**Observations from information in the IPCRR**

Patients with mutations in PC-K6c have the mildest form of PC. However, because we have information on so few patients with PC-K6c, it is not possible to generalize findings.

In 2010, Professor Bowden outlined the challenge that existed regarding whether changes in KRT6C should be classified as Pachyonychia Congenita. "Twenty years have elapsed since keratin mutations were linked to cutaneous genodermatoses, and we now know that they cause 40 different genetic disorders. (Researchers) have identified KRT6C mutations in patients with focal palmoplantar keratoderma (FPPK), but debate concerning overlapping phenotypes between FPPK and pachyonychia congenita (PC) will continue because only one family has nail involvement. Furthermore, screening of control DNA samples identified 3 in 335 individuals (1%) who had a mutation (K6c p.Asn172del), but the phenotype was not ascertained". Mutations in a keratin 6 isomer (K6c) cause a type of focal palmoplantar keratoderma. Journal of Investigative Dermatology 130 (2), pp. 336-338. 10.1038/jid.2009.395.

NOTE: Now that there are additional cases in the International PC Research Registry (IPCRR), mutations in KRT6C have been accepted as PC-K6c. Publications since 2011, by those active in the International PC Consortium (IPCC), consistently include KRT6C mutations as one of the types of PC.