LETTERS TO THE EDITOR

Scrotal Angiokeratoma in a Young Man

Sir,

An unusual case of angiokeratoma of Fordyce that occurred in a young man is described.

CASE REPORT

A 26-year-old man presented with bleeding from the scrotum. The initial episode of bleeding had occurred 5 months earlier. He had previously noticed some macules, which had increased in number, but which he ignored. He had intended to neglect the bleeding as well, but his sexual partner feared that they might be related to a sexually transmitted disease (STD). So, he was forced to consult the STD branch of our clinic.

The skin of the scrotum showed multiple red or purple lesions, rarely larger than 2-3 mm in diameter (Fig. 1). All lesions were nontender and there was no evidence of varicocele, tumour of the testis or inguinal hernia. We diagnosed angiokeratoma and as this disease was not an STD, the patient requested no further treatment.

DISCUSSION

Angiokeratoma of the scrotum, which first was described in 1896 by Fordyce in a 60-year-old man, was believed to occur primarily in men over 50 years of age. Recently, patients in their forties have been reported, and it is doubtful whether adolescent patients are rare (1-3).

REFERENCES


Accepted May 22, 1995.

A Possible Role of Interleukin-8 in the Induction of Psoriasis-like Lesions in Torre-Muir Syndrome

Sir,

Torre-Muir syndrome is an autosomal dominantly transmitted genodermatosis associated with visceral malignancies, including cutaneous adenocarcinomas and their in situ precursors (1). The cutaneous neoplasms associated with this syndrome are sebaceous adenoma, sebaceous epithelioma, or kerato-acanthoma in the majority of cases. We describe a case of Torre-Muir syndrome with a family history of malignancies, presenting psoriasis-like erythematous plaques which disappeared or were exacerbated in parallel with the recurrence of his colon cancer.

CASE REPORT

A 65-year-old male with colon sigmoidum cancer with liver metastasis was referred to our outpatient clinic. His father had died of bladder cancer, and his older brother also had colon cancer. On physical examination, he presented with seborrheic dermatitis-like lesions on his scalp and face. Several yellowish-white, slightly umbilicated papules were scattered on his cheeks. A keratotic nodule was under the right eyelid. A slightly elevated, scaly erythematous lesion, 2 cm in diameter, was seen on the upper back. Similar lesions were noted on his chin and dorsum of the right hand. A histologic feature of the papules on the cheeks was an enlarged sebaceous gland with numerous branching

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