Archivos de Bronconeumología 61 (2025) 640–641

Sociedad Española de Neumología y Cirugía Torácica SEPAR

ARCHIVOS DE Bronconeumología

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Clinical Image

Acquired Pachydermatoglyphia: A Rare Sign Not to be Missed

Diogo de Sousa [a,*], Carina Rôlo Silvestre [b], Miguel Alpalhão [a,c,d,e]

[a] Dermatology Department, ULSSM Hospital de Santa Maria, Lisbon, Portugal
[b] Pneumology Department, ULSO Torres Vedras, Torres Vedras, Portugal
[c] Dermatology University Clinic, Faculty of Medicine, University of Lisbon, Lisbon, Portugal
[d] Dermatology Research Unit, Instituto de Medicina Molecular, University of Lisbon, Lisbon, Portugal
[e] Dermatology Center, Hospital CUF Descobertas, Lisbon, Portugal

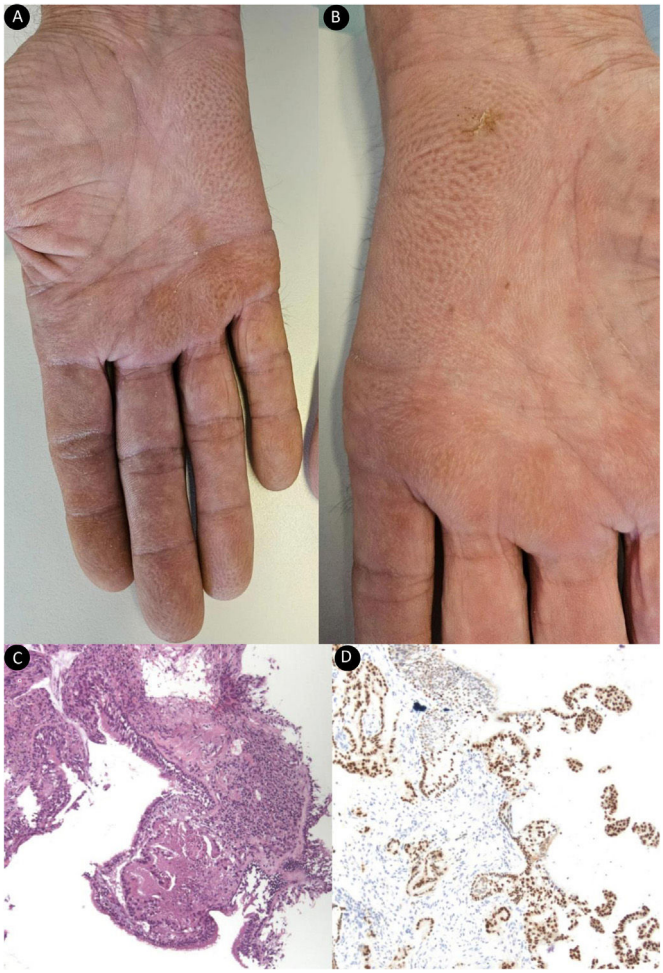

Fig. 1. (A) Thickened velvety palms with pronounced folds. (B) Patient's palms in detail. (C) Lung parenchyma biopsy with adenocarcinoma (HE×10). (D) TTF1 stain (×10).

* Corresponding author.
E-mail address: 27949@ulssm.min-saude.pt (D. de Sousa).

https://doi.org/10.1016/j.arbres.2025.05.011
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A 58-year-old man with smoking habits and a 100-pack-year smoking history, presented with a six-month history of weight loss, asthenia and night sweats. Physical examination revealed respiratory distress, cachexia, supraclavicular adenopathies and thickened velvety palms with pronounced folds (Fig. 1). A thoracoabdominopelvic computed tomography scan revealed extensive parenchymal consolidation on the right inferior lung lobe. Biopsy was compatible with acinar adenocarcinoma of the lung. Acquired pachydermatoglyphia, also known as Tripe palms, is marked by thickened, velvety palmar ridges resembling intestinal villi.[1] In most cases this condition is associated with the presence of a solid tumor, most commonly in the gastrointestinal tract (30%) or lung (20%).[2] This paraneoplastic syndrome may manifest independently, most frequently in association with pulmonary carcinoma, or concurrently with malignant acanthosis nigricans, in which case gastric carcinoma is the malignancy most commonly implicated.[3,4] Epidermal growth factor (EGF), likely secreted autocrinely by tumor cells, is thought to contribute to the pathogenesis of tripe palms by promoting epidermal hyperproliferation, a hypothesis supported by elevated plasma levels and clinical improvement following tumor treatment.[5] Early recognition of tripe palms is essential, as this paraneoplastic dermatosis may precede or coincide with cancer diagnosis, enabling earlier detection and improved outcomes.

Author Contribution

All authors contributed equally for the manuscript.

Consent Statement

Written informed consent was obtained from the patient for the publication of this case report and accompanying images.

Artificial Intelligence Involvement

The authors declare that no artificial intelligence software was used in the preparation of this manuscript.

Funding

This work received no funding or third-party support.

Conflict of Interest

The authors declare no conflicts of interest.

Acknowledgments

We would like to acknowledge Dr. Cecília Alves and Dr. Teresa Falcão.

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