

Acanthosis Palmaris: A Marker of Bronchogenic Carcinoma

Sir,

Cutaneous findings often reflect the presence and course of an internal disease. The ability to recognize those that may indicate an underlying malignancy is of particular importance. Their early recognition is valuable in a patient with an internal malignant disease, since intervention may significantly alter the survival. The frequency with which acanthosis palmaris is associated with internal malignancy suggests that its occurrence is not a chance event (1). We here report a 54-year-old man with acanthosis palmaris and underlying bronchogenic carcinoma of the lung.

CASE REPORT

A 54-year-old male presented in June 1994 with a 4-month complaint of thickening and pigmentation of palms and soles. He gave a history of cough, hemoptysis and weight loss over the last 8 months. The patient had been put on antituberculous therapy by a private practitioner, which he had received for 4 months without any relief.

Brownish pigmented thickening of palms and palmar aspects of fingers, with accentuation of normal skin markings and a velvety rugose texture, was seen bilaterally (Fig. 1). Similar changes were also noted on the soles, along with clubbing of fingers, pigmentation of buccal mucosa and fissuring of tongue. The rest of the cutaneous and systemic examination was unremarkable.

A skin biopsy taken from the palm showed acanthosis and hyperkeratosis. Skiagram of the chest revealed a radiopaque shadow in the right middle lung lobe. Fine needle aspiration cytology of the bronchus lesion demonstrated poorly differentiated malignant cells.

A diagnosis of carcinoma of bronchus with tripe palms was made. Radiotherapy treatment was initiated, and the patient is under follow-up.



Fig. 1. Accentuated dermatoglyphics of finger tips.

DISCUSSION

Curth (2), during her studies on acanthosis nigricans, suggested the criteria by which we can gauge the possible relationship between a cutaneous disorder and an internal malignant disease. A real association exists if the dermatosis is relatively uncommon, if it occurs with a specific internal neoplasm, if there exists a statistical association between the two processes, and if the two disorders occur concurrently and follow a parallel course. Acanthosis palmaris fulfils these criteria.

Palmoplantar keratoderma is a recognized feature of acanthosis nigricans, especially of the malignant type (3). Acanthosis palmaris, a variant of acanthosis nigricans, is a distinctive form of palmar keratoderma marked by accentuation of normal dermatoglyphics of the palms and volar aspect of fingers, resembling the "tripe", hence also known as tripe palms. The changes of tripe palms may occur in association with an internal malignancy, either together with classical features of malignant acanthosis nigricans or more rarely on their own (4). Patients with concomitant psoriasis, eczema or bullous pemphigoid have also been described (5). Acanthosis palmaris occurring alone is more often associated with bronchial carcinoma, compared with combined acanthosis nigricans and palmaris, in which it may be associated with gastric carcinoma more frequently than bronchial carcinoma (1).

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