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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.
Pachyonychia Congenita

A Case Report

LENORD S. MORWITZ, D.S.C.*

A boy, aged 11, was referred with the complaint of painful callosities on his hands and feet. The mother gave the history of her son’s hands and feet forming painful blisters and callus throughout the year but aggravated by warm moist weather. He has had this condition since birth. She has been to several physicians and clinics with no results. This problem had been treated with griseofulvin and Vi-Dom-A® pills, 50,000 units, t.i.d. There were little or no results from this treatment. On further questioning, it was ascertained that the boy had a normal gestation period and delivery. There is no history of allergies, diabetes or other known significant conditions on either side of the family.

Examination revealed a seemingly healthy boy of 11 years, active and alert to his surroundings. His eyes were bloodshot and his teeth malformed. His fingers are long, and the nails are heaped and discolored. There seemed to be perionychia on several digits. His feet showed keratotic and bullous formation with heaped and yellowish keratotic skin under the second and third metatarsal heads, tibial aspect of the hallux and medial aspect of the heels bilaterally. When the tylomata were debrided, the underlying tissue was blanched and of a cheesy consistency.

Consultation with a pediatrician was secured regarding the patient’s total health, especially if there might be a vitamin A malabsorption or seborrheic and/or psoriatic dermatitis. At this point, the mother gave us a letter from a prominent dermatologist. His opinion was this was most likely a case of pachyonychia congenita. Pachyonychia congenita is a rare congenital anomaly found usually in the male, always characterized by dystrophic changes of the nails with or without palmar and plantar hyperkeratosis. Anomalies of the hair, leukoplakia, follicular keratosis of the knees and bullous eruptions at places of pressure are also found.

There is no known treatment for this problem. I have tried Aquasol A® cream and Molo® balancers with fair to poor results. Periodic podiatry care is necessary.

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Bibliography


* Park View Hospital, Denver, Colo.
® Dome Laboratories.
® U. S. V. Pharmaceutical Corp.
® Modern Loratex Products, Inc.