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## Palmar fasciectomy and keloid formation

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**SUMMARY.** A 53-year-old Caucasian with keloid formation on the palmar surface of the hand following Dupuytren's contracture release is presented. Only two other cases of keloid formation on the hand have been found in English literature, both on black patients. This is the first known case with association of Dupuytren's disease to be reported. Surgical excision of the keloid with intraoperative injection of triamcinolone of the wound edges resulted in clinical cure. © 1999 The British Association of Plastic Surgeons

**Keywords:** keloid, Dupuytren's contracture, palmar fasciectomy.

Keloid formation on the palms of the hands is virtually unknown whilst Dupuytren's disease is particularly common in Caucasians. We present a case of a 53-year-old white male with bilateral Dupuytren's disease who developed a keloid on the palm of his right hand following palmar fasciectomy.

### Case report

A non-smoking, 53-year-old Caucasian male with unremarkable past medical history developed scar contracture on his right hand following excision of recurrent Dupuytren's disease. The scar extended from the proximal palmar crease to the middle phalanx of his little finger crossing both metacarpophalangeal and proximal interphalangeal joints. The contracture was corrected by excision of the scar and closure of the defect with a full thickness graft. He was given a night splint and discharged home. Two months postoperatively a hypertrophic scar was apparent within the grafted area and, despite a pressure glove, this

subsequently progressed to form a keloid (Fig. 1). Ten months after surgery he underwent excision of the keloid with intraoperative injection of triamcinolone to the wound edges. A year postoperatively the wound remains well healed with full range of movements of his hand.

### Discussion

Regional variation in susceptibility to keloid formation is well recognised and keloid on the palm of the hand is very rare.<sup>1</sup>

Extensive literature search revealed one previous case in a 38-year-old black female who originally underwent excision of supernumerary digits on the ulnar aspects of both fifth digits and subsequently developed keloids on the palm and volar aspects of the fifth digit of the left hand in conjunction with a large keloid on her left breast.<sup>2</sup> A second case reports keloid formation in the web space between the middle and



**Figure 1**—Palmar aspect of right hand showing the keloid within the Wolfe graft.

the ring fingers of a 10-month-old black child 4 months after release of a simple syndactyly and full thickness skin graft coverage.<sup>3</sup>

The relationship between keloid and Dupuytren's disease is unclear. Although Dupuytren's disease is reported to be associated in about 5% of patients with other fibrosing conditions such as Peyronie's disease, plantar fibromatosis and keloid formation in the so-called 'polyfibrosis syndrome'<sup>4</sup> we were able to find only one report in the literature of simultaneous presentation of keloids and Dupuytren's disease.<sup>5</sup> The

keloids were in the presternal area and not the result of surgery for Dupuytren's disease.

We report the first case of keloid formation in the palm of the hand of a Caucasian and the second documented in the English literature. In our patient, surgical excision of the keloid with intraoperative injection of triamcinolone of the wound edges has given successful healing with no further scarring a year after surgery. The association with the Dupuytren's disease is interesting but may be a coincidence as both conditions have an unknown aetiology and commonly recur.

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## Plastic surgery and pseudoxanthoma elasticum

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**SUMMARY.** Pseudoxanthoma elasticum is a cause of abnormal skin laxity. A case of lower face and neck skin laxity is presented with its treatment by cutaneous rhytidectomy. © 1999 The British Association of Plastic Surgeons

**Keywords:** Pseudoxanthoma elasticum, facelift.

Pseudoxanthoma elasticum (PXE) is a rare heterogeneous genetically determined disorder affecting elastin.<sup>1</sup> Clinical manifestations are those of cutaneous, ocular and cardiovascular abnormalities which become apparent in the 2nd and 3rd decades. A few cases of the condition with surgical implications have been reported in the literature.<sup>3,8</sup> The purpose of this report is to highlight the importance of recognition of this condition as the diagnosis relies on clinical recognition and histopathological confirmation. We report

an unusual case of PXE and the result of aesthetic surgical correction of excess skin laxity.

#### Case report

A 32-year-old female, who had a history of atopic eczema, was referred to us by a dermatologist for surgical opinion and further management. She was found to have localised, redundant, thickened skin affecting the neck (Fig. 1), axillae