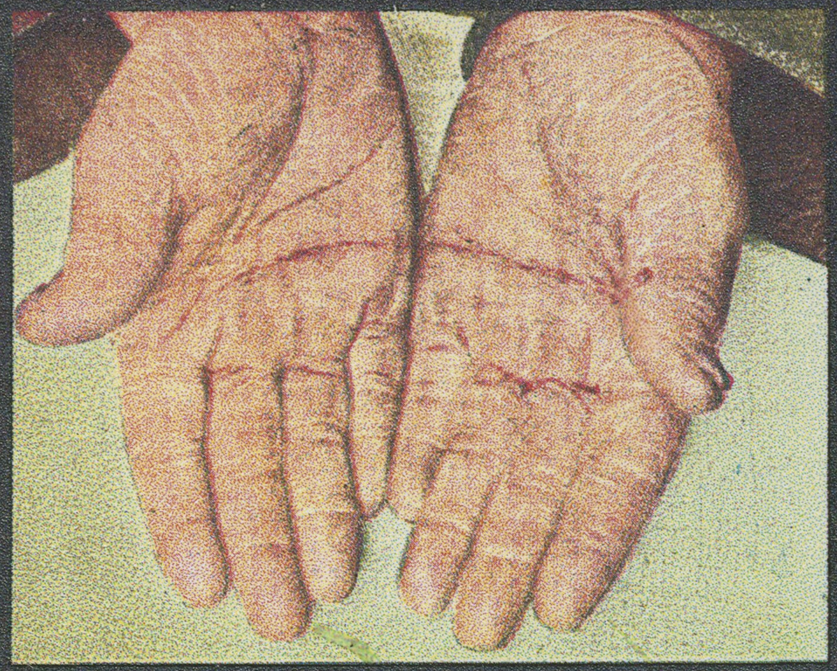

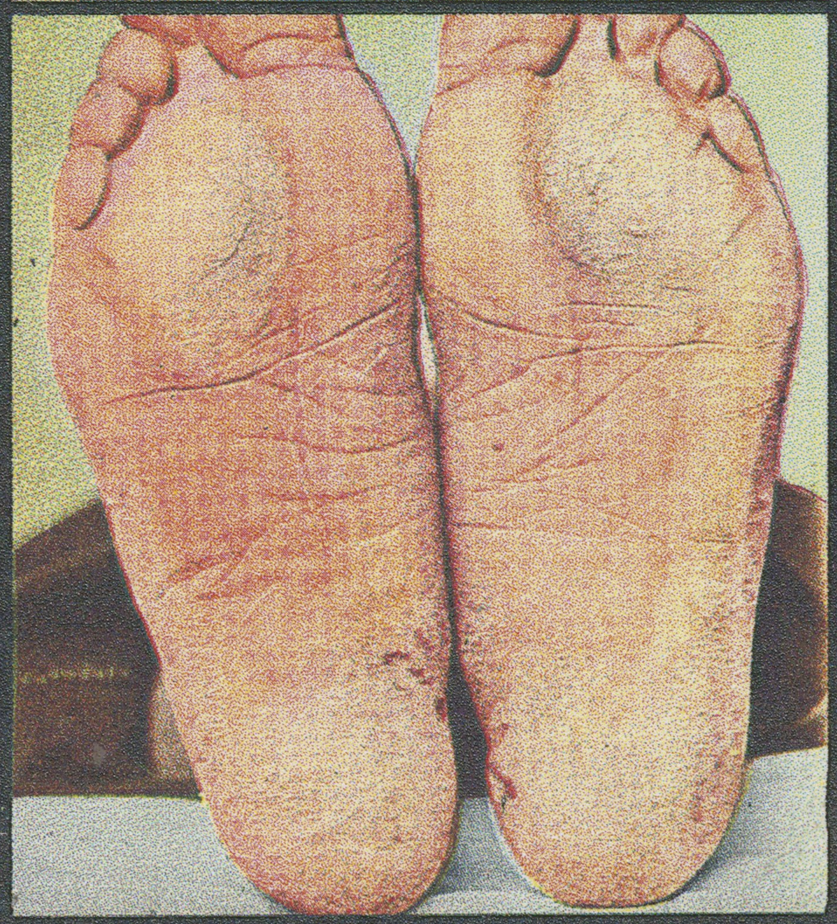

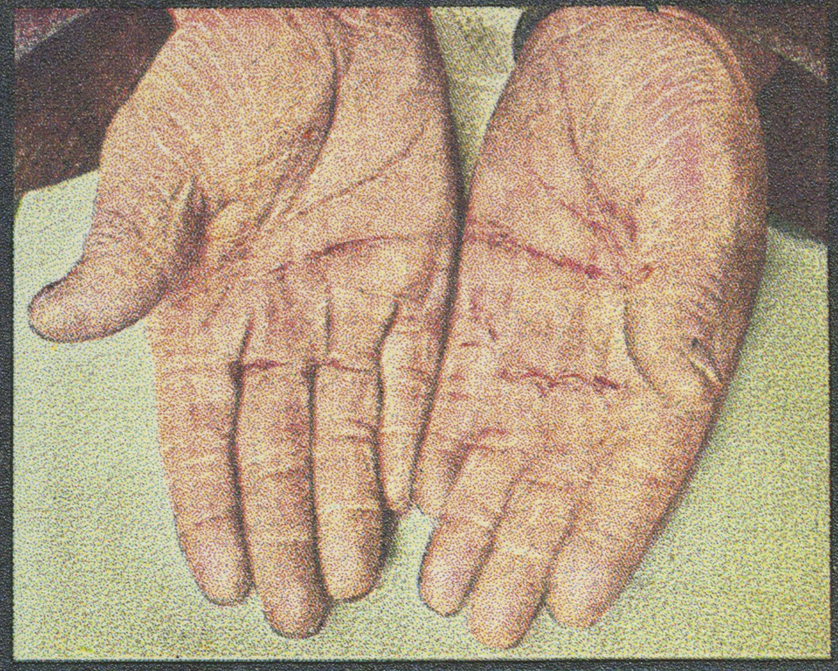

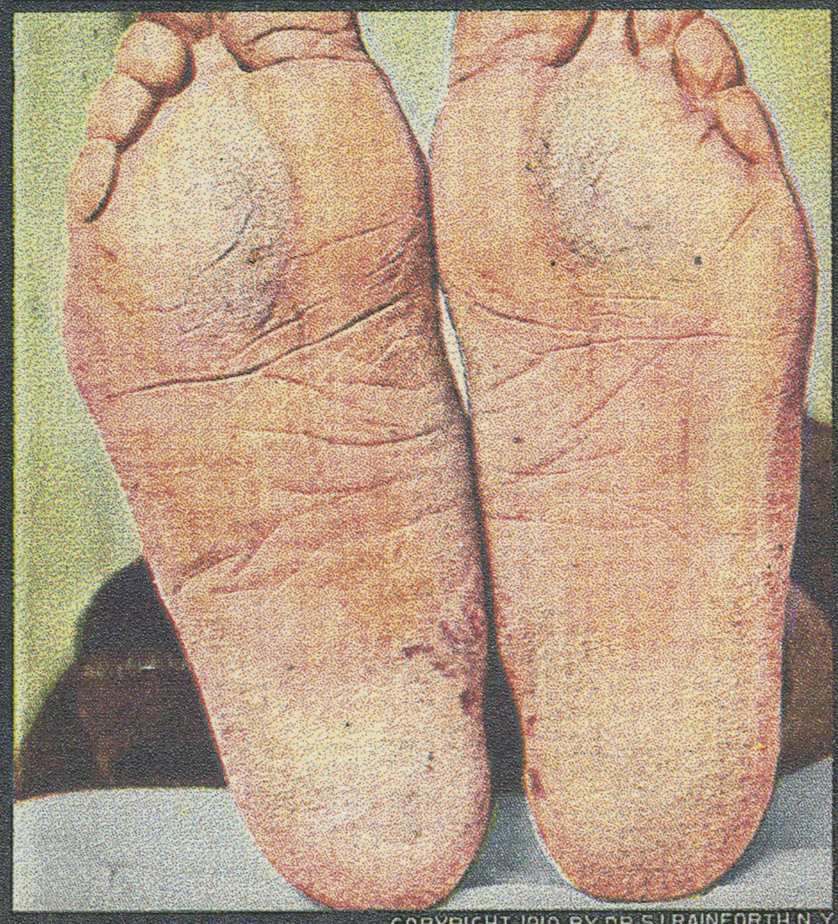

KERATOSIS PALMARIS ET PLANTARIS

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Synonyms: Ichthyosis plantaris et palmaris; Keratoma; Keratoma palmare et plantare hereditarium; Tylosis palmae et plantae; Symmetric keratodermia.

This malady is characterized by a thickening and hardening of the horny layer of the skin on the palms and soles. Sometimes the deformity is more marked upon either the palms or soles, but in all instances the condition is symmetrical, affecting both hands or feet. The degree of the deformity varies in different cases, and often from time to time in the same patient. With the ordinary milder grade of hypertrophy the affected skin is abnormally thick and leathery, the finer markings may be smoothed out but the natural folds are deeper, and furrows are present in unusual locations. It is not uncommon for fissures to form in the creases. With a more pronounced development yellow or grayish islands of calloused epidermis may appear here and there, or the entire palmar and plantar surfaces may become covered with thick, hard epidermal plates whose surfaces may be smooth, uneven or somewhat scaly. Sometimes the plaques are shed and reformed periodically. Occasionally the condition is associated with hyperidrosis, in which case the redundant epidermis may be more or less soggy. Not infrequently at the edge of the area of thickening, that is usually at the border of the palms and soles, there is a zone of hyperemia, manifest as a pink or red areola. Occasionally the redness, and much less frequently the