbows, knees, buttocks, fingers and face. Though localised hyperkeratosis in the palms can occur,² punctate keratoderma which is determined by an auto-

somal dominant gene has not been reported in association with lipoid proteinosis.

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