LETTER TO THE EDITOR

Disseminated Superficial "Actinic" Porokeratosis

Kariniemi et al. (1) recently described a patient with disseminated superficial "Actinic" (*sic!*) porokeratosis (DSAP) with many lesions on both exposed and covered areas of skin. Patients with multiple minimal lesions of porokeratosis first observed at various ages have been recognized since 1893 (2, 3, 4) and the lesions have not been limited to sun-exposed skin nor exacerbated by sun exposure. Perhaps the patient of Kariniemi et al. is of this type.

Patients with DSAP have lesions limited to sun-exposed areas (with rarely an occasional lesion on covered areas) and one-half of them have exacerbation during summer sunshine exposure, thus pointing out that, at least in this subset of patients with porokeratosis, actinic irradiation has a stimulating effect on the phenotypic penetration of this autosomal dominant genodermatosis (5). Kariniemi et al.'s histologic finding of atrophy and solar elastosis on the arm of an 81-year-old patient does not necessarily support a diagnosis of DSAP. DSAP has been shown to appear with equal frequency in men and women (6).

References

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Received May 14, 1980

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June 8, 1980

I agree with dr Chernosky that the disease of our patient (1) is not a typical case of disseminated superficial actinic porokeratosis (DSAP). Most of the lesions are on the unexposed area of the skin and they are not exacerbated during the summer. Therefore we have used the quotation marks around the word actinic. However, the lesions had exacerbation during the PUVA treatment.

Both patients with disseminated superficial porokeratosis found in the literature (2, 3) were children. The lesions had appeared in the first years of the life and showed spontaneous regression in one patient (3). We could not classify our patient to this group, either.

We suppose that the cumulative effect of actinic irradiation may play a role in the development of the disease of our very old patient. If not so the disease can not be classified to any known type of porokeratosis. Interestingly, an oral aromatic retinoid (RO 10-9359) controlled the skin symptoms and the pruritus of our patient (4).

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