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Inherited palmar filiform hyperkeratosis: A case report

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Introduction & Objectives:

Filiform keratoderma is an uncommon dermatosis consisting of multiple projections located on the palms and soles, with the distinct histopathological feature of a parakeratotic column above a hypogranular epidermis. This entity has been reported under several different names, such as porokeratotic punctate keratoderma, punctate keratoderma, palmar filiform hyperkeratosis and spiny keratoderma of the palms and soles. Most of the cases described are acquired, although there are also familial cases. As this condition is under-diagnosed and under-reported, it is important for dermatologists to keep keratoderma spinosum of the palms and soles in mind. We present a family case of filiform keratoderma and review the literature.

Materials & Methods:

This is a case report of a 70-year-old woman who presented in our department with multiple small hyperkeratotic spicules on the palms and soles.

Results:

The asymptomatic spicules had appeared since a young age. She mentions a similar appearance in her father and sister. She has no respiratory or digestive symptoms consistent with lung or colorectal carcinoma.

She does not smoke. She has not been exposed to arsenic, has not consumed well water and has no other dermatological history. Physical examination revealed multiple, firm, hyperkeratotic, millimetric spicules on the thenar and hypothenar regions, bilaterally on the fingertips and more diffusely on the soles of the feet. The lesions had not been previously treated. The rest of the physical examination was unremarkable. A diagnosis of hereditary filiform palmoplantar keratoderma was made, given the family history and the early age of onset of the lesions. The patient was treated with 10% salicylated Vaseline in occlusion, with moderate improvement.

The hereditary form is autosomal dominant and develops between the ages of 12 and 50. It has no known association with internal malignancies. The acquired form occurs after the age of 50 and, in some cases, has been associated with underlying neoplasia (breast cancer, colorectal cancer, kidney cancer) or systemic diseases such as type IV hyperlipoproteinemia, Darier's disease, asthma, chronic renal failure, myelofibrosis and polycystic kidney disease with hepatic cysts.

There is no clearly established treatment for spiny keratoderma. It has been described as difficult and unsatisfactory. However, there have been recent reports of success with topical tacalcitol 0.002% , 5-fluorouracil 5% , a combination of topical tacalcitol 0.002% and 5-fluorouracil 5% , ammonium lactate 12% , salicylic acid , or retinoids . Mechanical debridement methods, such as dermabrasion or shaving of spicules with a razor blade, have also been documented

Conclusion:

To our knowledge, only a small number of cases of filiform keratoderma of the palms and soles have been reported. This may be explained by the fact that patients do not consult us for keratoderma filiformis because most cases are asymptomatic or cause only minimal discomfort.