Adnexal Polyp of Neonatal Skin Observed Beyond the Neonatal Period

Sir,
Adnexal polyp of neonatal skin is a small tumor occurring mostly on the areola of the nipple (1). It is observed in about 4% of Japanese newborns. The polyp usually falls off spontaneously within a week after birth. Persistent congenital skin changes on the breast are supernumerary breasts or nipples, amastia (absent breast) and rudimentary nipples. The incidence of supernumerary breasts or nipples is about 2%. The accessory nipple often looks like nevus pigmentosus, although in some cases it can be easily recognized as a nipple. We report two patients with adnexal polyps of neonatal skin that remained for a longer time.

CASE REPORT
Case 1: A 53-day-old male infant was presented to us with two tumors on the breast present since birth. The day before the visit to our clinic, one of them became blackish. Polypoid pedunculated nodules about 1 mm in diameter were on the inner side of both areolae. The tumor on the right breast was a skin-coloured elastic firm tumor (Fig. 1). Since the tumor on the left was firm, dry and blackish, it was considered to be a condition of dry gangrene. The black tumor fell off in a few days. The tumor on the right breast was histologically examined and the diagnosis was confirmed.

Case 2: A 370-day-old female infant had a tumor on the right breast from birth. No change occurred till just before she visited our clinic. On the right areola near the nipple, there was a skin-coloured polypoid pedunculated tumor about 1 mm in diameter (Fig. 2).

The skin-coloured tumors in both cases were histologically examined, with similar findings. The epidermis was normal. In the center of the tumor, a hair follicle was present (Fig. 3). No hair was contained. Collagen bundles with fibroblasts and nests of squamous cells surrounded the follicles. Epithelial strand budding from the follicles, obvious sebaceous glands or sweat glands were not present. Small vessels were noticed in the loose fibrous tissue. No smooth muscle bundles or lactiferous ducts were found.

Fig. 1. Polyps on the right breast of case 1.

Fig. 2. Polyps on the breast of case 2.

DISCUSSION
The characteristics of the adnexal polyp of neonatal skin have been summarized as follows (1): (i) it is a small, usually solitary tumor of the skin observed exclusively in the newborn infant; (ii) the majority of tumors are found on the areola of the nipple; (iii) within a few days, the tumors fall off spontaneously; (iv) microscopically, hair follicles, vestigial sebaceous glands and sweat glands are noted in the center of the tumor. Adnexal polyps of neonatal skin are observed in about 4% of Japanese newborns (1, 2). In Hidano’s reports, one black infant from Zaire was also described. Sedlacek et al. reported that 0.7% of newborns had adnexal polyps of neonatal skin in Czechoslovakia (3). The incidence seems to be lower in Europeans than in Japanese. Rohr reported that skin tags were found in 0.2% of 3-day-old

Fig. 3. Case 2. Hair follicle and nests of squamous cells in the center of the tumor (haematoxylin and eosin: × 50).
Erythema Multiforme Combined with Legionellosis

Sir,

Infections often cause erythema multiforme, and more rarely, drugs are the cause. We describe a case of erythema multiforme occurring in the course of Legionella pneumophila (LP) infection.

CASE REPORT

A 56-year-old man was admitted for a febrile eruption, principally involving the buccal and genital areas, and cough. He was a chronic alcoholic and heavy smoker, and had alcoholic cirrhosis. In spite of antibiotic treatment (amoxicillin + clavulanic acid) for 5 days, fever persisted at 40°C.

Dermatologic examination showed crusted hemorrhagic lip erosions, oral erosions, and crusted erosions of the scrotum. Lung examination revealed cough, crepitations at the bases of both lungs, hypoxemia (pO2: 74 mmHg), hypocapnia (pCO2: 31 mmHg), and an interstitial syndrome on the chest X-ray. His general state of health had deteriorated, and he had mental confusion and epigastralgia.

Blood tests showed hyperleukocytosis (15 200/mm3 with 84% polymorphonuclear cells) and raised C-reactive protein (118 mg/l, normal < 8 mg/l). Natrema, creatinemia and liver function tests were normal. Blood and urine bacterial cultures were negative, and stool examination revealed no pathogens. Serodiagnosis for HIV, chlamydia, ricketsiosis, HSV and mycoplasma were negative or showed previous immunization. The first Legionella pneumophila serology was negative, and then seroconversion occurred (titre 1/128).

The patient was treated with spiramycin for 8 days, without success, and then with fluorquinolon (ciprofloxacine 1 g/24h). Breathing difficulties disappeared after 3 - 4 days. The mucous lesions disappeared within 15 days.

DISCUSSION

The patient had erythema multiforme with mucosal involvement occurring in Legionianner's disease. The diagnosis of Legionella pneumophila infection was established on the basis of the breathing disorder, fever, pneumonia, chest X-ray and seroconversion for LP.

LP infection is only exceptionally linked with cutaneous lesions. In fact, only one case of cutaneous absces has been described in an immunosuppressed patient (1), one case of pretrivial rash (2), and one case of rash and renal failure (3). Only one other case of Legionianner's disease combined with erythema multiforme has been described in a 3-year-old boy (also with seroconversion) (4).

The possibility of LP infection should be eliminated when erythema multiforme is combined with breathing disorder.

REFERENCES


Accepted March 23, 1998.

C. Tolelano1, L. Machet1, N. Gironet1, V. Jan1, N. Van der Meer-Queret2, L. Vaillant and G. Lorette2
1Department of Dermatology, Hôpital Trousseau, CHU Tours, F-37044 Tours Cedex and 2Department of Bacteriology, Hôpital Trousseau, CHU Tours, F-37044 Tours Cedex, France.

Acta Derm Venereol (Stockh) 78