application of 1% atropine has produced a response in some patients,[8] but not in others.[5,7] Other treatments include the use of CO_2 lasers or pulsed dye laser,[9] destruction using electrodesiccation with a fine needle electrode, and injections of botulinum toxin.[10] In cases where there was an underlying disorder such as hyperthyroidism, resolution of the disorder led to remission of the lesions.[3]

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Disseminated Lobular Capillary Hemangiomas

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To the Editor:

Lobular capillary hemangiomas are very common benign vascular lesions that frequently occur following injuries to the gums, lips, nasal mucosa, face, fingers, and toes. More rarely these hemangiomas present in multiple or multifocal form, in some cases forming part of a paraneoplastic syndrome, but in other cases with no apparent underlying disease. Rarer varieties have also been described, such as subcutaneous or intravenous lesions. Lobular capillary hemangiomas have also been reported following the use of certain drugs such as oral retinoids.[1,2]

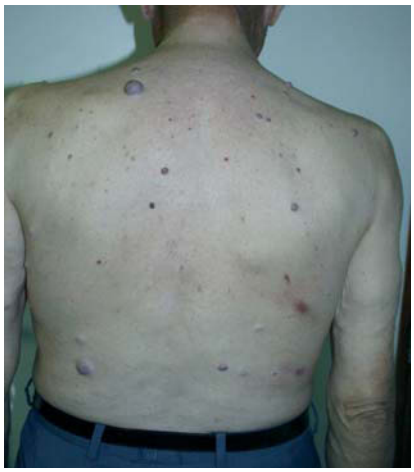

Figure 1. Multiple sessile, violaceous lesions on the trunk.

We describe the case of a male patient aged 74 years with a history of long-standing malignant hypertension, chronic renal insufficiency due to nephroangiosclerosis, anemia of inflammation, and colonic polyposis with multiple polypectomies leading to histologic evidence of tubular or tubulovillous adenomas. The patient was being treated with carvedilol, torsemide, acetylsalicylic acid, nifedipine, enalapril, and erythropoietin.

The patient reported the appearance, over a period of 4 to 5 years, of sessile cutaneous lesions and subcutaneous nodular lesions, soft in consistency, reddish-violet in color, variable in size (measuring 0.5 to 2 cm in diameter), and located mainly on the trunk and neck (Figure 1). There was no involvement of the mucosa.

Blood tests were normal with the exception of a hemoglobin level of 9.4 mg/dL. Biochemical analysis revealed creatinine of 3.22 mg/dL, urea of 114 mg/dL, and uric acid of 8.24 mg/dL, with all other values within the normal range.

Several lesions were excised for histology studies, which revealed

lobulated dermal lesions composed of thin-walled vascular channels lined with endothelial cells in nests or clusters, separated from each other by a fibrous stroma (Figure 2).

A computed tomography scan of the chest, abdomen, and pelvis showed no findings of interest. Colonoscopy revealed 6 new polyps, all of which were removed.

Single photon emission computed tomography (SPECT) with red blood cells labeled with technetium 99m (Tc-99m) revealed a number of subcutaneous nodules suggestive of hemangiomas in the dorsal, lumbar, and left maxillary regions and in the limbs. A similar nodule was also encountered in the posterior segment of the upper right pulmonary lobe (Figure 3).

We conclude that the appearance of multiple lobular capillary hemangiomas is rare. Cases have been described of lesions appearing de novo in patients with no underlying disease.[3-5] Other cases have been reported in which the lesions were associated with previous injuries, due, for example, to the removal or electrocautery of a single lesion resulting either from a burn[6] or from exfoliative dermatitis. Lesions have also been reported to appear following treatment with methotrexate, etretinate, or granulocyte-colony stimulating factor.[7,8] Cases have been observed in which lesions were associated with malignant processes such as Hodgkin disease, chronic lymphatic leukemia, malignant melanoma and myeloma,[9] immunodeficiencies (such as an interleukin-2 deficiency), and chronic inflammatory or infectious processes such as glomerulonephritis, hypertension, and cerebrovascular accidents.

Intestinal hemangiomas have been reported in patients with multiple cutaneous lobular capillary hemangiomas, although this association only occurs in less than 2% of cases. This possibility should be taken into account in patients presenting with associated symptoms such as melena or progressive anemia.

SPECT imaging with Tc-99m-labeled red blood cells is very useful for detecting hemangiomas.[10] In our patient, in addition to the subcutaneous lobular capillary hemangiomas, SPECT led to detection of the same kind of lesion in the lung.

The possible trigger for the angiomatous lesions could be the multiple chronic systemic disease presented by the patient.

