

this case is identical with four cases described by Herlitz in 1935 (5). Herlitz also noted that the feet and, in two cases, the toes underlying the skin defects were abnormally small and the feet turned upward in a remarkable way. In our case the right fifth toe, devoid of epithelium, was rudimentary at birth and the right foot was turned upwards 20 degrees at the ankle joint. The skin defect extended further up the leg in our case, and subsequently it seems there was hypoplasia of the foot, lower leg and thigh. This was verified by X-ray examination, demonstrating the absence of the right nucleus of Béclard and proximally decreasing hypoplasia of the osseous structures. As in Herlitz's description the syndrome seems to be inherited autosomal recessively, but mutation cannot be excluded. The syndrome shows some variability in disease manifestation, but the disease spectrum does not seem wide enough as to include the transitory tendency of blistering displayed by the father's cousin in our case report (3, 5, 6, 7).

Current classification of epidermolysis bullosa separates the scarring from the non-scarring forms. In 1966 Bart et al. (2) recognized a new non-scarring form. Bart's syndrome was found in a large kinship with 25 affected members. A similar family from the Faroe Islands was reported by Joensen (4) in 1973, and furthermore two single cases have been reported (1, 10). Bart's syndrome has many clinical characteristics in common with the syndrome here described and histopathological findings are identical. Four patients in Bart's kinship even showed similar malformations of the feet affected with congenital skin defects. Bart's syndrome differs from Herlitz's syndrome by the clearly dominant mode of inheritance, the greater variability in disease expression and by the far more favourable prognosis. However, when isolated cases occur, differentiation between the two syndromes at birth may be impossible and the diagnosis must depend upon the course.

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Pustulosis Palmaris et Plantaris: The Value of Routine Radiographic Examinations in the Detection of an Infectious Focus

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Abstract. A three-year clinical material of 163 patients with pustulosis palmaris et plantaris is presented. The study was designed to assess the value of routine radiographic examinations of teeth, nasal sinuses and chest in the detection of an asymptomatic infectious focus. 66 patients underwent 151 examinations. Infectious lesions were found in the lungs in 0 of 53 examinations, inflammation in the nasal sinuses in 3 of 52 examinations (6%), and abscesses at the teeth roots in 8 of 46 examinations (17%). The 3 patients with sinusitis had symptoms leading to the diagnosis. The root abscesses were all asymptomatic. Elimination of the infectious foci did not affect the course of the disease. The high incidence of asymptomatic tooth root abscesses is discussed. From studies on clinically healthy persons, similar results have been reported. It is concluded that routine radiographic examinations are of little or no value, possibly with the exception of the dental examination.

Key words: Pustulosis palmaris et plantaris; A three-year clinical material; Focal infection; Routine radiographic examination

Putulosis palmaris et plantaris (PPP) is a chronic pustulous disease of uncertain etiology, affecting

Table 1. *Radiographic examination for focal infection in 66 patients*

	No. of examinations	No. of focal infections
Teeth	46	8 (17%)
Nasal sinuses	52	3 (6%)
Chest	53	0 -
	151	11 (7%)

the palms and soles. In 1935 Andrews (1) demonstrated a correlation to focal infections often in tonsils and teeth. Since then the importance of focal infection as an etiological factor has been discussed, and the search for a focus and its elimination has been emphasized (7, 10).

The aim of the present paper was to study the value of routine radiographic examinations of teeth, nasal sinuses and chest in the detection of an infectious focus and to follow the course of PPP in cases where a focus was treated. Some clinical and epidemiological observations are also reported.

MATERIALS AND METHODS

In the years 1976-78 a total of 163 patients with PPP were treated in the department. The diagnosis was based on the clinical picture, and in some cases histological examinations were made. Patients with psoriatic lesions on other parts of the body were not included.

Irrespective of the symptoms of focal infections, radiographic examinations of teeth, nasal sinuses and chest were usually performed. When a focal infection was diagnosed, a specific treatment was instituted. All treated patients received topical treatment during the observation period.

RESULTS

120 of the 163 patients were females (74%) and 43 were males (26%), giving a female/male ratio=3:1. At the time of investigation the mean age was 52 years (17-81 years). 55% were between 31 and 60 years old. The mean duration of PPP was 5 years (1-40 years). The maximum distribution of lesions was: palms and soles, 81 patients (50%); palms only, 30 patients (18%); soles only, 52 patients (32%).

66 patients underwent 151 radiographic examinations for focal infection.

