Tripe Palms: A Rare Cutaneous Paraneoplastic Disorder

Tripe Palms: Uma Síndrome Paraneoplásica Cutânea Rara

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Palavras-chave: Acantose Nigricans; Ceratodermia Palmar e Plantar; Doenças de Pele; Síndromes Paraneoplásicas

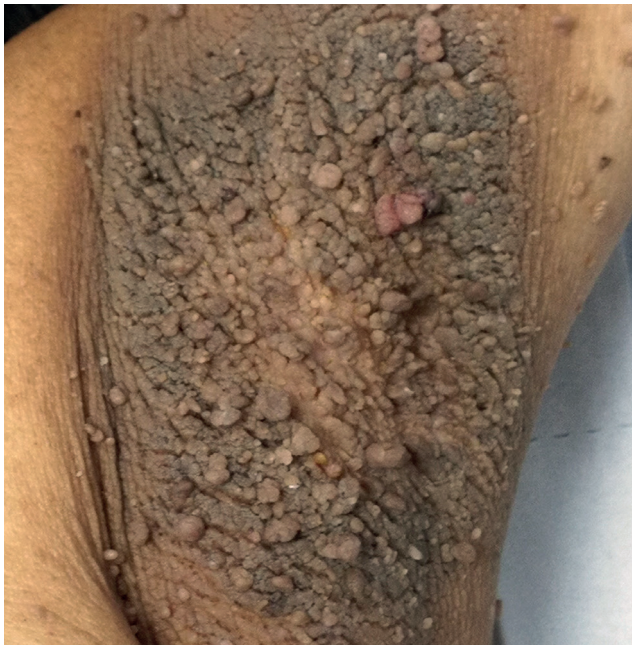

Figure 1 – Diffuse hyperpigmentation and velvety texture with papillomatosis in the left axilla

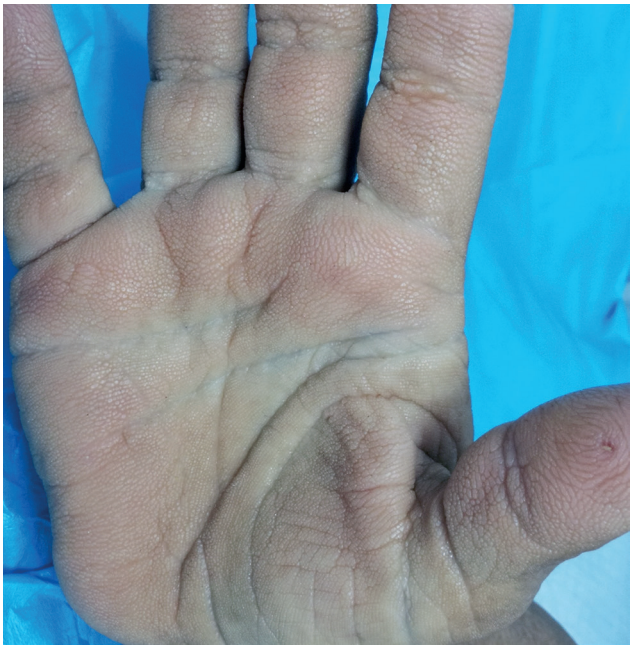

Figure 2 – Enhanced ridges and velvety hyperkeratosis involving the palmar surface of the right hand

A 67-year-old woman with a 6-year history of invasive breast carcinoma with bilateral axillary lymph node metastasis presented with a diffuse hyperpigmentation and pediculated brown papules with a velvety texture in the armpit flexures (Fig. 1) and enhanced ridges and velvety hyperkeratosis involving the palms (Fig. 2). The tongue and oral mucosa had similar findings. The cutaneous lesions had an abrupt onset by the time of the diagnosis. She underwent unilateral mastectomy, radiotherapy and chemotherapy. Currently, the disease is in remission with trastuzumab and hormone therapy and a total body scan found no lesions. The diagnosis of malignant acanthosis nigricans (MAN) and tripe palms (TP) was made.

The term triple palms was coined in the literature by Clarke in 1977.[1] TP is characterized by diffuse, yellowish palmar hyperkeratosis, associated with hypertrophic dermatoglyphics, resembling intestinal villosities.[2] Cohen *et al* found that 90% of cases were associated with an internal malignancye and 77% with MAN.[3] In the presence of MAN, gastric cancer is the most frequent underlying malignancy. Without the presence of MAN, lung cancer is the most frequent underlying malignancy.[3] Breast cancer is the underlying malignancy in 4% of the cases.[3] This paraneoplastic dermatosis may be found prior to or at the time of diagnosis of the primary malignancy, or rarely, further ahead in time.[1,2] The diagnosis of these entities is clinical and its recognition demands a full diagnostic work-up.[4]

PROTECTION OF HUMANS AND ANIMALS: The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association published in 2013. | **DATA CONFIDENTIALITY:** The authors declare having followed the protocols in use at their working center regarding patients' data publication. | **INFORMED CONSENT:** Obtained. | **CONFLICTS OF INTEREST:** All authors report no conflict of interest. | **FUNDING SOURCES:** The authors declare that there were no external sources of study for the performance of this article.

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