



Transient papulotranslucent acrokeratoderma: a case report

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Introduction: In 1996 English and McCollough¹ described two sisters with an unusual acquired condition characterize by burning and edema affecting the palms after brief immersion in water. They coined the term transient reactive papulotranslucent acrokeratoderma to describe their two patients. No successful treatment modalities were described. We here describe a fourteen years old female child presenting with similar clinical findings.

Case report: a fourteen years old female presented with history of eruption of whitish papules over palms on exposure to water for 4-5 minutes, associated with minimal discomfort, which used to resolve in 10-15 minutes after drying. Soles were not involved. Mucocutaneous examination revealed no abnormality in other cutaneous structures including hairs and nails. Systemic examination was within normal limits. Personal history included mild palmar hyperhidrosis. There was no history atopy or any systemic disease. Before immersion into water no abnormal findings were seen. The child was asked to immerse hands in water at room temperature for five minutes. After exposure there was eruption of multiple whitish papules over palmer surface discrete to coalescent at places. The child complained of mild discomfort during flexion of hands.

A punch biopsy was performed which revealed hyperkeratosis and acanthosis in epidermis. Dermis showed no abnormality. The diagnosis of TRPA was made on the basis of clinical history, examination and histology. Patient was given urea and lactic acid cream with alluminium hyproxide.



Figure showing multiple whitish papules over palmar surface of right hand five minutes after immersion in water in contrast to normal looking left hand, which was kept dry.

Discussion: Transient aquagenic palmar hyperwrinkling is a rare palmoplantar keratoderma predominant in adolescent and young adult women (age at onset: 9–33 years).² Clinically, TAPH is characterized by translucent white papules generally involving the palmar surfaces after exposure to water. Only in one of the reported patients was foot involvement documented as papular thickening with whitish discoloration of the soles occurring after immersion in water.³

In our patient only palms were involved with history of hyperhidrosis which has previously been associated with this condition.^{3,4,5}

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest:

There are no conflicts of interest.

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