

Association of acrodermatitis continua of Hallopeau and fissured tongue

Akrodermatitis Kontinua Hallopeau ile fissüre dil birlikteliği

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Dear editor,

A 32-year-old male patient was admitted to our dermatology and venereal diseases clinic with complaints of periungual erythema and pustular lesions on the fingers. (Fig. 1). The patient had been followed for 20 years with the diagnosis of acrodermatitis continua of Hallopeau. Fissured tongue (FT) was detected in the oral examination of the patient. (Fig. 2). The patient was previously treated with tetracycline 200 mg/d for three months, colchicine 1.5 g/d for six months, dapsone 100 mg/d for one year, methotrexate 15 mg/w for one year, acitretin 35 mg/d for two years, and cyclosporine 200 mg/d for six months, and these treatments were partially effective. The patient was started on adalimumab 40 mg/2 weeks sc. treatment. At the 6th month of adalimumab treatment, the skin lesions healed almost completely, but no change was observed in FT. Written consent was taken from the patient.

FT consists of a deep cleft along the long axis of the

tongue on the dorsum of the tongue and usually in the middle of the tongue, and irregular smaller clefts right next to it.¹ FT affects 2-5% of the general population and increases with age, but its incidence has been reported to be up to 30% in some populations.¹⁻³ Jahanbani et al., reported a three-fold higher incidence of FT in smokers compared to non-smokers.⁴ FT appears to be the most common oral lesion in psoriatic patients. The reported prevalence of FT ranges from 6% to 47.5%.⁵ Costa et al.⁶ showed the presence of FT in 34.3% of 166 patients with psoriasis and geographic tongue (GT) in 18% of patients. Perez et al.⁷ reported FT in 47% and GT in 12.5% of 80 psoriatic patients. Pourchot et al., reported tongue involvement in 7.7%, 4.2% as GT, 2.8% as FT and 0.64% as both, of 313 children with psoriasis. No correlation was found between tongue involvement and clinical features of the children.⁸ Picciani et al., stated that FT is associated with late-onset psoriasis, but not with psoriasis severity.⁹ D'Erme et al., reported a 60-year-

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Fig. 1. Periungual erythema and pustular lesions on the fingers

old man with psoriasis who presented with FT at the beginning of the treatment and whose skin and oral lesions improved 5 months after he was treated with infliximab.¹⁰ Similarly, Tonini et al., reported a 16-year-old girl with psoriasis who was treated with ustekinumab and achieved mucocutaneous improvement after 16 weeks of treatment.¹¹ In our patient, at the 6th month of adalimumab treatment, the skin lesions healed almost completely, but there was no change in FT. We think that FT seems refractory to

systemic therapy in psoriasis patients.

Clinicians should not skip the oral mucosal examination in patients with psoriasis and should be aware of the association of acrodermatitis continua of Hallopeau and fissured tongue.

Informed consent: The author certifies that he has obtained all appropriate consent forms from the patient.

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Fig. 2. Fissured tongue

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