A CASE OF KERATODERMIA PUNCTATA

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Keratoderma punctata is a very rare disease. The following case is a good example of it and fulfils the criteria for diagnosis postulated by Sweitzer (1923), who stated that "the true keratoderma punctatum should not show a generalized hyperkeratosis or any erythema at the edges of the lesions." Cleveland White (1930) had a similar case treated by chiropody for twelve years without improvement. My patient had been treated by a chiropodist for two months without success.

Case Report

A gunner aged 32 was admitted to a general hospital in B.L.A. with a provisional diagnosis of "? multiple verrucae of hands." After examination and investigation keratoderma punctata was diagnosed. The patient had had no previous

illnesses or skin disease, and had always been healthy. He was a farmer in civil life and had had four years' service as an infantryman before joining the artillery. The family history was completely negative.

Three months before admission he noticed small hard "lumps" developing in the creases of his palms and on the inner borders of his feet. There was slight pain on walking and on pressure, and the lesions were described by the patient as "plugs which remained for about a week, then dropped out, and new plugs developed." There was no history of his having taken arsenic or any other drug. He was of good physique, and nothing abnormal was discovered in

any of the systems. The urine was normal; the Kahn test negative. The general skin condition was normal.

Hands.—Multiple small crateriform pits, some empty and some filled with greyish-black horny plugs, were found, entirely limited to the creases of the palms. Generalized hyperkeratosis was not present. Each lesion was surrounded by normal skin and there was no erythema. On the left hand the majority of the lesions were situated in the two distal creases. There were fewer lesions on the right hand, and a number of grouped puncta were situated at the inner end of the distal crease. This group was removed for a biopsy and the report stated: "Hyperkeratosis only. No inflammatory changes present."

FIG. 1.—Photograph showing crateriform pits, some of which are filled with horny plugs.

FIG. 2.—Enlarged photograph of actual lesions.

Feet.—A few grouped lesions were found on the inner borders of the soles of the feet. The skin apart from these lesions was normal. There was no hyperkeratosis, clavus, or other abnormality.

FIG. 3.—Photomicrograph of one of the lesions, showing hyperkeratosis only.

The patient was treated with a keratolytic application—ung. acid. salicyl., 15%, applied thrice daily—with some improvement. He was returned to duty as there was little or no disability.

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VITAMIN K FOR THE RELIEF OF CHILBLAINS

BY

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Chilblains consist of a reaction to cold in susceptible persons. The predisposing factors in such people are assumed to be defective peripheral circulation, with increased permeability of the vessel walls and diminished coagulability of the blood. Such is the description given by MacKenna (1937). It would seem logical, therefore, to treat such a condition with a substance which will correct these abnormalities. In vitamin K we have such a substance, for in avitaminosis K the same abnormalities are present and are corrected by the administration of the vitamin.

Stewart and Rourke (1939) showed that hypoprothrombinaemia results from lack of vitamin K and that the prothrombin level in such cases could be restored to normal by the vitamin. Scarborough and Macfarlane (1942) pointed out that hypoprothrombinaemia gave rise to a delayed coagulation time, and concluded that a capillary defect might also be present in that condition. A somewhat similar state of affairs occurs in the allergic manifestation known as urticaria. Black (1945) studied the prothrombin level in a number of cases of chronic urticaria and found it diminished in 65%. He also found that the condition could be relieved by vitamin K therapy, the most marked improvement, in fact, occurring in those cases with lowered prothrombin level.

On these considerations is based the following small series of cases. Unfortunately, it was not possible to estimate