Clinical Images

Keratosis Punctata of the Palmar Creases

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A 50-year-old woman presented for management of hypertension. Exam revealed numerous 2–4-mm pits scattered along the bilateral palmar creases (Fig. 1). The lesions had been present for many years and were otherwise asymptomatic. There were no lesions on her feet. A rapid plasma reagin test was negative. These findings were consistent with keratosis punctata of the palmar creases (KPPC).

KPPC is a benign hyperkeratotic dermatosis of unknown etiology, primarily found among people of African descent.^{1, 2} The lesions begin in adolescence or early adulthood with the formation of hyperkeratotic plugs, which break off, leaving characteristic pits.¹ Some authors believe that KPPC is an exaggerated response to localized trauma, which may explain the slight male predilection and association with manual labor.¹ There is typically no family history,² but familial clusters have been reported.^{3, 4} KPPC is associated with Dupuytren's contracture and knuckle pads, but there is no association with malignancy.¹ Biopsy reveals a hyperkeratotic plug depressing the epidermis.^{2, 4, 5}

The differential diagnosis for palmar pits includes latent syphilis, arsenic exposure, verrucae vulgaris, and spiny keratoderma. Treatment with topical retinoids and emollients has been reported.^{1, 2} The patient's palmar lesions remained unchanged over time.

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Figure 1 Left hand with scattered pits along palmar creases characteristic of KPPC.

Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

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