human immunodeficiency virus infection (3). Unusual appearances are also recognised in immunocompetent or only mildly immunocompromised patients. In 1985 Ive (4) reported 4 individuals with pale papular lesions lacking central umbilication, which were found histologically to be intradermal nodules containing typical molluscum bodies surrounded by follicular epithelium but lacking normal direct communication to the skin surface. Two of the patients had atopic dermatitis and 2 were otherwise well. He coined the term follicular molluscum contagiosum to describe this clinicopathological entity.

We have here described 2 patients, one with severe atopic dermatitis and one renal transplant recipient, with molluscum contagiosum presenting as pale flat-topped papules lacking central umbilication. It is interesting that case 2, who had what may be considered to be a milder form of immunosuppression, had the more recalcitrant lesions. The lack of umbilication observed clinically in case 1 did not correlate with absence of external communication on histological analysis of the biopsied papule but was nevertheless a cause for failure of diagnosis by groups of senior dermatologists. Molluscum contagiosum should form part of the differential diagnosis in atypical papular lesions, particularly in immunodeficient patients.

REFERENCES

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Extramammary Paget's Disease

Sir,

We were interested to read the paper by Morgan et al. (1), describing a case of extramammary Paget's disease (EMPD) localised to the axilla and agree that this is a rare but recognised site of involvement. The authors state that there has been only one previous United Kingdom report of axillary involvement by EMPD (2); however, we published the case of a 74-year-old female with histologically proven EMPD, without adnexal malignancy, which was localised to the left axilla and left labium majus (3). Our patient was part of a series of 5 cases with EMPD followed up after receiving local radiotherapy. There has been no sign of recurrence of disease 2 years later at either site in this patient. We would advocate consideration of radiotherapy for EMPD, if there is no dermal invasion or adnexal malignancy.

REFERENCES

Accepted June 11, 1996.
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Response to Letter by N.P. Burrows et al.

Sir,

Thank you for forwarding the letter from Dr. Nigel Burrows and Dr. Richard Pye. We read their article in the British Journal of Dermatology with great interest when it came out in June 1995. At that time, we had already submitted our report to the Acta Dermato-Venereologica. In rare conditions such as extramammary Paget's disease (EMPD), it is particularly useful to pool knowledge and experience and we found their report on successful treatment with local radiotherapy very helpful for a recent patient with vulval EMPD, in whom we are hoping to avoid mutilating surgery.

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