GENETICS AND GENODERMATOSES

WE ARE PULLING THIS ABSTRACT DUE TO REVISION THAT WILL NOT BE FINISHED BY OCT 15. THANK YOU

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Background: Palmoplantar keratodermas (PPK) are a group of heterogeneous diseases characterized by marked thickening of the epidermis on the palms and soles. There are three clinical patterns: diffuse, focal with extensive hyperkeratosis at points of friction and punctate. Punctate PPK is a rare subset of PPK and typically presents bilaterally involving both palms and soles. Patients with this condition may have an increased risk of developing systemic malignancy such as gastrointestinal, lung, and breast cancer as well as Hodgkin's lymphoma.
We report a case of punctate PPK with involvement of only one foot. To the best of our knowledge, a case of unilateral plantar punctate PPK has never been reported before.

Observations: A 41-year-old Asian female with thickening on her left sole since she was 11 years old. The thickening started small on the pressure areas and has gradually expanded to involve the whole plantar areas. There were no similar lesions on other parts of the body. None of the family members have similar complaints.
Dermatological examination of the left sole revealed punctate yellow hyperkeratotic plaques that coalesce into a larger plaque extending from the heel to the toes sparing the foot arch. Histopathological examination showed massive hyperkeratosis at the epidermis with focal parakeratosis but no coronoid lamella and sparse non-specific perivascular inflammatory infiltrate in the dermis. On palpation the lesion was firm, rough, and non-tender. Based on the clinical and histopathological examinations, we are confident with the diagnosis of unilateral plantar punctate PPK.

Key message: Unilateral Punctate PPK is an exceedingly rare example of unique genetic mosaicism that warrants long term treatment and follow up due to recurrence and possible development of systemic malignancy.