

## LETTERS TO THE EDITOR

## Secondary Anetoderma Following Molluscum Contagiosum Infection

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Sir,

Anetoderma is a rare disorder associated with a local dermal defect of elastic tissue producing local areas of slack skin that produce herniation (1). This can be a primary phenomenon occurring in clinically normal skin (2), or secondary to various dermatoses, including lupus erythematosus, pilomatrixoma, urticaria pigmentosa, amyloid, granuloma annulare and varicella (3). We describe two patients who developed anetoderma in areas of resolving molluscum contagiosum. To our knowledge, secondary anetoderma has not been described following molluscum.

## CASE REPORTS

*Case 1*

A 12-year-old boy with atopic eczema attended the dermatology department complaining of a 3-month history of skin-coloured spots on his abdomen and chin. Examination revealed groups of hemispherical pearly pink papules with central umbilication consistent with molluscum contagiosum. The patient and his parents were reassured and asked to attend a review 3 months later. On his second attendance, nearly all the papules had resolved and had been replaced by macular atrophic areas that demonstrated herniation (Fig. 1). A biopsy was not performed.

*Case 2*

A 24-year-old woman attended the genitourinary clinic for advice regarding some enlarging lumps on her vulva that had been present for one month. On examination, she had multiple pink papules typical of molluscum contagiosum on her vulva and right inguinal region. She was also noted to have a few atrophic, herniating scars in the same region. Electron microscopy was performed on a sample from the central punctum of a typical lesion and confirmed the presence of molluscum particles. Biopsy of a herniating lesion was not performed. The residual molluscum lesions were treated with cryotherapy and resolved without leaving herniating atrophic scars.

## DISCUSSION

Molluscum contagiosum is a common pox virus. Infections follow direct contact with infected persons or contaminated objects. There is a peak incidence in



Fig. 1. Case 1. Multiple lesions of secondary anetoderma on abdomen after molluscum contagiosum infection

childhood at 10 to 12 years of age (4) and a second peak in young adults that is associated with sexual transmission (5). Widespread molluscum lesions are often seen in patients with atopic eczema or immunosuppression (6).

Secondary anetoderma is a rare disorder most commonly seen in women aged 20 to 40. It usually occurs as crops of pink macules that gradually fade to produce wrinkled, atrophic macules which yield on pressure, secondary to local dermal elastic fibre deficiency. It is usually associated with syphilis, lupus erythematosus and other inflammatory dermatoses (3). The exact pathogenesis of anetoderma is unknown. Various hypotheses exist, some of which support the idea that the focal elastolysis is mediated immunologically, probably by elastases released by inflammatory cells recruited through complement activation (2). Immunological reactions to virions are

both humoral (against viral particles) and T-cell-mediated (against viral infected host cells). Humoral viral neutralization occurs not only by antibody production, but also by complement-dependent enhancement of viral phagocytosis and complement-mediated lysis of viral particles (7). We suggest complement-mediated macrophage recruitment and subsequent lysosomal enzyme release of elastases could therefore also account for the anetoderma seen in these cases of molluscum contagiosum. Why this phenomenon does not occur more frequently is unknown.

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