In Response to the Letter to the Editor by R. P. Spencer

In our paper the results of the evaluation of interferometry, a technique developed for engine building, are presented. With regard to ulcers of the lower leg and follow-up of healing of an ulcer, our accuracy and reproducibility of interferometry is demonstrated and compared to established standardized methods like planimetry and measurement of the volumes of ulcers using casts.

First of all, we would like to thank Dr. Spencer for his constructive and original contribution to the interpretation of parameters obtained by interferometry in wound healing. The description of wound healing processes by mathematical models is an interesting and promising approach.

However, as far as the examples in our publication are concerned, presently no formula can be derived expressing the correlation between the parameters measured using interferometry. Which of the three parameters volume, surface and depth is most suitable to quantify healing depends on the individual ulcer. We believe that simple geometrical models, like spheres, pose problems when describing wound healing processes as they neglect the biological individuality of lesions. Exact quantification of healing processes requires the measurement of volumes, surface and depth as well as area of the lesions using planimetry.

Interferometry is a valuable technique to quantify wound healing of ulcers without touching the surface. Effects of different therapeutic regimens on healing can be studied.

For the development of geometric models for evaluation of wound healing the correlation of objective and reproducible measurement parameters with clinical data like etiology, location, healing stage and treatment is necessary in a great number of objects, e.g. using silicon casts of ulcers. This could be provided in a multicenter study under standardized conditions, comparing several therapeutic approaches by means of interferometry.

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A Giant Solitary Molluscum Contagiosum, Resembling Nodular Basal Cell Carcinoma, in a Renal Transplant Recipient

Sir,

Molluscum contagiosum (MC) is a poxvirus infection characterized by single or more often multiple, rounded, dome-shaped, pink, waxy papules. These centrally umbilicated lesions, 2–5 mm in diameter, are usually localized on the face, arms, legs and anogenital regions. The diagnosis is easily established in most instances (1).

In HIV-infected patients and immunocompromised individuals, MC is a frequent problem (2). In this article, we present a case of giant solitary MC resembling nodular basal cell carcinoma in a renal transplant recipient.

CASE REPORT

A 24-year-old male renal transplant patient presented with a 2-month history of a tumoral lesion on his face. At the time of clinical examination, he had been using immunosuppressive drugs (cyclosporine: 100 mg/day, azathioprine: 100 mg/day and prednisolone: 7.5 mg/day) orally for 10 months.

Dermatologic examination revealed increased skin fragility, striae distensae, acneiform eruptions, hypertrichosis, facies luna ris, and a telangiectatic, centrally umbilicated nodule, 8 × 10 mm in size, below the right lower eyelid (Fig. 1). An excisional biopsy specimen of this lesion showed an acanthotic epidermis with an intense epidermal proliferation, with giant craters full of numerous intracytoplasmic inclusion bodies, typical of MC.

DISCUSSION

Disseminated lesions of MC have been observed in immunocompromised hosts, especially in those infected with HIV. Most of these patients appear to have a deficiency in either the function or absolute numbers of T lymphocytes (2, 3).

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The presentation of MC in immunocompromised individuals may be atypical and may mimic other cutaneous diseases, including basal cell carcinoma, keratoacanthoma, cutaneous horn, cutaneous cryptococcosis and histoplasmosis (2). Unusual giant lesions have also been described in immunocompromised patients (4, 5).

In 1988, D. P. Fivenson et al. reported a case of a single giant MC lesion, which presented clinically as a basal cell carcinoma in a patient with AIDS (6). MC has been noted in renal transplant recipients (7). But to our knowledge, no giant solitary MC resembling basal cell carcinoma has been documented in a patient under the conditions of iatrogenic immunosuppression.

REFERENCES

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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 non-tender 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

Fig. 1. A telangiectatic, umbilicated nodule.

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