thickening, extends onto the lateral or even a short distance upon the dorsal surfaces of the hands and feet. Callosities sometimes occur over the knuckles on the backs of the hands. The nails are usually affected, either thickened or roughened or slightly deformed and tilted upward at the free border. In the majority of cases the disorder does not cause any subjective symptoms. When fissures are present they may be exceedingly painful. Thick epidermic plates on the hands interfere with fine manipulations and on the feet sometimes cause the sensation of foreign bodies inside the shoes. The disease is usually congenital and often hereditary. It probably belongs in the category of hereditary anomalies of the skin. Fluctuations in the severity of the lesions and their extent and distribution are not dependent on external factors such as pressure, friction, etc. A closely similar condition may appear and persist after a long course of arsenic medication. **DIAGNOSIS:** The duration of the disease, its hereditary tendency, non-inflammatory character, occasional association with hyperidrosis, and symmetrical involvement of all the extremities, serve to differentiate the malady easily from the palmar and plantar lesions of *eczema* and *syphilis* and from callous thickenings due to other causes. **TREATMENT:** The malady is incurable. Emplastrum saponis with 10 to 20 per cent. salicylic acid may be employed for several days to soften the skin and permit the scraping away of callosities with or without a preliminary soaking in hot water. The daily use thereafter of sapo mollis and nightly applications of a 5 to 10 per cent. salicylic acid ointment will serve to mitigate the condition and hold it in abeyance.