

Images in clinical medicine



A rare image of zinc-responsive acral hyperkeratosis

Abhishek Patil, Osourabh Deshmukh

Corresponding author: Abhishek Patil, Department of Kayachikitsa, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod (H), Wardha, Datta Meghe Institute of Higher Education and Research, Maharashtra, India. abhi.neuro@gmail.com

Received: 26 Oct 2024 - Accepted: 06 Dec 2024 - Published: 15 Jan 2025

Keywords: Hepatitis C infection, necrolytic acral erythema, zinc

Copyright: Abhishek Patil et al. Pan African Medical Journal (ISSN: 1937-8688). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cite this article: Abhishek Patil et al. A rare image of zinc-responsive acral hyperkeratosis. Pan African Medical Journal. 2025;50(27). 10.11604/pamj.2025.50.27.45731

Available online at: https://www.panafrican-med-journal.com//content/article/50/27/full

A rare image of zinc-responsive acral hyperkeratosis

Abhishek Patil^{1,&}, Sourabh Deshmukh¹

¹Department of Kayachikitsa, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod (H), Wardha, Datta Meghe Institute of Higher Education and Research, Maharashtra, India

[®]Corresponding author

Abhishek Patil, Department of Kayachikitsa, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod (H), Wardha, Datta Meghe Institute of Higher Education and Research, Maharashtra, India

Image in medicine

Acral hyperkeratosis that responds to zinc usually manifests as symmetrically distributed, long-lasting, well-defined hyperpigmented plaques over the acral areas of the body. It is a condition that causes thickening of the skin on the hands and feet. Zinc deficiency can be a cause of acral hyperkeratosis. A 50-year-old man came in with a six-month-old, slightly itchy, scaly, raised lesion over both feet which were darkly coloured and somewhat irritating. A cutaneous examination of the dorsum of the feet revealed bilaterally symmetrical, well-demarcated hyperpigmented plaques. The patient was treated using oral zinc with 200mg of zinc sulfate twice daily and 10%

Article 3



urea-containing emollient for local application. He got significant relief from raised lesions and

hyperpigmented plaques.



Figure 1: feet with raised lesions and hyperpigmented plaques