

LETTERS TO THE EDITOR

A New Patient with Idiopathic Tripe Palms

Sir,

The palms are often involved in cutaneous paraneoplastic syndromes and can be affected in different forms: palmar hyperkeratosis, palmoplantar keratoderma, Bazex's syndrome and tripe palms (TP). The latter are characterized by an acquired soft thickening of the palms, which assume a mossy or velvety aspect, associated with hypertrophy of dermatoglyphics, making the palmar area pitted, furrowed, rugose and, in the most severe cases, with a honeycomb-like or cobbled appearance. The term "tripe palms" was first used in 1963 by a patient who found the unusual aspect of his hands similar to that of the bovine foregut (1). This term was introduced in the literature in 1977 by Clarke (2) and further popularized by Breathnach & Wells in 1980 (1).

To our knowledge, 86 patients with TP have been reported in the literature: 5 idiopathic and 81 associated with cancer. Additionally, we here report a 74-year-old subject with TP, psoriasis and without evident malignant disease.

CASE REPORT

The patient, a 74-year-old male, came to our attention approximately 3 years ago because of psoriasis of the scalp. At clinical examination, we noticed that his palms showed a reddish uniform colour and soft thickening of the skin, with pronounced dermatoglyphics. The skin over the tips and the lateral sides of fingers was markedly furrowed and crinkled, while over the thenar eminence even more evident dermatoglyphics formed rough plicae (Fig. 1). Over some finger tips and volar areas pitted hyperkeratosis was also evident; moreover, the patient reported palmar hyperhidrosis. None of these abnormalities affected the soles, and acanthosis nigricans (AN) was absent. Histopathologic examination of a skin biopsy specimen from the volar area of one finger showed thickened epidermis, acanthosis, papillomatosis and marked hyperkeratosis. After these findings had been obtained, the diagnosis of TP was made.

Routine blood analyses and cancer-associated antigens (carcinoembryonic antigen, alpha-fetoprotein, and prostatic-specific antigen) were within the normal range. Also, chest X-ray, barium meal and ultrasonography of the abdominal organs were negative.

We also examined this patient regularly every 6 months, for a period of 28 months, and his general condition was always good. Also, all



Fig. 1. Clinical appearance of the thickened palmar surface. Note the exaggeration of the normal skin markings.

routine blood analyses and circulating tumour-associated antigens remained within the normal range, as well as other instrumental examinations. AN was always absent.

DISCUSSION

Cohen et al. (3) reviewed 77 patients with tripe palms and found that only 5 were free from malignant diseases, for an average period of 2 years of study. Lung cancer is most frequently detected in patients with only TP, while in those with TP and malignant AN gastric carcinoma and lung cancer are most likely to be found (3).

In contrast, so-called idiopathic TP have been reported in association with different conditions, such as psoriasis (1), bullous pemphigoid and diabetes mellitus (4), eosinophilia and nodular thyroid goiter (3), histologically benign thickening of the head of the pancreas (3) and exfoliative dermatitis (3).

Both idiopathic and paraneoplastic TP are characterized histologically by acanthosis, hyperkeratosis and papillomatosis, which all reflect a hyperproliferative disorder. In the aetiopathogenetic mechanism of TP, a role for the epidermal growth factor (EGF) has been suggested, as in other hyperproliferative skin disorders (5, 6).

In our patient, TP are associated with psoriasis, a hyperproliferative dermatosis with a possibly multifactorial aetiopathogenesis. Also in this dermatosis, an involvement of EGF has been suggested, which might interact with its receptors in the basal layer of the palmar epidermis, probably leading to the occurrence of TP (7). In this view, TP might be considered as an epiphenomenon of hyperproliferative processes. In any case, the detection of TP in a patient must be followed by an accurate screening for malignant diseases, in particular those involving stomach and lungs, and by a follow-up period of adequate length.

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M. Siragusa¹, D. Batolo² and C. Schepis¹

¹Unit of Dermatology, Oasi Institute for Research on Mental Retardation and Brain Aging (IRCCS), Via Conte Ruggero 73, 1–94018, Italy, and ²Department of Human Pathology, University of Messina, Messina, Italy