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may affect domain–domain interactions. The other mutations were clustered in exons 10, 11, and 12, which encoded the telomerase RNA binding and the pseudouridine synthase domain.[2,5] These mutations caused defects in pseudouridylation and ribosome biogenesis, which led to the consequent phenotype of DC.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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A Case of Eosinophilic Fasciitis Presenting with Palmar Stiffness

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Sir,

Eosinophilic fasciitis (EF) is a rare disease which is characterized by painful, progressive, symmetrical swelling, and induration of the skin.[1] Although EF usually spares the fingers, there are some reports about involvement of the distal extremities.[1] Here is an unusual case of EF with palmar stiffness.

The patient was a 35-year-old man, with sudden onset of skin stiffness arising from the abdomen, which also...
involved the arms, elbows, palms, and neck. Cutaneous lesions also extended to lower extremities from the knees to the ankles bilaterally, within about 1 month. The patient complained of stiffness and difficulty in mobility of the hands, fingers, and elbow joints [Figure 1].

The laboratory investigation revealed white blood cell count of 16.2 ×10^9/L and eosinophil count of 1.458 ×10^9/L (9% of white blood cells).

A full thickness skin biopsy was obtained and showed thickened collagen bundles extending to deep dermis and fascia with numerous eosinophilic infiltration [Figures 2 and 3].

The patient underwent treatment with 60 mg of prednisolone and 15 mg of methotrexate weekly. After 2 weeks, the symptoms were relieved, and the patient was discharged with oral medication.

In contrast to the previous reports, our patient had palmar stiffness without any evidence in favor of systemic sclerosis, such as sclerodactyly, Raynaud’s phenomenon, and nail fold telangiectasia.

Based on our search, there was a report of three cases with EF by Suzuki et al. with hand involvement and decrease of range of joint movement along with palmar nonpitting edema, as was observed in our patient.\(^{[1]}\) The author believed that these symptoms are related to forearm fasciitis, and the compression effect on the venous return caused finger edema and are not related to true sclerotic changes.\(^{[1]}\)

There were other reports of cases with EF which involved all the digits and caused flexion contracture of the finger joints.\(^{[2-4]}\)

In conclusion, this is a case of EF with atypical symptoms presenting with palmar stiffness, in addition to classic symptoms of upper and lower extremities joint stiffness.

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**Conflicts of interest**
There are no conflicts of interest.

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