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Palmoplantar Eruption Associated with Etretinate Therapy

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Five psoriatic patients developed papular lesions of palms and soles, shortly after beginning treatment with etretinate. Histological examination in two cases was insignificant. The lesions disappeared without tapering the dose of etretinate. The fact that lesions appeared and subsided within a short period may explain why this unusual adverse reaction of etretinate therapy has not been reported previously. *Key words: Psoriasis; Papules; Pustules.* (Received June 3, 1985.)

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The clinical side effects from systemic use of oral retinoids are recognized and well documented in the literature. One of the common side effects is desquamation of palms and soles. We hereby report an unusual adverse reaction, observed in five psoriatic patients under treatment with etretinate as sole medication, which manifested itself as papular and pustular lesions of palms and soles. These were 5 of 32 patients receiving etretinate over the last two years.

PATIENTS

The patients were hospitalized for treatment with etretinate. The data regarding sex, age and duration of psoriasis are listed in Table I. All the patients were treated with an initial dose of 1 mg/kg weight/day. In all of them the palms and soles were uninvolved prior to treatment. Several days after starting treatment with etretinate they developed skin lesions over palms and soles without itching (see Table I). The lesions were red discrete papules 3 to 4 mm in diameter, with small scales at their top. In patients 1 and 2 there were also minute pustules. Bacterial and fungal smears and cultures from

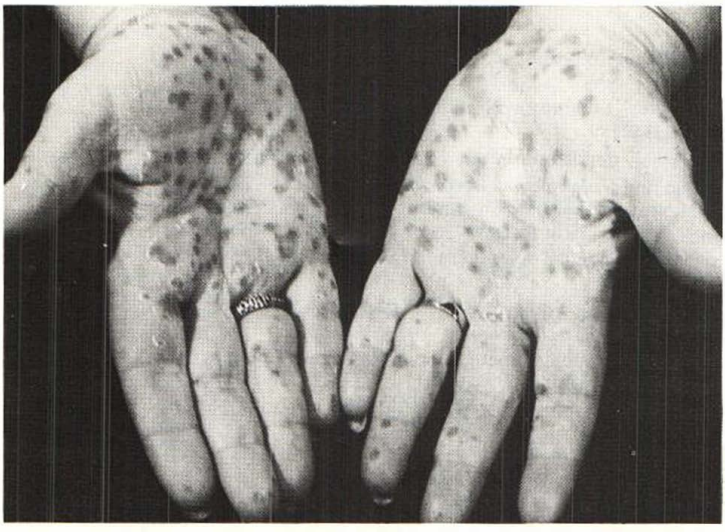

Fig. 1. Red papules and small plaques over palms. Part of the lesions show collarette desquamation.

the pustules were negative. In patient 1 the lesions changed into small erythematous plaques 1–2 cm in diameter with collarette scaling (Fig. 1). In patients 4 and 5 a punch biopsy was taken from a new papule. The histological picture did not reveal any abnormal finding apart from mild dilation of capillaries in the dermis. The lesions disappeared completely in all the patients within 5 to 35 days, by leaving sites of collarette desquamation. During that time the dose of etretinate was not tapered and no topical treatment was used apart from white petroleum ointment.

DISCUSSION

The most common side effect of retinoid treatment on uninvolved skin is desquamation of palms and soles which takes place, according to Mahrle, in 83 % of the patients (1). Only in few cases it may necessitate discontinuation of therapy (2). Facial dermatitis was reported in 62 % of patients treated with isoretinoin and in 42 % of patients receiving etretinate (2). Thinning of the skin was described by Viglioglia (3). Retinoid dermatitis characterized by follicular papules and vesicles in the upper parts of the body, has also been described (4). A few patients developed eczema of the trunk which was even psoriasiform occasionally (5). All of these side effects proved reversible in all cases and disappeared after reduction of the dose or discontinuation of the therapy.

The skin lesions presented by our patients show some common features: 1) they appeared within a short period after the commencement of treatment (5–9 days) at a dose

Table I. *Patients presenting palmoplantar lesions*

Patient no.	Sex	Age	Duration of psoriasis	Type of palmo-plantar lesions	Time of appearance	Duration of lesions
1	F	45	9 (years)	Papules & pustules	9 (days)	35 (days)
2	F	74	24	Papules & pustules	7	14
3	M	78	20	Papules	8	5
4	M	25	13	Papules	7	12
5	M	20	15	Papules	5	7

of 1 mg/kg; 2) the morphological nature was similar and consisted of red papules and pustules (in 2 patients) turning later into a psoriasiform appearance; 3) the lesions faded gradually and disappeared almost completely in 5 to 14 days—only in patient 1 did it last for more than one month; 4) the lesions healed spontaneously without reducing the dose of etretinate, leaving a peculiar form of desquamation.

It seems that this unfamiliar adverse reaction is not dose-dependent, since it disappeared while patients were still taking the initial dose. The mechanism of its appearance is obscure. The pustules were sterile and the biopsy, performed in two patients, did not reveal any abnormal changes. Unfortunately, we could not perform additional biopsies because consent of the patients was not obtained. The rate of appearance of this response according to our experience is about 15.6%; therefore, it is remarkable that we could not find any similar reports in the literature. These skin lesions are asymptomatic, appearing shortly after initiation of treatment and subsiding within several days, they may have been overlooked by both clinician and patient. Since we hospitalized patients at the start of the treatment, we had the opportunity of observing this phenomenon.

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