Acquired pachydermatoglyphia: the cutaneous manifestation of pulmonary tumours

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DESCRIPTION
A 74-year-old man with active smoking habits presented to the emergency department with a 2-month history of weight loss (20% of previous body mass), dyspnoea and night sweats. Physical examination showed clinical signs of respiratory distress, significant cachexia and thickened velvety palms with pronounced folds (figure 1). The laboratory results revealed leucocytosis of 15700 cells/µl, thrombocytosis of 547,000/µl and elevated C reactive protein of 6.65 mg/dL. A posteroanterior chest radiograph showed a right pleural effusion and consolidation suggestive of pneumonia.

The patient was given antibiotics and submitted to pleural effusion drainage for symptomatic relief. A skin biopsy of the palms was obtained and the histopathological examination identified signs of hyperkeratosis, acanthosis and papillomatosis consistent with acquired pachydermatoglyphia (figure 2).

After clinical improvement, a thoracic CT scan revealed a large mass in the inferior right lung lobe, multiple pretracheal and precarinal lymphadenopathies and multiple bilateral pulmonary nodular lesions suggestive of stage IV lung cancer. The patient was admitted to a palliative care unit and he died 6 months later.

Paraneoplastic dermatoses are a group of cutaneous manifestations that occur concurrently with some malignancies. They follow a similar course as the tumour and share a genetic basis with them. They are sometimes the first sign of malignancy.1

Acquired pachydermatoglyphia (also known as tripe palms) is a proliferative paraneoplastic dermatosis2 that is highly associated with lung and gastric cancer.3 In some series, it was identified prior to the tumour in up to 40% of the patients.

Acknowledgements Rui Bajanca for providing the histopathological images.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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