The results are listed in Table 1. Focal infections were found in 11 examinations (7%) in 11 patients.

All had symptoms pointing to the infectious site, except for the patients where the focus was in the teeth. 140 examinations (93%) were normal or revealed only insignificant abnormalities.

X-ray examination of teeth (panoramic radiographs)

Root abscesses (periapical bone destruction) were found in 7 patients and a root granuloma in 1 patient. Extraction of the affected teeth was carried out in 3 patients. PPP remained active in the observation period (6-10 months).

X-ray examination of the nasal sinuses

Purulent sinusitis maxillaris verified by puncture was found in 3 patients, who were treated with antibiotics. PPP remained active in the observation period (6-8 months).

X-ray examination of the chest

Focal infections were not found.

DISCUSSION

Pustulosis palmaris et plantaris is a disease of the middle-aged with a predominance of females and located to both palms and soles in most patients (2, 5). These earlier observations agree closely with those of the present study.

The susceptibility to infectious diseases seems to be increased in patients with PPP (2). Routine examinations would therefore be of value, if asymptomatic infections were demonstrated.

In the present investigation focal infections were not found from examination of the chest. The 3 patients with sinusitis, demonstrated by examination of the nasal sinuses, had symptoms leading to the diagnosis. A high incidence of asymptomatic infections was demonstrated in the teeth, where periapical foci were found in 8 examinations (17%). This predominance of infectious foci around the teeth has been reported earlier in patients with PPP (5). However, from radiographic examinations of clinically healthy persons the incidence of asymptomatic periapical destruction was 18.6-56.2% (3, 6, 8). These investigations are not fully comparable to the present study, but it seems reasonable to assume that patients with PPP do not differ significantly from normal subjects in this respect.

Further routine examinations consisting of 71 urine analyses and 21 tests for yersinia antibody only resulted in the detection of one positive urine cultivation, in a patient with a well-known chronic pyelonephritis.

Removal of the infectious foci did not change the

activity of PPP. This is in accordance with most investigators (4, 5).

To minimize the risk of ionizing radiation and for economic reasons, unnecessary radiographic examinations should be avoided. It is our opinion that routine radiographic examinations in patients with PPP are of little value, possibly with the exception of examination of the teeth. The high percentages of asymptomatic root abscesses in patients with PPP as well as in clinically healthy subjects seem to be a mainly odontologic problem.

Most investigators suggest that regular radiographic examinations of the teeth in adult persons should be carried out by the public health service (3, 9).

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Chequered Localized Pseudoxanthoma Elasticum: A Variety of Christensen's Exogenous Pseudoxanthoma Elasticum?

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Abstract. We report a very curious case of a condition which has never been described before. Its features are comparable but not quite identical with those of Christensen's saltpetre-induced PXE which the author considers to be an exogenous variety of pseudoxanthoma elasticum. Since our case appeared spontaneously without any accidental episode we prefer to designate it under the name 'localized PXE'. The chequered appearance of the lesions seems to be the characteristic feature of the disease.

Key word: Pseudoxanthoma elasticum

We report a case which paradoxically cannot be distinguished clinically and histopathologically from pseudoxanthoma elasticum (P.X.E.) but which, nevertheless, is distinct from classical P.X.E. This case could be a variant of the features recently described by Christensen (1) concerning saltpetre-induced P.X.E.

CASE REPORT

The patient, a 40-year-old charwoman, was initially seen for evaluation of a lichen planus. The eruption of lichen planus was located on the wrists and the arms. When examining the patient we were surprised to discover lesions in the right cubital fold which were quite P.X.E.-like. According to the patient no particular cause was connected with the onset of the skin lesions. They had appeared about 10 years previously and had remained stable since then, showing no tendency to disappear spontaneously.

They consisted of isolated yellow-white plaques measuring 3.5–5 cm². The plaques were not surrounded by a thread-like margin and showed a quite particular reticulate and chequered pattern (Figs. 1 and 2).

There was no actinic elastosis of the face and neck, no P.X.E.-like lesions in the flexural folds, no angioid streaks, no cardiovascular abnormalities, no cutaneous extensibility, nor any family history of P.X.E. The lesion did not cause any symptoms. The appearance was quite similar to P.X.E. or flat xanthoma plaques, except that the yellowish coalescing papules were curiously distributed and formed a reticulate and chequered pattern.

A biopsy specimen of a yellow papule examined under optic light was consistent with P.X.E. and showed the