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We hope that making available the relevant information on Pachyonychia Congenita will be a means of furthering research to find effective therapies and a cure for PC.
DYSKERATOSES


Generalized Hyperkeratosis

Burrows, on behalf of O’Donovan, showed a patient at the Royal Society of Medicine with a condition he called ichthyosis with familial tylosis and multiple rodent ulcers. He was a man, aged 50, who had always had a rough thick skin, and up to the age of 21 had had bullae at frequent intervals on the body and arms. The whole of his skin, except that of the face, was rough, dry, and superficially thickened; that of the palms and soles was very greatly thickened, smooth, and horny. There was much thickening of the skin at the flexures, where there were lines of hyperkeratosis, and scattered over the body and limbs there were numerous wart-like keratoses and scaly thickened red areas resembling Paget’s eczema, a few of which had ulcerated. The ring and little fingers of the left hand had been removed because of squamous and horny carcinoma which had developed in an ulcer arising from a wart on the back of the hand, and an ulcer of the abdomen also originating from a wart in a wratly area showed four separate basal-celled carcinomata.

His only two children, girls aged 18 and 16 years respectively, had a similar thickening of the skin, which spared the face and was greatest at the flexures and on the palms and soles. They had never had bullae and had no scattered keratoses, but were below the age at which keratoses first appeared in their father.

The patient’s grandparents, parents, uncles, aunts, brothers, and sisters were all normal.

The condition is different from ordinary ichthyosis and from tylosis, and does not agree with any of the better known forms of hyperkeratosis.


Erythema Palmare Hereditarium

Under this name Lane describes a condition in which the palmar skin is bright red and sharply demarcated from that of the surrounding parts. No hyperhidrosis or keratosis is present, and there are no symptoms. The skin of the soles is unaffected. No biopsy was performed, but it is thought that the capillaries were unusually numerous or much dilated. The redness was first noticed in early childhood and was probably congenital. In one sibship a male and female had the erythema and the remaining child, a female, was normal. In a second family the father, one son, and one daughter had it, and eight other