

Clinical Report 3

Erythema-palmare in Children

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Case: Female infant of 2 years old

Chief complaint: Rash on the Palms (erythema palmares)

Present illness: Visited our clinic because a rash began to develop on palms five weeks ago, which seemed very itchy, and also because the prescription of *sammotsuogonto*, which was being administered, did not improve the condition.

Past history: Received the treatment of infantile facial dermatitis (4 months old) at our clinic.

Oriental medical finding:

Objective signs: Erythema (with an itchy sensation) was observed on the palms and plantar parts. Redness on the cheeks was also observed. Intense bad breath. Tongue is slightly red with white furs. No abnormalities were found in the pulse count and the abdomen which was soft.

Subjective-symptoms: Tend to be prone to constipation. Frequent urination and tend to eat excessively (especially hot snacks).

Diagnosis: Clinical condition was considered that excessive eating inflamed the qi of stomach causing heat stagnancy in palms, plantar and cheek.

Therapy 1: *byakkaninjinto* (for stomach heat) + *shigyakusan* (for promoting the circulation of qi and blood)

Course 1: To the 7th day since the administration of the medicine, palmar-plantar erythema was progressive and no improvement was made in the bowel movement.

Therapy 2: *byakkaninjinto* + *daisaikoto* (for interior heat)

Course 2: At the consultation on the 10th day, the plantar parts were still reddened with blisters. Red cheeks and palms, however, were relieved and desquamation was observed. Bowel movements became normal. Subsequently, erythema disappeared.

Discussion: Palmar erythema is a reddening of the skin due to capillary dilation. It occurs with infections, allergies, Kawasaki disease, liver diseases (increased levels of blood estrogen), connective tissue diseases (lupus erythematosus, dermatomyositis, rheumatoid arthritis), and chronic lung diseases. There are rare case of inheritance. In infants, erythema is thought to be associated with Epstein-Barr (EB) virus or cold-chill stimulations. However, differentiation must be made whether the disorder is palmar-plantar erythema popular dermatitis (sand rash-like skin irritation), trichophytosis, contact dermatitis, atopic dermatitis, or pompholyx. In the daily medical practice, there are many patients with palmar erythema although they do not have underlying diseases.

Palmar erythema is treated with ointments such as steroids with little effect. Physicians can only provide guidance to the patients “always keep your hands clean, and wash your hands frequently.”

In Kampo medicine, the clinical state is considered as blood stagnation and such medicines as *tokishigyakukagoshuyushokyoto*, *keishibukuryogan*, *tokakujokito*, *tokishakuyakusan* are often used. For targeting the elimination of a warm sensation in the hands and feet, *sammotsuogonto* is often used.

The author considers that in the case of the patient, the circulation of qi and blood in the palms and plantar parts (from which there is a greater flow of blood, but a less flow of blood returns) to capillary vessels in the distal portions of four extremities become stagnant, causing heat stagnancy. For heat stagnancy in the capillary vessels, *sammotsuogonto* is usually effective. However, for palmar erythema caused by stomach heat (hyperactivity of stomach qi) like in the patient, the combined administration of the following is effective: *byakkokaninjinto*, which has the action of clearing stomach heat, and *shigyakusan* or *daisaikoto*, which contains both white peony root and citrus aurantium (immature bitter orange) to enable the circulation to return the stagnant qi and

blood stasis. (From Dr. Ebe's Classical Formulation Theory)

In the study of other eight cases of infantile palmar erythema (from 1 year old to 2.9 years), it was found that the initiation of excessive eating are mostly linked to the completion of weaning diet, holiday periods, and festivals. Their skin rash starts to develop from the sides of the hands and feet and the reddening spreads to palms and planter parts with the occasional formation of blisters accompanied by an itchy sensation. During the period of deflorescence, the skin may often desquamate.

The clinical conditions of these cases are considered that heat is stagnant at the palms and plantar due to hyperactivity of the stomach qi and overeating, so that naturally examinations reveal no abnormalities and physicians observe that the infants are cheerful and energetic.

Before treatment



After treatment

