Association between keloids and Dupuytren’s disease: case report

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SUMMARY. We report the case of a 60-year-old man who presented with multiple keloids of the trunk and bilateral Dupuytren’s contractures.

Case report
A 60-year-old Caucasian Spanish man presented with an elevated, well-defined, 10 x 4 cm keloid of the presternal region (Fig. 1). The lesion had developed 10 years before, after an insect bite to the area. The initial puncture scar grew for several months before reaching its present size, and then remained constant in size. It was originally hypersensitive but over time became less symptomatic. The keloid scar was treated with intralesional triamcinolone and cryotherapy, but did not improve with treatment.

Over the year before he presented to our hospital, five more keloids appeared, four on the thoracic wall (Fig. 1) and one on the anterior abdominal wall (Fig. 2). These lesions were all similar 1 x 1 cm, pink to red, itching and tender plaques. There was no history of trauma or inflammatory skin lesion.

Physical examination of the hands revealed bilateral Dupuytren’s contractures, with nodular thickening of the palms and flexion contractures of the ring and little fingers (Fig. 2).

The patient’s only son, age 30 years, also has Dupuytren’s disease, with bilateral palmar nodules and flexion contractures of the little fingers, but has no keloids.

Discussion
Keloids occur in all races, with a preponderance of the condition in Africans or those of African descent. By contrast, Dupuytren’s disease is rare in Africans. Calnan noted the similarities and dissimilarities between the two conditions. Keloid and Dupuytren’s disease are both conditions with fibrous tissue overgrowth, but Dupuytren’s disease occurs on the hands and feet while keloids of the palms of the hands and the soles of the feet are very rare.

In general, keloids and Dupuytren’s disease are considered to be distinct conditions. Although it is stated that Dupuytren’s disease (palmar fibromatosis) is associated in about 5% of patients with other fibrosing conditions such as knuckle pads, Peyronie’s disease, plantar fibromatosis and keloid scarring in the so-called “polyfibromatosis syndrome”, we have been unable to find any other case reports in the literature of the simultaneous presentation of keloids and Dupuytren’s disease.

We do not know whether or not this simultaneous presentation is just a coincidence. It is certainly rare and so we present this short report.
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References


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