

A Circumscribed and Persistent Erythematous Plaque on the Palm

Baliu-Piqué C, Alós L and Mascaró Jr. JM*

Departments of Dermatology and Pathology, Hospital Clínic de Barcelona, Universitat de Barcelona, Spain

*Corresponding Author: José M. Mascaró Jr, Associate Professor Department of Dermatology, Hospital Clínic, Calle Villarroya 170, 08036 Barcelona, Spain, Tel: +34932279867; Fax: +34932275438; E-mail: jmmascaro_galy@ub.edu

Received date: September 24, 2014, Accepted date: November 13, 2014, Published date: November 24, 2014

Copyright: © 2014 Baliu-Piqué C, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Case Report

A 66 year-old white woman had a unique cutaneous lesion localized at her right thenar eminence. It was a shiny erythematous round plaque with a clear scaling border that was slightly depressed (Figure 1A). The lesion was completely asymptomatic and had been noticed by the patient many years before. It had 1.5cm of diameter and had been stable during all these years. Dermoscopy showed a depressed erythematous area on the centre, surrounded by a thick border (Figure 1B). There is a depression of epidermis caused by a reduction in the thickness of the horny layer, with well-defined borders (H&E, original magnification $\times 40$) (Figure 1C) and there is a slight thinning of the granular layer without noticeable morphological abnormalities on underlying keratinocytes (H&E, original magnification $\times 200$) (Figure 1D). She refused any treatment.

Circumscribed palmar or plantar hypokeratosis (CPH) is a rare condition that is usually asymptomatic. This process was first described in 2002 by Pérez et al. [1].

CPH is an acquired disorder that is more common in women and the age at the first visit to a physician ranges from 42 to 84 years (mean age 64.6 years). In a large majority of cases there is a single lesion, consisting of a well-demarcated erythematous plaque with central depression and scaly border separating it from normal skin with characteristic histopathologic features [2]. This condition is currently considered as a localized keratinization disorder affecting areas with a thick stratum corneum. The precipitating cause is currently unknown and a definitive treatment remains to be found. The hand is the usual location, more commonly on the thenar eminence, with no preference for the right or left hand. Malignant transformation has never been reported up to date. The main differential diagnoses are Mibelli porokeratosis, Bowen disease and the base of a blister in the erosion stage. Due to the frequent lack of efficacy of treatments and the benignity of this entity, observation alone can be considered as an adequate procedure.

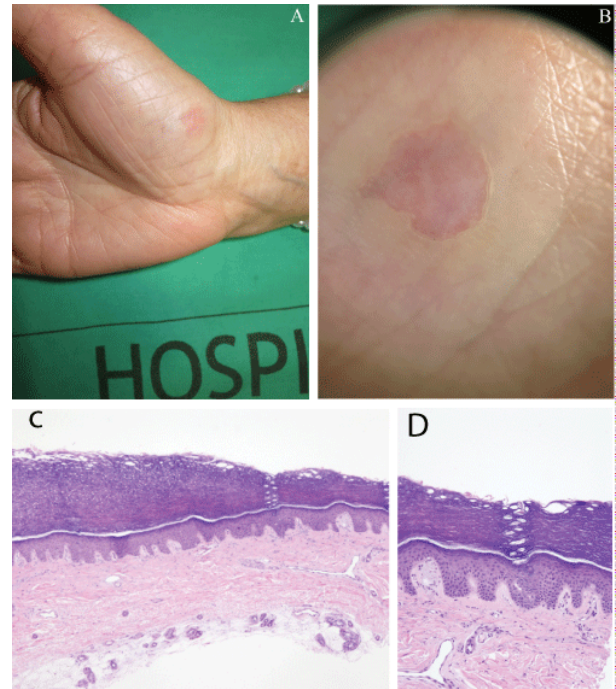


Figure 1: A) Shiny erythematous round plaque with a clear scaling border. B) Dermoscopy C) Depression of epidermis D) Morphological abnormalities

References

1. Pérez A, Rütten A, Reinhard G, Urbina F, Misad C, et al. (2002) Circumscribed palmar or plantar hypokeratosis: A distinctive epidermal malformation of the palms or soles. *J Am Acad Dermatol* 47: 21-27.
2. Urbina F, Pérez A, Requena L, Rütten A (2014) Circumscribed Palmar or Plantar Hypokeratosis 10 Years after the First Description: What Is Known and the Issues Under Discussion. *Actas Dermosifiliogr* 105: 574-582.