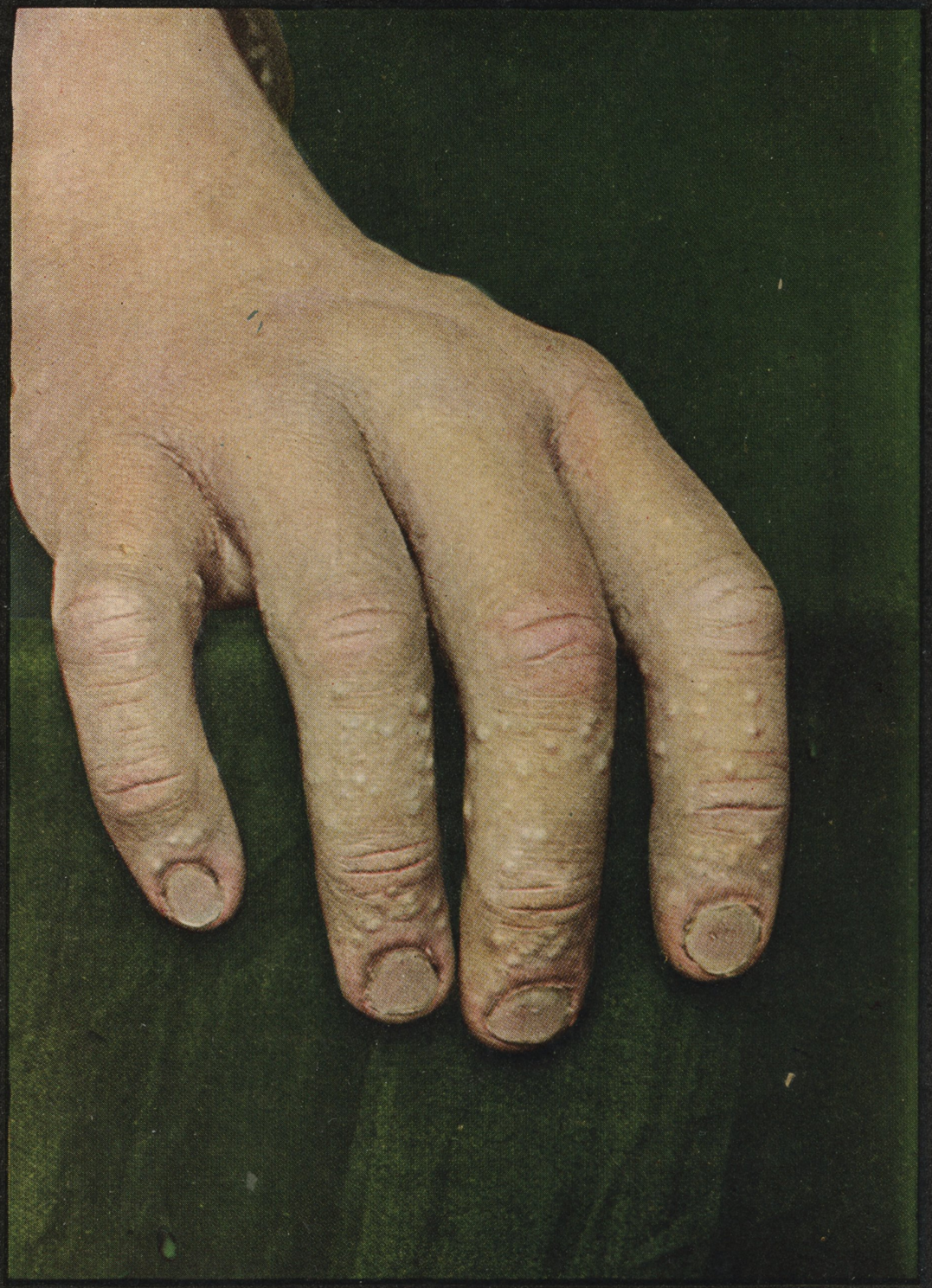

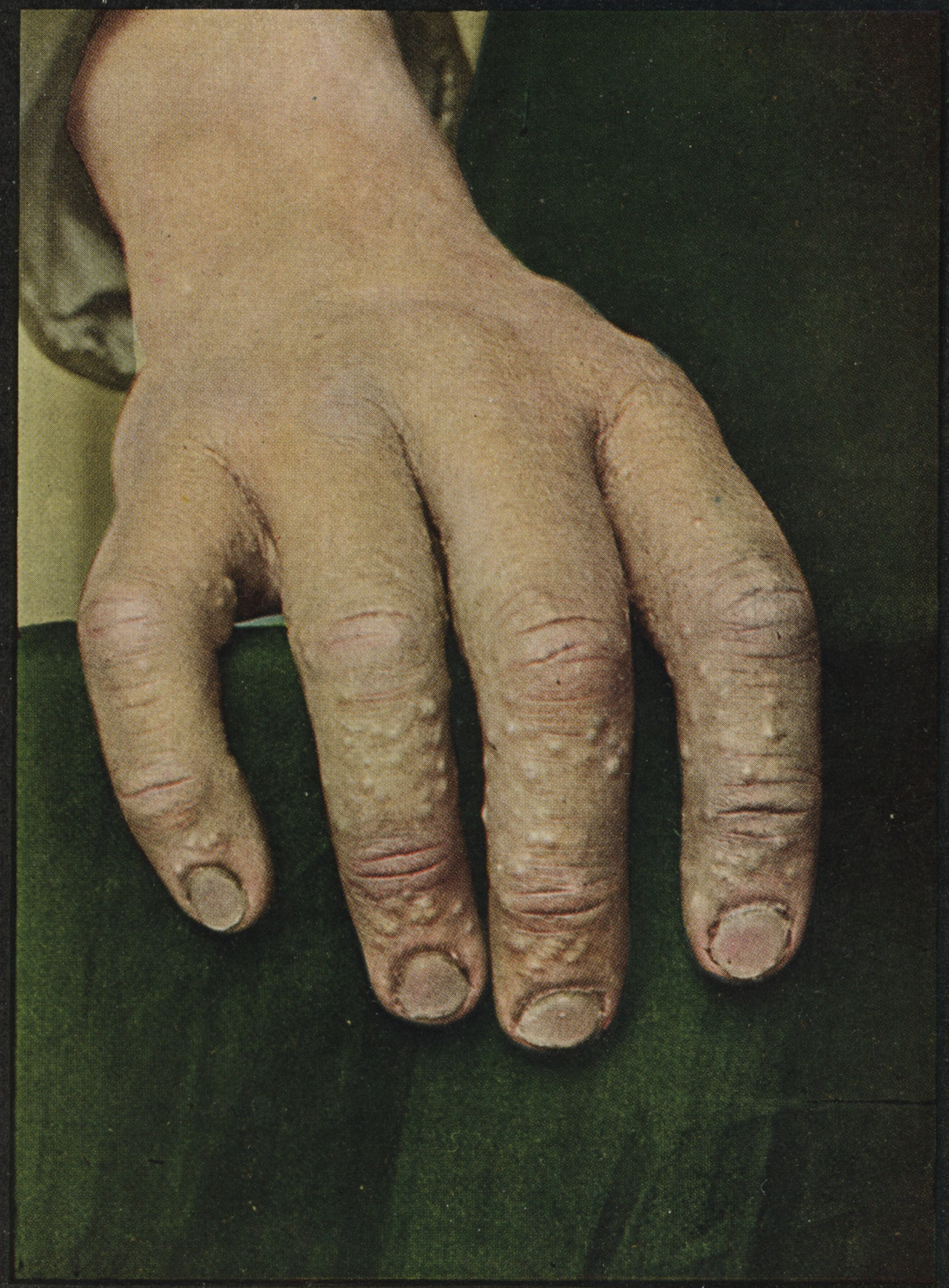

POMPHOLYX

POMPHOLYX

Synonym: Dysidrosis.

Pompholyx is characterized by an eruption of deep-seated vesicles, usually symmetrically distributed on the hands or feet. On the hands the favorite location of the lesions is upon the lateral aspects of the fingers and upon the palms, and occasionally on the dorsal surface of the fingers. On the feet they appear frequently upon the soles and sides of the feet, especially on the inner surfaces, sometimes as high up as the malleoli. The vesicles are usually small, pin-head sized or slightly larger, though pea-sized lesions are not very uncommon. Rarely by coalescence of the large vesicles a few bullae are formed. In the thick palmar and plantar epidermis the small vesicles have the appearance of boiled sago granules embedded in the skin. Where the epidermis is thinner the lesions attain some elevation, but are nevertheless still very firm and thick walled. The inflammatory reaction is often of so slight a grade that only the faintest areola is to be made out around the vesicles. In a mild attack their contents dry up and the elevated epidermis desquamates as thin scales. In the very severe cases, which are rare the vesicles rupture and new crops continue to appear until the skin in an affected region becomes ragged and sodden and exfoliates in fragments leaving edematous, raw looking and painful areas of exposed corium. Between these extremes are all gradations. The duration of an attack varies with its severity, from a few days to several months. Recrudescences and relapses are common and the disease is especially liable to recur in warm weather. The subjective sensations are burning and itching, the latter is seldom very intense. Pompholyx is more common among women than among men. It is rarely seen in childhood or old age. There is sometimes an inherited predisposition. The disease is not infrequently associated with hyperidrosis. **DIAGNOSIS:** *Vesicular eczema* on the hands or feet is not apt to remain long confined to the regions chosen by pompholyx. Moreover the eczematous vesicles are usually more crowded and tend to rupture spontaneously with the production of characteristic oozing surfaces; they are accompanied by more inflammatory redness and some infiltration and the itching is usually severe. **TREATMENT:** An attack can sometimes be aborted by lightly painting the affected area with tincture of iodin two or three days in succession. Simple astringent ointments such as unguentum zinci oxidi and unguentum diachylon are useful. They should be kept constantly applied under bandages. General tonic treatment seems to be indicated in many cases.