



Pachyonychia Congenita Project

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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.

Lupus Erythematosus. Presented by DR. FRANCIS W. LYNCH, St. Paul.

L. W. has previously been presented on numerous occasions (unpublished). He is now shown after treatment with a high fat diet (carbohydrates 80 Gm., proteins 75 Gm. and fat 150 Gm.). The cholesterol level in the blood has remained constant at about 240 mg. per hundred cubic centimeters after twelve days on the diet. There is improvement in the eruption.

DISCUSSION

DR. F. W. LYNCH, St. Paul: This patient undoubtedly shows improvement after hospitalization and institution of a diet high in fat, though it is not possible to state that the diet is the cause of the improvement. This treatment is being tried because of an experience with another patient who had suffered from lupus erythematosus constantly for fourteen years. In September 1940 he returned to my office with hundreds of xanthomatous papules, a loss of 40 pounds (18 Kg.) in weight and other symptoms of diabetes mellitus; the lupus erythematosus had nearly disappeared. After a proper diabetic regimen, the patient regained 10 pounds (4.5 Kg.); the serum cholesterol returned to normal, and the xanthomas disappeared. The lupus erythematosus returned to the extent present before the onset of his diabetes. It is because of these observations that I have recently treated lupus erythematosus by diet. In the patient presented tonight the intravenous administration of dextrose will be tried later.

Ariboflavinosis (Avitaminosis). Presented by DR. H. E. MICHELSON, Minneapolis.

Mrs. A. V., a white woman aged 40, noted sore tongue and mouth four months ago. An eruption also appeared on the central part of the face about the same time. For about five months she has had a poor appetite and weakness for unknown reasons. For breakfast she usually had a piece of toast, an egg and a cup of coffee. She ate no lunch, and her dinner was usually composed of a small portion of vegetable, a slice of bread, fruit sauce and a glass of buttermilk.

After one week's treatment with riboflavin (1 mg. four times a day), the tongue and mouth are no longer sore; the facial eruption has almost disappeared, and the appetite has increased enormously.

DISCUSSION

DR. CARL W. LAYMON, Minneapolis: This patient was referred to the dermatologic clinic from the medical clinic, where she had been receiving treatment with a gold compound for arthritis. She had lost considerable weight and had no appetite. When I first saw her she had a sore red tongue and a seborrheic-like eruption on the central part of the face. It is interesting to note that in Ceylon similar lesions have been observed in patients whose diets were rich in riboflavin. This fact led observers to believe that in certain foods there are chemicals which inhibit the activities of riboflavin or prevent its utilization.

DR. H. E. MICHELSON, Minneapolis: One must realize that various drugs influence the utilization of vitamins. The gold compound injected may have played such a role in this case.

Pachyonychia Congenita (Jadassohn). Presented by DR. H. E. MICHELSON, Minneapolis.

P. K., a 2 year old white girl, was first seen in the dermatologic outpatient department in March 1941. At that time the patient's mother stated that the finger nails and toe nails had been deformed since birth and that lesions had been present on the knees and elbows for three months. Blisters developed on the

child's feet when she started walking, but these have largely disappeared. There was no family history of disease of the nails or skin.

All the nails of the fingers and toes are thickened, dry, brittle and brown. On the knees and elbows are multiple, tiny, follicular, hyperkeratotic papules. The tongue and the cheeks are covered with white leukoplakic patches. The hair appears normal.

DISCUSSION

DR. C. W. LAYMON, Minneapolis: There are three types of this disease: one in which there are nail changes along with follicular hyperkeratotic papules; a second type in which there are leukoplakic plaques in the mouth in addition to the other features, and a third type in which there is involvement of the conjunctiva. It would be interesting to try large doses of vitamin A in this case. I felt that the bullae on the feet were due to pressure, since they appeared after the child had worn a new pair of shoes.

Necrobiosis Lipoidica Diabeticorum. Presented by DR. H. E. MICHELSON, Minneapolis.

Mrs. A. G., aged 59, white, was told two years ago that she might have diabetes. She came to the University Hospitals April 29, 1941, at which time her fasting blood sugar was 211 mg. per hundred cubic centimeters. She first noted lesions on the legs three years ago. Lesions over both tibial surfaces came directly following bruises. Since then the lesions have increased gradually in size and number.

The lesions are located on the anterior surfaces of the legs below the knees. All are similar except for size. The smooth surface, the orange-yellow centers and the atrophy coincide with the diagnosis of necrobiosis lipoidica diabeticorum.

DISCUSSION

DR. C. W. LAYMON, Minneapolis: One interesting feature of this case is that the patient had received injections for varicose veins; the physician stated the belief that the eruption represented stasis dermatitis. Dr. Sweitzer and I have noted the same thing in cases of acrodermatitis chronica atrophicans. In neither condition should such a procedure be undertaken.