

Karate Cicatrices

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A 46-year-old male presented with linear scars on the dorsal aspects of both hands. The lesions were caused by trauma occurring during the practice of karate. Sports-related scars should be included in the differential diagnosis of scars on the dorsal aspects of the hands.

Sports injuries are quite common, and participation in certain athletic events can result in characteristic cutaneous findings.¹ Karate is a sport that could possibly cause cutaneous injury. To our knowledge, only one previous study reported the characteristic clinical findings found in those individuals who practice karate,¹ and this case report is the first on karate-induced scars. These lesions should be differentiated from other disorders with similar findings such as epidermolysis bullosa acquisita and porphyria cutanea tarda.²

Case Report

A 46-year-old white male presented with a more than 20-year history of linear, hypopigmented patches on the dorsal aspects of his hands. He denied any history of vesicles or bulla. Physical examination of the dorsal aspects of both hands revealed multiple, scattered, hypopigmented, round and linear, minimally atrophic patches, ranging from 5×1 mm to 30×1 mm in diameter (Figure, A and B). There were no vesicles, bullae, or milia. The patient had no evidence of hypertrichosis.

On further investigation, it was found that the patient had studied karate for 14 years, between the ages of 13 and 27 years. His involvement in karate included such physical moves such as blocking, punching, and brick breaking. During these activities, he received multiple traumas from fingernails, teeth, and irregularly surfaced bricks. These traumatic events resulted in lacerations, followed by scars.



Dorsal aspects of the hands reveal thin, variably sized, hypopigmented, atrophic patches (A). Close-up view of the scars (B).

Comment

Karate injuries are not uncommon. One report noted that 25% of karate contests involved some injury.³ Karate injuries typically occur in 3 areas: head and face, abdomen, and extremities.^{3,4} Head and face

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injuries include concussions, periorbital hematomas, lacerations, epistaxis, and bone fractures.^{3,4} Abdominal injuries include respiratory difficulty after direct blows to the solar plexus; subscapular hematoma of the liver; and other liver, spleen, and kidney injuries.^{3,4} Fractures, dislocations, lacerations, and nerve injuries of the arms and legs also occur.^{3,5}

The scars on the dorsal aspects of the hands caused by the punching, blocking, and brick breaking involved in the practice of karate can be confused with those found in epidermolysis bullosa acquisita or porphyria cutanea tarda. The lack of milia, vesicles, bullae, and hypertrichosis helps differentiate karate scars from immunobullous disorders.

As karate scars are caused by lacerations from bricks and opponents' fingernails and teeth, the regular use of hand protection and mouth guards would likely decrease scarring on the hands.

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