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Case Report

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GREITHER'S DISEASE

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ABSTRACT

Palmoplantar keratodermas (PPK) have been classified clinically into diffuse, focal and punctate types. They are further subdivided according to the presence of associated extracutaneous features. They are characterized by hyperkeratosis of the palms and soles. Here, we discussed a case of diffuse palmoplantar keratoderma with progressive extension of the keratoderma to the dorsa of the hands and feet.

KEYWORDS: Palmoplantar keratoderma, hyperkeratosis.

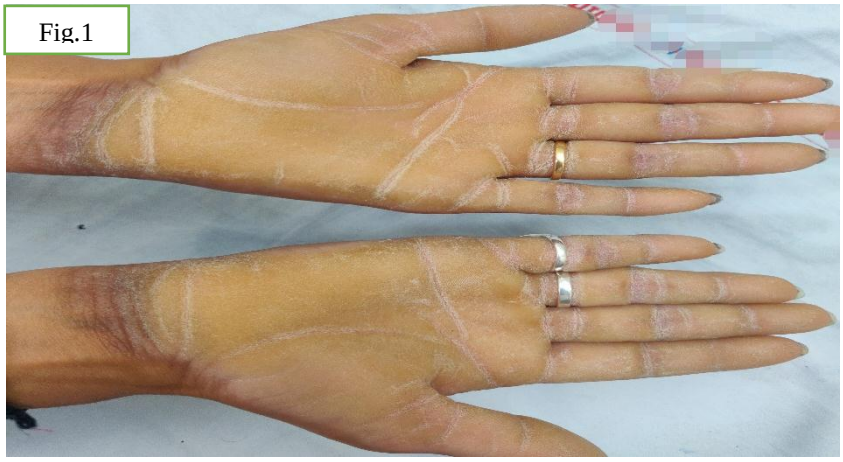
INTRODUCTION

Transgrediens et progrediens palmoplantar keratoderma, also known as Greither's syndrome, is a type of hereditary palmoplantar keratoderma and is characterized by diffuse keratoderma of the palms and soles, extending to the back aspects (transgrediens) and involving the skin over the Achilles' tendon[1]. Mutations in a broad range of different genes have been associated with many types of hereditary PPK. PPK are often associated with mutations in the genes for keratin intermediate filament proteins.[2]

CASE

A 15-year-old girl presented to the OPD with the complaint of thickening of the palms and soles since the age of 7 years. Initially, thickening was noted in the centre of the soles, and gradually progressed to the periphery and palms. She was born of a non-consanguineous marriage. There was a history of her father suffering from a similar complaint. On examination, diffuse yellowish palmoplantar keratoderma over the palms and soles, extending along the Achilles tendon and the dorsum of feet [Figure 1-4]. A clinical diagnosis of Greither's disease was made.

