



Pachyonychia Congenita Project

15 March 2005

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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.

Dermatitis Factitia. Actinomycosis? Presented by DR. THOMAS N. GRAHAM.

Pachyonychia Congenita (Keratosi Palmaris et Plantaris. Dystrophia Unguium and Leukoplakia Oris). Presented by DR. FRED WISE.

S. H., a woman aged 40, and L. H., her son aged 16, were previously presented before the Manhattan Dermatologic Society on January 14 by Dr. Fred Wise.

Both patients show hard, thick, painful, hyperkeratotic, lemon-colored growths on the soles, heels and toes. The toe nails and finger nails are elongated, curved, discolored and dyskeratotic. There are leukoplakic patches on the buccal mucosa



Fig. 4.—Dermatitis factitia in a woman of 38.

and also on the tongue in the mother, who in addition presents dry, scaly, diffuse, seborrheic patches on the scalp. Her basal metabolic rate was —20 per cent in February, and the son's was —14 per cent.

DISCUSSION

DR. FRED WISE: This is the second case of the kind to be described in this country. Cole and his collaborators described a case fully in the ARCHIVES, and this case is almost an exact replica of theirs. The problem is one of therapy. Both patients are practically crippled. One lesion on the mother's knee was excised and a full thickness graft applied, and the growth recurred promptly in the area of the graft. Dr. Peck suggested administration of large doses of vitamin A, and this is being given, but too little time has passed to expect results. I am pessimistic about any treatment whatever, except possibly an orthopedic procedure to permit the patient to walk with some degree of comfort.

Fig. 5.



Fig.

PHILOLOGY

THOMAS N. GRAHAM.

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R. FRED WISE.

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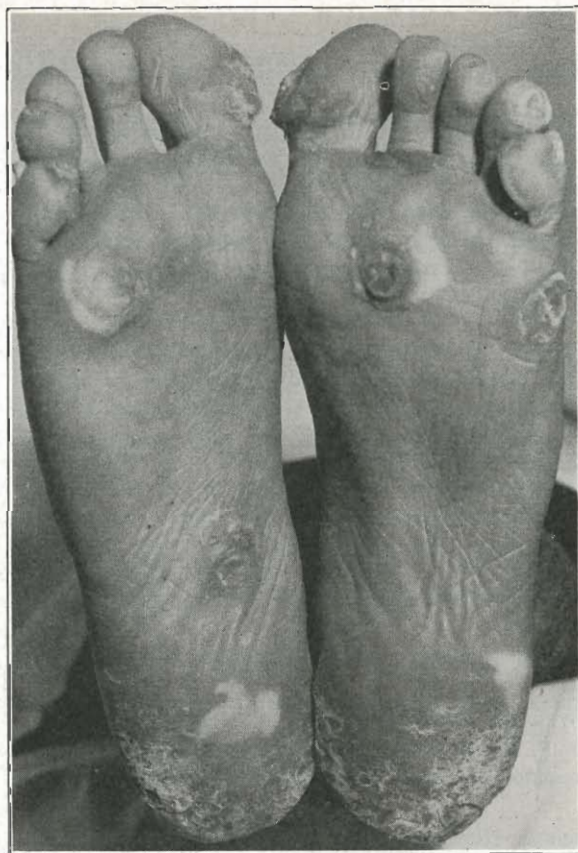


Fig. 5.—Hyperkeratotic growths of pachyonychia congenita in a boy aged 16.

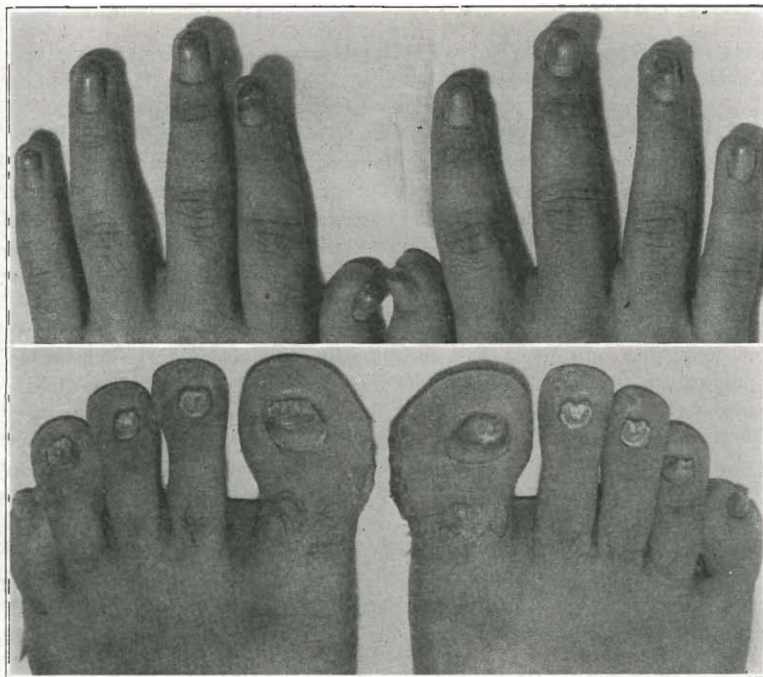


Fig. 6.—Dystrophic toe nails and finger nails in same boy as in figure 5.

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