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Palmar erythema

Synonym: liver palms

Palmar erythema is a reddening of the skin on the palmar aspect of the hands, usually over the hypothenar eminence. It may also involve the thenar eminence and fingers. It can also be found on the soles of the feet, when it is termed plantar erythema.



Palmar erythema

The condition can be:

- Primary (or physiological).
- Secondary (to various disease states).

It is probably a manifestation of a number of underlying pathophysiological processes, the balance of which varies between different causes. These processes include:

• Increased cardiac output/hyperdynamic circulation.

- Capillary dilatation in the palms, due to local factors or systemic mediators.
- Localised inflammation.
- High circulating oestrogen levels.

Epidemiology

- Around 30% of pregnant women develop palmar erythema^[1].
- 23% of those with liver cirrhosis develop palmar erythema [1].
- Palmar erythema may be found in up to 60% of people with rheumatoid arthritis^[1].

Causes

Primary palmar erythema

- Heredity.
- Pregnancy (due to alterations in skin function and vasculature)^[1]^[2]
- Idiopathic.

Secondary palmar erythema^[1]

- Liver cirrhosis and its many causes including alcohol abuse^[4]. (Palmar erythema develops as a result of abnormal oestradiol levels.)
- Hereditary liver disease such as Wilson's disease and hereditary haemochromatosis .
- Rheumatoid arthritis (associated with a favourable prognosis).
- Systemic lupus erythematosus^[5].
- Thyrotoxicosis^[6].
- Diabetes mellitus .
- Sarcoidosis^[7].
- Gestational syphilis .

- Human T-lymphotropic virus type 1 (HTLV-1)-associated myelopathy.
- Neoplastic disease (as a paraneoplastic disorder), particularly primary or metastatic brain neoplasms . However, also associated with ovarian carcinoma^[8].
- Drug-induced (amiodarone, gemfibrozil, cholestyramine, topiramate and salbutamol have all been implicated).
- Smoking.
- Chronic mercury poisoning.
- Polycythaemia.

Investigations

These will depend on the underlying condition(s) suggested by the overall clinical picture. Idiopathic palmar erythema should be a diagnosis of exclusion.

Management

There is no specific treatment for palmar erythema. If an underlying disease process is found to be the cause, this will dictate management. If a drug is thought to be responsible, this should be discontinued if possible.

Further reading

- Dermnetz; Palmar Erythema
- Jacob HS et al; Case report of an unusual presentation of Staphylococcus aureus induced toxic shock syndrome/hyperimmunoglobulinemia E syndrome. Medicine (Baltimore). 2020;99(15):e19746.

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