Erythema Palmare Hereditarium (‘Red Palms’, ‘Lane’s Disease’)

Janine Langenauer

Department of Dermatology, University Hospital Basel, Basel, Switzerland

Key Words

Erythema palmare hereditarium · Red palms · Lane’s disease

Abstract

Erythema palmare hereditarium is a very rare, benign alteration of the skin which can be found mostly on the palms and soles. The anomaly is characterized by a distinctive, extensive, sharply demarcated redness. This report presents a patient with erythema palmare hereditarium.

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Case Presentation

A 49-year-old otherwise healthy woman presented to the dermatological polyclinic of the University Hospital of Basel during September 2013 for preventive melanoma check-up, due to multiple incidences of melanoma in second-degree relatives. During dermatological consultation scarring fibrosis on the left upper lip, a xeroderma on both lower legs, hypomelanosis guttata on all of her extremities and a sharply demarcated erythema with telangiectasia on both hypothenar areas of the palms were detected ([fig. 1](#): erythema at both hypothenars, own photograph; [fig. 2](#): close-up view with clearly visible telangiectasia, own photograph).

Anamnesis revealed that the erythema had been present since the patient’s birth. Apart from the erythema she was completely asymptomatic. She did not feel any pain, itching or burning. There was no scaling, inflammation or allergic reaction. Affected by the erythema were only the hypothenar areas of both hands. No alterations of the remaining palms, including the thenars, or the soles of her feet could be discovered. As far as the patient could remember the family anamnesis was inconspicuous. A laboratory examination with a liver function test was done. Due to the results, hepatic pathologies could be excluded. Palmo-

plantar hyperkeratosis or hyperhidrosis were not detected. Therefore the diagnosis of erythema palmare hereditarium was determined.

Discussion

Erythema palmare hereditarium, also known under the names of 'red palms' or 'Lane's disease', was described for the first time by John E. Lane in 1929 [1]. In contrast to the cases which have been published up to now, there is no further affected relative in our patient's family, concluding that the mutation has to be spontaneous. The literature argues in favor of an irregular dominant inheritance, as proposed by Wolff and Rupec [2] as well as Kluger and Guillot [3].

It was possible to eliminate the differential diagnoses of hepatic pathologies, palmoplantar hyperkeratosis as well as hyperhidrosis. Further differential diagnoses would have been chronic polyarthritis, collagenosis and endocrine functional pathologies [3], none of them being identified for the patient given. With the exception of an operated cervical stenosis, the patient does not have any physical complaints and hence can be compared to one of Lane's patients [1]. The diagnosis of erythema palmare symptomaticum was excluded, despite 30 pack-years of nicotine abuse, because the erythema has been persisting unchanged since the woman's birth, independent of external factors like physical activity [4]. Since it is a benign and asymptomatic skin alteration with dilatation of blood vessels in the subcutis without any signs of inflammation, there is no indication for any therapy [5].

Only a few cases of erythema palmare hereditarium have been published up to now. A literature research in German as well as English resulted in the following papers: Sarma and Wang [6], Rupec et al. [5], Kluger and Guillot [3], Lane [1] and Braun-Falco et al. [4].

The aim of this article is on the one hand to increase the concentration of published articles about inherited palmar erythema by presenting this case description. On the other hand, it should be pointed out that a redness of the palms does not necessarily have its reasons in a pathological cause, but can also be the expression of erythema palmare hereditarium.

References

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Fig. 1. Erythema at both hypothenars, own photograph.

Fig. 2. Close-up view with clearly visible telangiectasia, own photograph.