

Patients and Methods

An observational prospective study was conducted in a dermatology clinic in the city of Beit-Shemesh, Israel, among patients seeking dermatological assistance for skin problems not related to telangiectasias.

Patients and their companions were asked to participate by allowing a physical examination of their palms and completing a short questionnaire (Appendix 1). At the time of the examination, the examiner was blinded to information regarding smoking habits.

A positive examination for palmar telangiectasias required the presence of 10 or more discrete palmar (hypothenar) telangiectasias (Fig. 2a, b) on both palms. A positive history of cigarette smoking required at least 5 years of cigarette smoking at an average rate of at least 10 cigarettes per day. Past smoking was determined as refrainment from smoking for a duration of at least 1 year after previous smoking took place in a manner which would have enabled the person to be classified as a smoker (i.e., the person smoked cigarettes for at least 5 years at an average rate of at least 10 cigarettes per day).

Exclusion criteria: age under 25 years and medical conditions which may be associated with telangiectasias (hormonal therapy, steroid therapy, hepatic disease, pregnancy or postpartum period of 3 months, systemic lupus erythematosus, dermatomyositis, scleroderma, Raynaud disease, aluminum exposure, lymphoproliferative disease, and any current or past illness of the palmar skin)

Statistical analysis was performed using the χ^2 test to determine the association between palmar telangiectasias, smoking, and other variables (age, gender, number of cigarettes smoked, and number of smoking years). Spearman's rank order correlation was used to determine correlations between the different variables.

The study was conducted in accordance with the Helsinki Declaration of 1964 and was approved by the institution's ethics board.