TAD recurred when the cancer relapsed (2). Febrile episodes, excessive sweating, occlusive immobility and some therapies (ionizing radiation, PUVA, interleukin have been postulated to be predisposing factors for developing TAD in these patients (2), but these conditions cannot always be found (1, 2).

In the past 3 years we have diagnosed 3 histologically proven cases of TAD in our department. One of them was an 80-year-old man who had undergone a partial gastrectomy due to a perforating gastrroduodenal ulcer. Two days before the surgery, he developed an itchy popular rash over the chest, arms and back. A cutaneous biopsy specimen displayed classic epidermal changes of TAD, with a pattern of spongiosis and acantholysis. The histology of the stomach specimen disclosed a peptic ulcer adjacent to an adenocarcinoma infiltrating several nodes. The rash resolved in 2 weeks. No recurrence of TAD or cancer was observed after 1 year of follow-up. To our knowledge, this is the first case reported of TAD in a patient with gastric carcinoma. As in 12% of patients, the onset of TAD coincided in our case with the diagnosis of a previously unsuspected malignancy (2). The lesions appeared 2 days before surgery, so the predisposing factors mentioned above can hardly explain TAD in our patient.

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Accepted October 16, 1996.

Diego De Argila, Javier Ortiz-Frutos and Francisco Vanacllocha
Department of Dermatology, Hospital Universitario Doce de Octubre.
Ctra. de Andalucía km 5.4. 28041 Madrid, Spain.

Lipo-prostaglandin E, Therapy for Livedo Reticularis with Ulceration

Sir,

Livedo reticularis with ulceration (atrophie blanche) is characterized by periodic painful ulcerations, particularly in the summer in association with livedo reticularis of the legs, which leaves ivory-white scars after healing. This disease usually occurs in young adults and middle-aged females. Its etiopathogenesis and optimal therapy have not yet been clearly established. We here report a patient who was successfully treated with lipo-prostaglandin E, (Lipo-PGE,). Lipo-PGE, is a new prostaglandin E, (PGE,) preparation, encapsulated in lipid microspheres (Palux, Taisho Pharmaceutical Co. Ltd., Tokyo, Japan).

A 38-year-old woman was admitted to our hospital with painful ulcerations on her legs in July 1996 (Fig. 1). She had been suffering from livedo reticularis on her extremities and trunk since 1981 and also from painful recurrent ulcerations, which had regularly appeared every summer since 1990. A histological examination of early skin lesions showed a thickening of the endothelial cells in the superficial blood vessels and perivascular infiltrates, without any signs of vasculitis. The laboratory data did not show any specific findings indicative of underlying systemic disease. The clinic picture and the histological findings were both compatible with the diagnosis of livedo reticularis with ulceration. Because her disease became exacerbated, with the development of large painful ulcers, Lipo-PGE, infusion was started intravenously at a dose of 10 μg daily for 14 days. Almost immediately after beginning the infusions the pain disappeared and no new ulcer formations appeared. After 14 days the ulcers showed signs of healing, with granulation tissue formation. Lipo-PGE, therapy was discontinued and thereafter only local therapy was continued. The treatment proved successful and no relapse was observed, and after 3 months the ulcers were almost healed, leaving typical ivory-white scars. Although the patient was treated with Lipo-PGE, for such a brief period, the therapy was able to control the painful ulcers, PGE, which has such pharmacological effects as vasodilatation and inhibition of platelet aggregation, has also been reported to improve the symptoms and signs in livedo reticularis with ulceration (1). An improved stability and efficacy and reduced toxicity of various drugs when incorporated in lipid microspheres have been shown. The good effect of Lipo-PGE, may be due to the accumulation of PGE, in blood vessels and the decrease of PGE, inactivation in the lung thanks to the action of the lipid microspheres (2).

REFERENCES

Subungual Fibro-osseous Pseudotumor

Sir,

We here describe a patient with fibro-osseous pseudotumor of digits in the subungual area and review the literature. The clinical and histopathologic features of this entity should be familiar to clinicians for avoidance of misdiagnosis.

CASE REPORT

A 10-year-old boy complained of subungual mass in the right big toe for approximately 4 months. It had developed insidiously and steadily enlarged without subjective symptoms. There was no history of trauma on the affected part. Past medical history and family history were non-contributory.

On examination the patient had a non-tender, firm, non-movable subungual nodule, about 1.5 x 1.3 cm-sized, with a moderately hyperkeratotic cap in the right big toe (Fig. 1). Routine laboratory findings such as complete blood count, liver function test, calcium, phosphorus and urinalysis, were within normal limits or negative. A radiogram of the right foot revealed a calcified mass, about 1 cm, in the soft tissue just adjacent to the medial aspect of distal phalanx of the right big toe (Fig. 2). Magnetic resonance imaging showed a benign-looking mass with calcification at the distal phalanx of the right big toe (Fig. 3).

A punch biopsy was performed. Histopathological examination showed bone and cartilage components in the dermis. In the peripheral area of the lesion bony components were found, and more centrally there were immature cartilaginous structures (Fig. 4). Two months after biopsy, the mass was totally excised under local anesthesia. Microscopically, the lesion was composed of well-differentiated bone trabeculae without evidence of fibrous proliferation. The woven bone was rimmed with osteoblasts. The osteoblasts were not atypical. It had hypocellular stroma and many dilated, so-called injury-type capillaries (Fig. 5). Atypical mitotic figures were not present. The lesion has not recurred in 9 months of follow-up.

DISCUSSION

Fibro-osseous pseudotumor of digits is a rare, benign, extraskeletal bone forming lesion and usually occurs in the small bones of the hands (1). This lesion has been described under a variety of terms, including localized myositis ossificans (2), parosteal fasciitis (3) and florid reactive periositis of the tubular bones of the hands and feet (4–6). More recently periositis ossificans of hands and feet was also proposed (7).

Fibro-osseous pseudotumor of the digits occurs mainly in young people, in the early 30s. The lesion is usually asymptomatic but pain and erythema may be present. The constant clinical finding is an enlarging soft-tissue mass of digits. The

Fig. 1. Clinical appearance of the right big toe.

Fig. 2. Radiograph showing the soft tissue calcified mass.

Fig. 3. MRI shows well demarcated tumour mass (arrow), with calcification at the upper portion of the distal big toe.

Fig. 4. Punch biopsy specimen from mass. The mass is composed of osseous components in the outer area and cartilaginous components in the inner area (H&E, ×40).

Yukiko Nomaka, Kenichi Sibue, Akihiko Shimizu, Tetsuya Koga and Shojo Toshitani
Department of Dermatology, School of Medicine, Fukuoka University, 814–80 Fukuoka, Japan.

Accepted November 14, 1996.