Maiti and Das, Gen Med (Los Angel) 2016, 4:2
http://dx.doi.org/10.4172/2327-5146.1000i114

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Hyperkeratotic Psoriasis

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Figure 1a: Hyperkeratotic plaques over the dorsum of the hand dorsum of hand.

A 49 year old woman was brought to the emergency department with altered mental status. Physical examination revealed tachycardia, hypotension. Skin examination showed hyperkeratotic plaques over the dorsum of the hand [Figure 1a], and extensive thickening, scaling, desquamation of the skin, with hyperkeratotic plaques over knees and shins bilaterally [Figure 1b]. She was found to be in septic shock and was admitted to the intensive care unit. After improvement of sepsis, a skin biopsy of the lesions revealed hypogranulosis, confluent parakeratosis, tortuous blood vessels in papillary dermis, suprapapillary plate thinning, Monro's microabscess, and spongiform pustule of Kogoj which confirmed the diagnosis of hyperkeratotic psoriasis.

Hyperkeratotic psoriasis also referred to as palmoplantar psoriasis is a variant of chronic plaque psoriasis. This has been reported to be a common variant of psoriasis among children, but is very rare in adults [1,2]. Well demarcated lesions, in the absence of other clinical signs of psoriasis, often make the diagnosis of hyperkeratotic psoriasis difficult. Treatment of this subtype has been matter of speculation with emollients being the first line of treatment for dry scales. In case of severe hyperkeratotic palmoplantar psoriasis, either oral methotrexate alone or combination of etanercept and alitretinoin have been demonstrated to be well tolerated and effective treatment options [3-5]. Untreated or refractory patients can present with such extensive lesions.

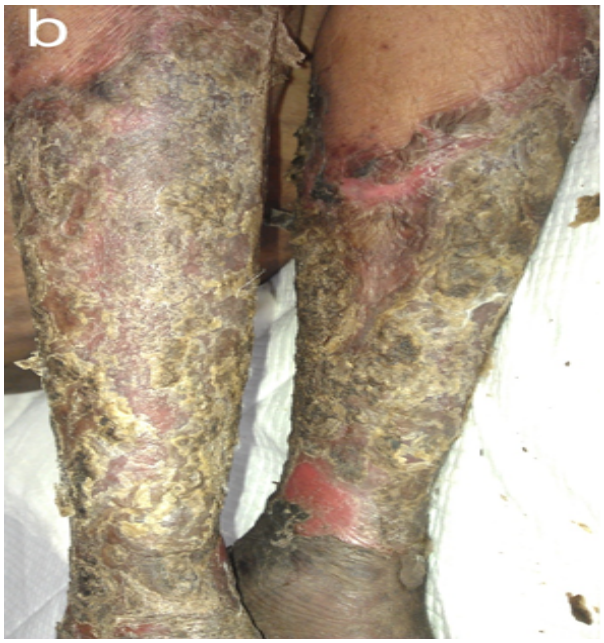

Figure 1b: Hyperkeratotic plaques over knees and shins.

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Received March 17, 2016; **Accepted** March 22, 2016; **Published** March 24, 2016

Citation: Maiti A, Das A (2016) Hyperkeratotic Psoriasis. Gen Med (Los Angel) 4: i114. doi:10.4172/2327-5146.1000i114