Marginal Papular Acrokeratodermas: Classification

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In the January 1994 issue of Dermatology, Rongioletti et al. [1] described two patients with focal acral hyperkeratosis and suggested a classification of papular acrokeratodermas.

They gathered under the term 'marginal papular acrokeratoderma' several conditions sharing keratotic, usually crateriform, papules along the borders of the hands and feet.

Among the conditions included in the hereditary subtype of marginal papular acrokeratoderma, I found mosaic acral keratosis. None of the patients reported with this condition [2,3] had lesions along the borders of the hands and feet; none of them had a positive family history of acral lesions. It prompted Cordiolani et al. [3] to label mosaic acral keratosis as acquired keratosis. A jigsaw-puzzle pattern of papules (not crateriform) located on the dorsal aspects of the feet, characteristic of mosaic acral keratosis, has not been observed in cases with predominantly marginal distribution of keratotic papules.

Rongioletti et al. [1] included in marginal papular acrokeratodermas also keratoelastoidosis marginalis of the hands [4] and digital papular calcinosis [5]. In contrast to several acral keratodermas defined only in morphological and partly in histological terms and not in more fundamental pathophysiological terms, keratoelastoidosis marginalis and digital papular calcinosis seem to have a defined cause – solar damage.

I agree with Rahbari [6] that 'probably the only connection between acrokeratoelastoidosis and keratoelastoidosis marginalis is the involvement of the hands'.

Is it enough to lump?

References

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