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Circumscribed palmar hypokeratosis successfully treated with cryotherapy

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To the Editor:

Circumscribed palmar hypokeratosis (CPH) is a rare epidermal malformation characterized by a localized reduction of the stratum corneum [1]. It typically presents as an isolated, well-circumscribed, atrophic, annular erythematous plaque with a slightly raised scaly border on the palmar surface, most commonly on the thenar or hypothenar eminence [2].

A 74-year-old woman presented in our clinic with a slightly pruritic erythematous scaly lesion on the left palm. The lesion was present for more than 5 years and was stable during this period. Her medical history was unremarkable and previous application of topical products, local trauma, or infection, could not be recalled.

Physical examination revealed a 1×1cm, well-demarcated, non-tender, depressed, erythematous plaque on the thenar region of her left palm, with a slightly raised scaly border (**Figure 1**). The rest of the examination was unremarkable. Clinical findings were consistent with the diagnosis of CPH and she was treated with cryotherapy. A 3-month follow-up revealed no recurrence (**Figure 2**).

Circumscribed palmar hypokeratosis is an acquired disorder, more frequently affecting middle-aged-to-elderly women [3]. Fewer than 100 cases have been reported in the literature [2]. This condition is usually asymptomatic and persists for several years without morphological or size changes. Malignant transformation has been documented very rarely.

The most characteristic histopathological finding is an abrupt thinning of the stratum corneum, with well-defined borders [3]. Cornoid lamella, parakeratosis, or atypical keratinocytes are usually



Figure 1. Well-demarcated, 1×1cm, depressed, erythematous lesion on the thenar region of the left palm, with a slightly raised scaly border.



Figure 2. Resolution after treatment with cryotherapy.

absent and the underlying dermis has a normal appearance [3,4].

There is no specific treatment for CPH [5]. Several strategies have been reported, with varying degrees of success, including cryotherapy. This is a safe, accessible, and affordable therapeutic option, which was effective in our case. Circumscribed palmar hypokeratosis can be a challenging disease given its

rarity, unknown etiology, confounding clinical features, and uncertain therapeutic response. It should be considered in the differential diagnosis of isolated persistent palmar lesions.

Potential conflicts of interest

The authors declare no conflicts of interest.

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