Acquired Palmoplantar Keratoderma in Poorly Differentiated Lung Adenocarcinoma

I Duo Wang¹ and Chih-Hao Shen²

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A 63-year-old man, who was a non-smoker, was admitted to our hospital due to a persistent cough for one month. He also complained of multiple dark, dry and scaly lesions over his right sole for the previous 7 months. A physical examination of the right sole showed several hyperkeratotic lesions, measuring 2.5 cm by 5 cm in the greatest dimension, with irregular color and border (Picture 1), suggestive of acquired palmoplantar keratoderma (APK). A pulmonary computed tomography scan demonstrated a lobulated mass involving the right upper lobe (Picture 2). Pathology of a biopsy revealed poorly differentiated adenocarcinoma of the lung. The patient received docetaxel and cisplatin but expired one month later due to rapid progression of the disease. APK is characterized by abnormal thickening of the skin on palms and soles and associated with various medical conditions, such as infections, internal cancers, and other non-cancerous diseases (1). It often precedes the diagnosis of malignancy and associates with a poor prognosis (2). Tumor screening is therefore strongly recommended for this specific skin lesion.

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**References**