produces glistening, white, nodular colonies in a few days.

Cutaneous actinomycosis is treated surgically followed by antibiotics, the most widely used of which are long-term penicillin, tetracyclin and erythromycin. Doses and treatment period are variable, since the best dosage is unknown (5). In our case, characterized by a single, exclusively cutaneous lesion, brief treatment was sufficient as recently reported in the literature (9).

REFERENCES

1. Apothéloz C, Regamey C. Disseminated infection due to Actinomyces meyeri: case report and review. Clin Infect Dis 1996; 22: 621–625.
2. Morson BC. Primary actinomycosis of the rectum. Proc R Soc Med 1961; 54: 723–724.
3. Fry GA, Martin WJ, Dearing WH, Culp CE. Primary actinomycosis of the rectum with multiple perianal and perineal fistulae. Mayo Clin Proc 1965; 40: 296–299.
4. Harris GJ, Metcalf AM. Primary perianal actinomycosis. Report of a case and review of the literature. Dis Colon Rectum 1988; 31: 311–312.
5. Alvarado-Cerna R, Bracho-Riquelme R. Perianal actynomicosis – a complication of a fistula in ano: report of a case. Dis Colon Rectum 1994; 37: 378–380.
6. Gayraud A, Grosieux-Dauger C, Durlach A, Salmon-Ehr V, Elia A, Grosshans E, et al. Cutaneous actinomycosis localized on the perianal area and buttocks. Ann Dermatol Venereol 2000; 127: 393–396.
7. Aulaqi A. Primary cutaneous actinomycosis. BMJ 1977; 24: 828–829.
8. Ramirez O, De Linares IM, Astacio JN. Primary abdominal actinomycosis. Report of a case. Med Cutan Ibero Lat Am 1984; 12: 29–32.
9. Wee SH, Chang SN, Shim JY, Chun SI, Park WH. A case of primary cutaneous actinomycosis. J Dermatol 2000; 27: 651–654.

Self-healing Juvenile Cutaneous Mucinosis in an Infant

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Sir,

Self-healing juvenile cutaneous mucinosis (SHJCM) is a very rare disease characterized by the rapid onset of asymptomatic papules and nodules with predilection to face and periarticular regions, mild or absent inflammatory symptoms, lack of extra-cutaneous involvement and spontaneous and complete resolution of the skin lesions within weeks to months.

The first cases diagnosed with SHJCM were published in the French medical literature, and subsequently 5 additional patients were reported (1, 2). The youngest patient was a 5-year-old boy (3). We describe a case of SHJCM in a 1-year, 9-month-old girl.

CASE REPORT

The otherwise healthy girl was referred to the emergency room with a history of rapidly enlarging subcutaneous masses over her face, trunk and the periarticular regions on her hands (Fig. 1). Because of the unusual appearance of the skin lesions, a full investigation including skin biopsy was recommended but her parents declined. The child returned to the emergency room 3 weeks later because of further enlargement of the existing lesions and the appearance of new lesions. The rest of her physical examination was unremarkable.

Blood tests, including a complete blood count, erythrocyte sedimentation rate, liver, kidney and thyroid functions, serum protein electrophoresis and whole body computerized tomography were normal.

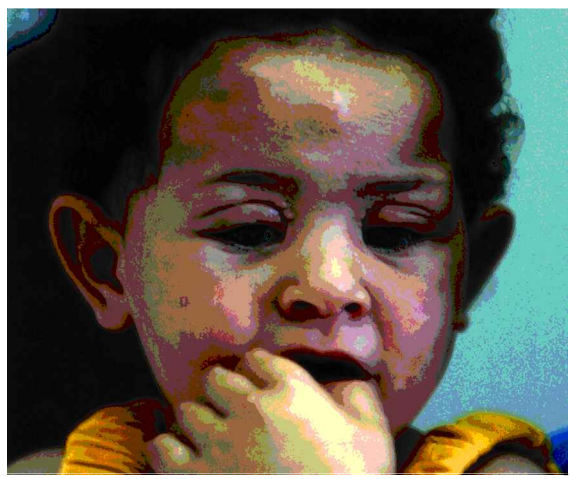

Fig. 1. Subcutaneous nodules over the face, eyelids and periarticular areas of the hands.

Excision biopsies from lesions on the skull and hands revealed normal epidermis and focal deposition of amorphous material within the dermis, in particular the upper dermis. This material stained positively with alcian blue at pH 2.5, and negatively with periodic acid-Schiff (Fig. 2). The interpretation of these biopsies was consistent with cutaneous mucinosis, and in view of her age and clinical presentation the patient was diagnosed as having SHJCM. Consequently, no treatment was recommended. At a follow-up visit 3 months later, all her lesions had resolved completely.

