

Recurrent Hand Skin Infections Revealing Poems Syndrome

Mohamed El Amraoui^{1*}, Jawad El azhari¹, Meryem Khalidi¹, Tarik Hanafi¹, Youssef Zemmez¹, Rachid Frikh¹, Naoufal Hjira¹

¹Department of Dermatology, Mohammed V Military Instruction Hospital, Mohammed V University, Rabat, Morocco

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*Corresponding author: Mohamed El Amraoui

Department of Dermatology, Mohammed V Military Instruction Hospital, Mohammed V University, Rabat, Morocco

Abstract

Case Report

POEMS syndrome is a rare and severe systemic disorder characterized by polyneuropathy (P), organomegaly (O), polyendocrinopathy (E), monoclonal gammopathy (M), and skin manifestations (S). Herein, we report a clinical case of this syndrome initially presenting with recurrent cutaneous infections of the hands.

Keywords: POEMS syndrome, recurrent skin infections, paraneoplastic syndrome.

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INTRODUCTION

POEMS syndrome is a rare multisystem paraneoplastic disorder associated with monoclonal plasma cell dyscrasia. Cutaneous signs occur in approximately 65% to 90% of patients and often serve as valuable diagnostic clues, including hyperpigmentation, acrocyanosis/acrosyndromes, hypertrichosis, nail changes (onychopathies), sclerodermoid features, and vascular anomalies [1,2].

CASE REPORT

A 42-year-old male, with no significant past medical history, was referred to our dermatology department by his general practitioner for recurrent skin infections of the hands. Clinical examination revealed: erythema on the dorsal aspect of the hands, a "mechanic's hands" sign (on the palmar aspect), skin atrophy, a soft and lax ("doughy") texture of the skin on the hands and forearms, a lateral incision scar on the right forearm indicating a history of phlegmon, conjunctival icterus (subicterus), and bilateral parotidomegaly, along with facial flushing (erythrosis) associated with fatigue (asthenia), and no muscle weakness (negative squat test / negative sit-to-stand test). Laboratory investigations showed: fasting blood glucose of 2 g/dL, cholestasis with liver enzymes at twice the upper limit of normal, mixed hyperlipidemia, hypothyroidism, low morning cortisol level (at 8:00 AM), normal creatine kinase (CK) levels, and normal hand radiographs. The patient was referred to an internal medicine specialist, whose workup revealed: hepatomegaly, a goiter, bilateral parotidomegaly, lower extremity paresthesias, and

hypogammaglobulinemia. The diagnosis of POEMS syndrome was established, and symptomatic treatment was initiated. The clinical course was favorable, with a 6-year follow-up.

DISCUSSION

Although rare, POEMS syndrome is a serious and frequently challenging condition to diagnose. It occurs more frequently in men aged 40 to 50 years, particularly in Japan. Vascular endothelial growth factor (VEGF) plays a central role, being produced in excess by abnormal clonal plasma cells. It induces increased vascular permeability, leading to capillary leak syndrome, edema, effusions, and cutaneous manifestations. Diagnosis relies on the presence of the five characteristic features of the syndrome: polyneuropathy, organomegaly, polyendocrinopathy, monoclonal gammopathy, and skin abnormalities. Some authors require the presence of two major criteria (neuropathy and monoclonal gammopathy) and at least one minor criterion among the following: osteosclerotic bone lesions, Castleman disease, organomegaly, extravascular volume overload (peripheral edema, pleural effusion, ascites), endocrinopathy (adrenal, pituitary, parathyroid, thyroid, or diabetes mellitus), and skin manifestations (hyperpigmentation, hypertrichosis, angiomas, white nails). The clinical presentation is polymorphic, but neurological involvement remains a constant feature. Treatment is primarily symptomatic, although disease-modifying therapies—such as thalidomide, melphalan-dexamethasone regimens, chemotherapy, radiotherapy, and anti-VEGF inhibitors—may be considered. The prognosis can be

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fatal, depending on the organs involved and the promptness of medical management [1-4].

CONCLUSION

POEMS syndrome, although rare, should be suspected in the presence of suggestive manifestations, such as recurrent skin infections. Prompt diagnosis, early intervention, and multidisciplinary management combined with regular follow-up are essential to improve the prognosis.

Conflicts of Interest: The authors declare no conflicts of interest regarding this work.

REFERENCES

1. Mahfoudhi M, Turki S, Kheder A. POEMS syndrome : un diagnostic à ne pas méconnaître. *Pan African Medical Journal*. 2015 ;20:448. doi:10.11604/pamj.2015.20.448.6353
2. Talbot A, Jaccard A, Arnulf B. POEMS syndrome: Diagnosis, stratification, treatments. *La Revue de Médecine Interne*. 2021;42(5):331-339. doi:10.1016/j.revmed.2021.02.007
3. Dispenzieri A. POEMS syndrome: diagnosis, treatments, and outcomes. *Hematology Am Soc Hematol Educ Program*. 2025;2025(1):393–400.
4. Marinho FS, Pirmez R, Nogueira R, Cuzzi T, Sodré CT, Ramos-e-Silva M. Cutaneous Manifestations in POEMS Syndrome: Case Report and Review. *Case Rep Dermatol*. 2016;8(1):64. doi:10.1159/000444843