

Images in...

Severe psoriatic acroosteolysis in the absence of psoriatic arthropathy

R Sakthiswary,¹ AS Naicker,² O Htwe,² MS Mohd Shahrir,¹ SS Sazliana¹¹Department of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia;²Department of Orthopaedics, National University of Malaysia, Kuala Lumpur, Malaysia**Correspondence to** Dr Sakthiswary Rajalingham, sakthis5@hotmail.com**DESCRIPTION**

The patient was a 74-year-old gentleman with underlying palmoplantar psoriasis (figure 1). He was electively admitted for left below knee amputation for cutaneous squamous cell carcinoma at his left heel with locoregional spread. He was incidentally found to have symmetrical shortening of his fingers. On further questioning, we discovered that this



Figure 1 Erythematous, desquamating skin lesion on the palmar surface of the right hand due to psoriasis.



Figure 2 Shortening of fingers of the left hand with loss of nails in most of the digits.

had occurred over a period of 5 years. He had no joint pain, symptoms of Raynaud phenomenon or traumatic hand injury. On examination, there was symmetrical shortening of the distal phalanges with loss of nails in most of the digits (figure 2). Connective tissue screening was negative for antinuclear antibodies, rheumatoid factor and anti topoisomerase I. Radiograph of the hands showed terminal resorption of the distal phalanges that is, acroosteolysis. There were no erosions of the articular surfaces (figure 3). The radiographs of his feet were normal. Acroosteolysis is a recognised radiological finding in psoriatic arthropathy; which may precede psoriasis by years.¹ The other well-established aetiologies of acroosteolysis are scleroderma, frostbite and hyperparathyroidism. This case highlights the occurrence of psoriatic acroosteolysis in the absence of psoriatic arthropathy. To the best of our knowledge, this is the second reported case of its kind.² In 1959, Buckley *et al* reported a case of psoriasis with progressive osteolysis following trauma. This was thought to be linked to Koebner phenomenon which is known to occur following physical stimuli.³ This case differs from that as there were no identifiable triggers. Till today, the pathogenesis involved in the osteolytic process remains unknown.

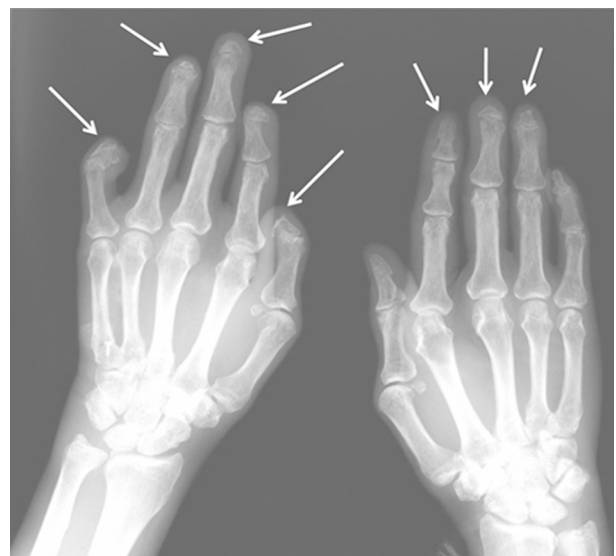


Figure 3 Radiograph of the hands showing terminal resorption of the distal phalanges (acroosteolysis) without any erosion of the articular surfaces.

Competing interests None.

Patient consent Obtained.

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