DISCUSSION

SHJCM is a clinical entity that belongs to a heterogeneous group of diseases with the common feature of mucin accumulation, predominantly in the dermis. Most of these primary cutaneous mucinoses occur in adults, and some of them are associated with systemic diseases such as thyroid dysfunction, paraproteinemia and lupus erythematosus (4). The prognosis of adult mucinosis is variable, with only a minority of patients having spontaneous resolution of the lesions. In contrast, all cases of juvenile cutaneous mucinosis published in the medical literature were characterized by complete and spontaneous resolution of all skin lesions. Other features common to SHJCM in addition to onset at young age were: predilection of the papules and nodules to facial, abdominal and periarticular regions, and the absence of paraproteinemia or thyroid dysfunction (5–8).

Although the patient had no inflammatory features as described in some of the previous cases, she did share all the other characteristics, including the histological appearance and complete resolution of the lesions, confirming the diagnosis of SHJCM. Because of her unusually young age, the differential diagnosis of cutaneous mucinosis of infancy was considered. However, in cutaneous mucinosis of infancy the disease presents as early as at birth or up to a few months of age, with multiple small pale papules involving mainly the extremities and there is no spontaneous resolution (9, 10). By contrast, the skin lesions in our case differed from the lesions described in cutaneous mucinosis of infancy in that they were larger, involved the face and trunk in addition to the extremities, and they resolved spontaneously. Because of its uniformly favorable course, early diagnosis of SHJCM is extremely important in predicting prognosis and avoiding unnecessary interventions and anxiety. The present case extends the range of age at which such patients may present to less than 2 years. In addition, it confirms the ease with which such diagnosis can be established by clinical features and histology, and the complete resolution of the unique cutaneous lesions.

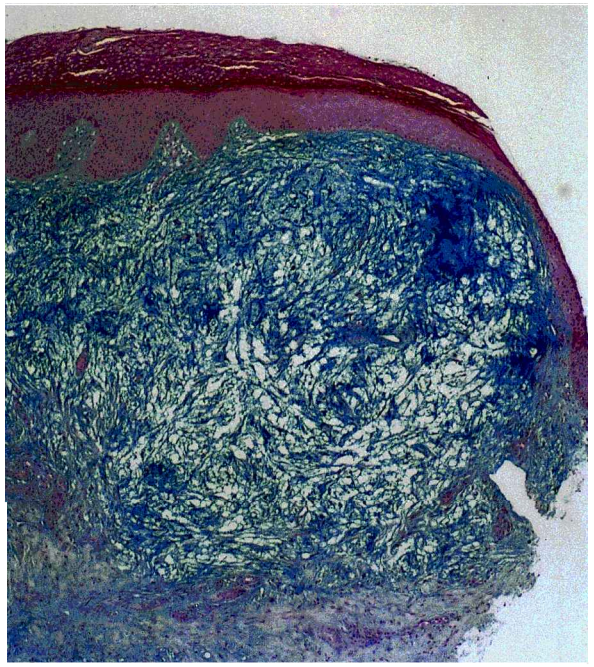

Fig. 2. The skin biopsy from one of the nodules stained with Alcian blue at pH 2.5 demonstrating large amounts of mucin in the dermis.

REFERENCES

1. Colomb D, Racouchot J, Vittori F. Mucinose d' évolution régressive sans paraprotéine chez une jeune fille. Lyon Medical 1973; 230: 474–475.
2. Bonerandi JJ, Andrac L, Follana J, Moreau S, Aubert L. Mucinose cutaneé juvénile spontanément résolutive étude anatomo-clinique et ultrastructurale. Ann Dermatol Venereol (Paris) 1980; 107: 51–57.
3. Caputo R, Grimalt R, Gelmetti C. Self-healing juvenile cutaneous mucinosis. Arch Dermatol 1995; 131: 459–461.
4. Rongioletti F, Rebora F. The new cutaneous mucinoses: a review with an up-to-date classification of cutaneous mucinoses. J Am Acad Dermatol 1991; 24: 265–270.
5. Aydingöz IE, Candan I, Dervent B. Self-healing juvenile cutaneous mucinosis. Dermatology 1999; 199: 57–59.
6. Pucevich MV, Latour DL, Bale GF, King LE. Self-healing juvenile cutaneous mucinosis. J Am Acad Dermatol 1984; 11: 327–332.
7. Wadee S, Roode H, Schulz EJ. Self-healing juvenile cutaneous mucinosis in a patient with nephroblastoma. Clin Exp Dermatol 1994; 19: 90–93.
8. Kim YJ, Kim YT, Kim JH. Self-healing juvenile cutaneous mucinosis. J Am Acad Dermatol 1994; 31: 815–816.
9. Lum D. Cutaneous mucinosis of infancy. Arch Dermatol 1980; 116: 198–200.
10. McGrae JD. Cutaneous mucinosis of infancy: a congenital and linear variant. Arch Dermatol 1983; 119: 272–273.