Letters to the Editor

2. Langenberg A, Yen BTS, LeBoit PE. Granulomatous vasculitis isolated (1). The interval between the first and the second disease is variable. The preceding disease is frequently a herpesvirus infection and herpes zoster is by far the most common of them. Post-zoster diseases include granulomatous vasculitis (2), granulomatous lesions (3), granuloma annulare (4), sarcoid granuloma (5), pseudolymphoma (6), lymphoplasmocytoid lymphoma (7), Kaposi’s sarcoma (8), basal cell carcinoma (9) and squamous cell carcinoma (9, 10).

In literature, only one case of cutaneous B cell lymphoma has been reported arising in a site of a previous zoster eruption (7). In that patient, however, the B cell lymphoma had already been diagnosed when the zoster erupted. In our case, instead, the isotopic response was the first manifestation of the cutaneous lymphoma.

The pathogenesis of isotopic response is unclear (1). Either the virus is directly responsible for the second disease or the latter is the result of an immunologic hypersensitivity to viral antigens or to the tissue damage. Evidence is the detection of varicella-zoster virus DNA in post-zoster granulomatous lesions and of herpes simplex DNA in a squamous cell carcinoma (3, 10). On the other hand, in a case of post-zoster granulomatous vasculitis no viral DNA was detected in the lesional skin (2).

Centroblastic-centrocytic lymphoma is a low-grade malignant B cell lymphoma, involving the skin and confined to it for many years without any lymph node or visceral involvement (11). The back and the thorax are zones of preference and the possibility of a fortuitous coincidence cannot be excluded.

REFERENCES


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Surgical Treatment of Pemphigus Vulgaris Localized to the Genital Mucosa

Sir,

Cases of pemphigus vulgaris located on a single mucosa, sometimes preceding by months or even years a more diffuse development of the disease, are not unusual but the oral mucosa is nearly exclusively involved in such observations.

We here report an original observation of an immunologically typical, unilesional pemphigus vulgaris located on the foreskin in a middle-aged man. The patient was completely cured by a limited surgery, without relapse after a 3-year follow-up.

CASE REPORT

A 47-year-old man was first referred to our institution in 1993 for chronic, bullous and erosive lesions of the foreskin of 2 years’ duration. Clinically, a limited area of the balano-preputial fold and of the free foreskin mucosa was involved, with a number of small erosions ranging from 1–2 mm in diameter. The patient denied taking any long-duration medication and no other mucous membrane manifestations had ever been present. The mucocutaneous and general examination were otherwise normal and no Nikolski’s sign was present. ESR, full blood count, comprehensive chemical panel, liver tests and renal function were all normal. Two different biopsy specimens taken on the margin of the erosions revealed a suprabasal cleavage with a typical acantholytic picture, along with an important mononucleated infiltrate of the upper chorion (Fig. 1). Direct immunofluorescence showed the deposition of intercellular IgG and C3c in the epithelium;

Fig. 1. Typical suprabasal acantholysis.

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A Case of Mycobacterial Skin Disease Caused by Mycobacterium peregrinum and M. scrofulaceum

Sir,

Ever since M. marinum infection in man was described by Nordén & Linell (1) in 1951, numerous cases of tropical fish tank granulomas caused by several kinds of mycobacteria have been reported in many countries. However, M. peregrinum and M. scrofulaceum infection in the skin, contracted from tropical fish tanks, has not been reported.

In this paper, we report a case of mycobacterial skin infection caused by both M. peregrinum and M. scrofulaceum, and their bacterial characterization.

CASE REPORT

A 45-year-old Japanese man was referred to the dermatology clinic of Yokohama City University Hospital in October, 1993. He had a brown infiltrated plaque on his left arm (24 × 28 mm). Six granulomas of several millimeters in diameter were situated on the border of the plaque (Fig 1). The lesion was dry and scaly, without abscess or pus. No bacilli or fungus were found in the scales or smears with microscope. The patient was a fish-fancier with many tropical fish tanks in his home. Laboratory examination, including chest X-ray, revealed no abnormal or immunocompromising findings.

However, no circulating antibodies could be detected by indirect immunofluorescence. No Western blot could be performed. The diagnosis was established on consistent clinical, histological and immunological data. The lack of circulating auto-antibodies is reported in at least 10% of patients (1), and the very limited clinical involvement in our patient may be partly related to a weak rate of antibodies, under the threshold of detection of the test. An atypical form of drug-induced pemphigus could be ruled out since the patient received neither the classical triggering medications, nor other long-lasting oral treatment. Regarding localized mucosal lesions in pemphigus, initial involvement of oral mucosa is a well-known feature of the disease, which originates in the oral cavity in 50 to 70% of patients. These lesions are usually followed by the onset of more disseminated ones, on other mucosa and/or on the skin, after a time lapse ranging from weeks to months, exceptionally some years. However, a small subset of patients never develop any involvement of the glabrous skin. All other stratified mucous epithelia may be affected but we are not aware of cases limited to the genital mucosa, even for shorter periods of time before extension. On the other hand, solitary lesions on glabrous skin are very seldom reported, with sometimes an unusual, nodular presentation (2–4).

We have no convincing explanation for the unusual clinical presentation of our case, the oral mucosa usually appearing more “sensitive” to the pemphigus antibodies than the genital area. — a surgical treatment of this localized pemphigus appeared to be fully effective, with no relapse after a 3-year follow-up. This original therapeutic option has not yet, to our knowledge, been reported in pemphigus vulgaris, whereas it has already been successfully applied to familial benign pemphigus by some authors. This method, potentially quickly efficient and without serious side-effects, could perhaps be more often considered in localized, long-lasting forms of pemphigus when a simple surgical procedure is technically possible.

REFERENCES


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