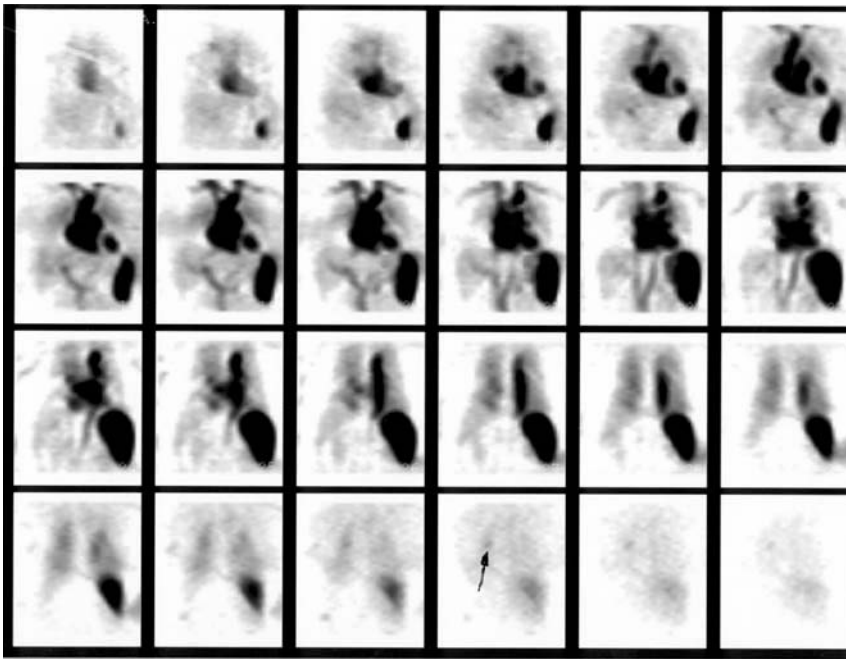

Figure 3. Single photon emission computed tomography with technetium 99m-labeled red blood cells: detail showing uptake by a nodule in the posterior part of the upper right pulmonary lobe.

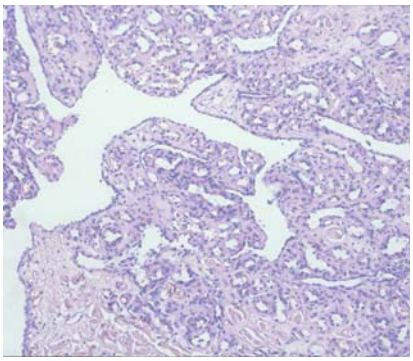

Figure 2. Thin-walled vascular channels lined with endothelial cells. Hematoxylin–eosin, original magnification ×200.

Most lesions resolve spontaneously; if not, they can be treated using cryotherapy, electrocautery, surgical excision, or pulsed dye laser. In the case of our patient, lesions causing discomfort were excised and then a wait-and-see attitude was adopted.

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Umbilical Pilonidal Sinus as a Possible Complication of Depilation

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To the Editor:

Pilonidal sinus is a chronic inflammatory disorder caused by a hair fragment penetrating the skin and producing a foreign body reaction leading to the formation of a sinus coated with granulation tissue. The disease commonly occurs in the sacrococcygeal region, but can also develop in other locations where an anatomical cleft facilitates the accumulation of hair; these locations include between the breasts, the axilla, the perineum, or in the spaces between the fingers (in the case of barbers in particular). The occurrence of the disease in the navel is rare.

A 28-year-old man came to our clinic with inflammation and suppuration in his navel that had commenced some 2 months previously. Meticulous examination revealed a sinus tract from which a number of hair fragments were extracted. The patient, who was hirsute and whose weight was appropriate for his height, had been shaving his body with a razor since about 4 months previously. The removal of the hairs from the cavity alleviated the symptoms, and no recurrence was evident 6 months later.

Most cases of umbilical pilonidal sinus present as recurrent omphalitis with pain, suppuration and bleeding, or even as an umbilical mass. Pilonidal sinus typically affects young, hirsute men, often with poor personal hygiene. Obesity and sweating are other factors that facilitate hair entry in the epidermis.[1] The literature does not refer to depilation as a risk factor for the development of umbilical pilonidal sinus, possibly because the interest in depilation among men is a fairly recent development. In our patient, fragments of hair cut from the chest and abdomen very likely settled within the navel, resulting in the formation of the pilonidal sinus.

Diagnosis is clinical and based on the detection of hairs nesting deep within the navel. Pathology reveals a foreign-body granuloma, with an epithelium-lined tract leading to an area of fibrosis and granulation tissue enveloping the hair fragments. This entity should be included in the differential diagnosis of umbilical lesions, such as, for example, epidermal cysts, umbilical hernias, pyogenic granulomas, endometriosis, omphalomesenteric duct remnants, urachal anomalies, and metastatic tumors.[2]

Most patients are cured by conservative treatment involving the extraction of the hair fragments and other debris from the cavity and, if necessary, the administration of oral antibiotics.[3,4] Omphalectomy should only be resorted to for difficult-to-treat cases. In order to avoid the possibility of recurrence, navel reconstruction is not recommended, it being preferable to allow the surgical wound to heal by second intention.

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Pigmented Eccrine Poroma

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To the Editor:

Eccrine poroma is a rare tumor that displays variable morphology.

Its clinical variability means it can adopt the appearance of other cutaneous tumors, whereby diagnosis is only rarely made on a clinical basis and must be confirmed by pathology.