Fig.1



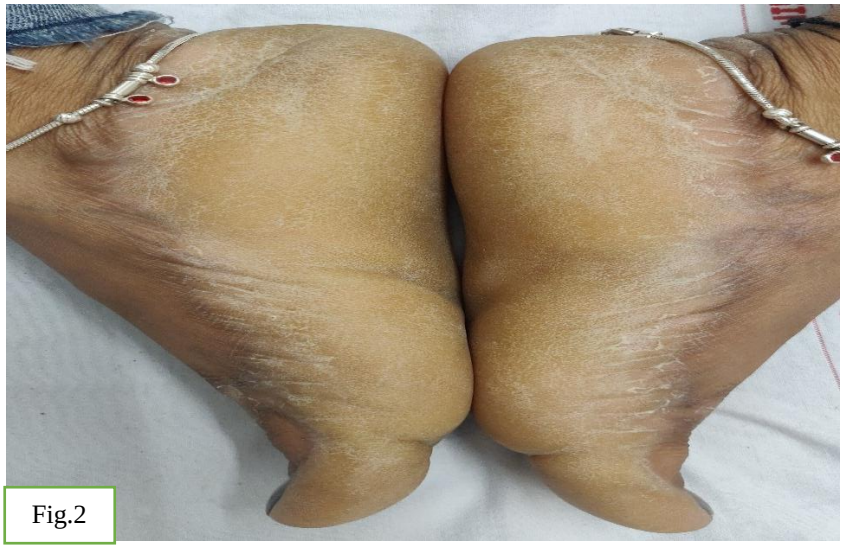


Fig.2

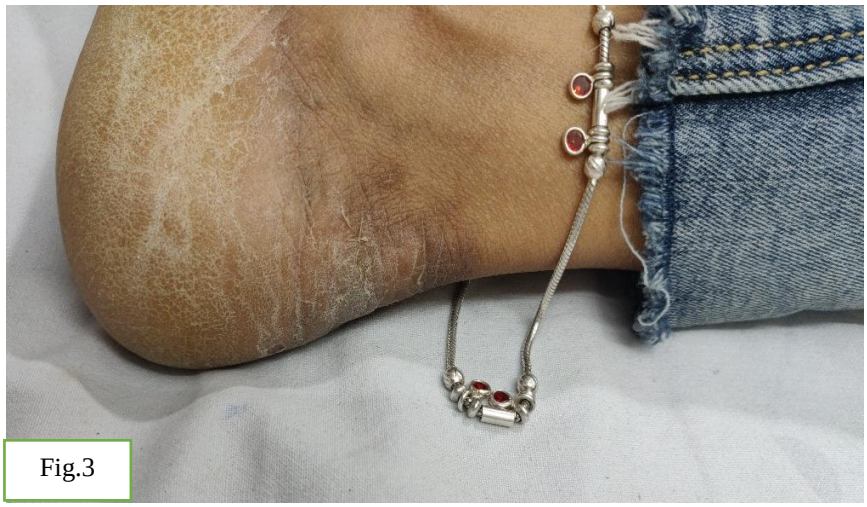


Fig.3

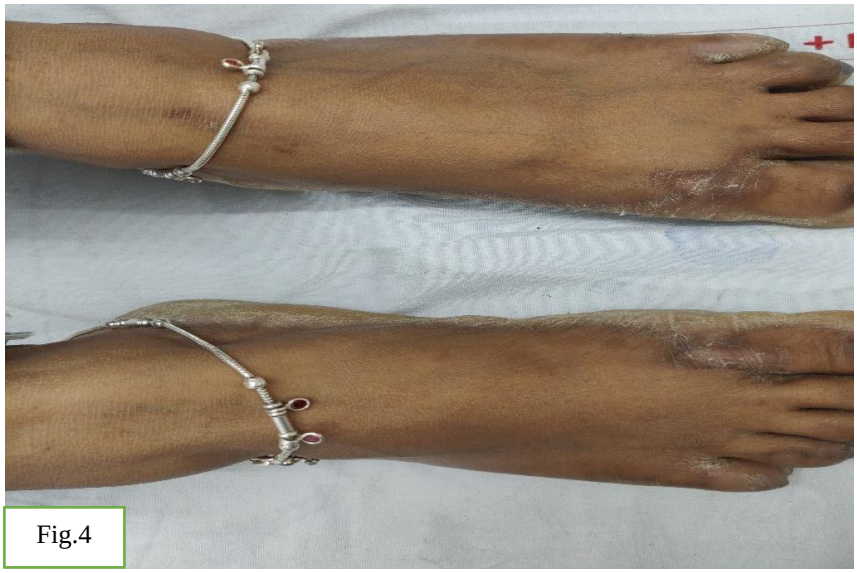


Fig.4

Figure 1-4: Diffuse yellowish palmoplantar keratoderma over the palms and soles, extending along the Achilles tendon and the dorsum of feet.

DISCUSSION

Hereditary palmoplantar keratodermas (PPK) are a heterogeneous group of diseases characterized by hyperkeratosis of the palms and soles.[3] Greither' disease is characterized by diffuse PPK with an erythematous border. The lesions tend to extend to the dorsum of the

hands and feet, and hyperkeratotic plaques are present on the elbows and knees. Hyperhidrosis can also be there. Some consider it as a distinct entity, while others consider it as a variant of the Unna-Thost type of PPK.[4] It differs from the Unna-Thost variety by showing extension to the extensor surface of the hands, knees and elbows and by showing a tendency to improve in the fifth decade.[5] Molecular genetic analysis with identification of the responsible gene may help in diagnosis of this type of keratoderma.

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