and the papular trichoepitheliomas in the nasolabial folds. As indicated by the histology of 3 cysts on the face and 2 cysts in the neck, the majority of the cystic lesions on the face appeared to be trichoepitheliomas, whereas the few cysts in the neck appeared to be acne cysts. Clinically almost all cysts on the face and in the neck were non-inflammatory lesions.

Biopsies of trichoepitheliomas before and after retinoid treatment did not reveal marked histologic changes due to therapy, cysts as well as basaloïd strands and conglomerates still being present after the treatment course. This may accentuate the difference between genuine basocellular carcinoma cells and the basaloïd cells seen in trichoepithelioma. In a study of patients with genuine basocellular carcinomas an effect of treatment with 13-cis-RA on the basocellular carcinomas was observed (3). The smaller carcinomas were reduced in size or disappeared altogether.

The absence of effect of 13-cis-RA treatment on the non-inflammatory cystic acne lesions in the neck of this patient confirms our observation in a study of 9 patients with acne conglobata, participating in a multicentered trial, that non-inflammatory cystic lesions in acne generally do not respond to treatment with 13-cis-RA (4).

We conclude that 13-cis-RA seems to be of no value in the treatment of trichoepitheliomas.

REFERENCES

TREATMENT OF LARGE CONDYLOMATA OF THE PENIS WITH THE NEOODYM-YAG-LASER

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Treatment of large condylomata of the glans penis with a neodymium-YAG-laser is reported. The method offers certain advantages over more conventional means of therapy, but requires expensive equipment, experience and that precautionary measures be taken when the high-power laser is operated. (Received February 28, 1984.)

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As early as 1973, Goldman and co-workers reported in this journal on the advantages of the Neodymium-YAG-Laser (Nd-YAG-laser) for dermatological surgery (1). This infrared laser type is now widely used in various medical disciplines such as urology, gastroenterology, surgery, gynecology and ophthalmology (2, 3). However, there are surprisingly few reports on its use in dermatology (4, 5). With the availability of powerful Nd-YAG devices, interest in its manifold applications is again increasing in our specialty (6).
We have successfully treated a patient with large condylomata of the penis with the Nd-YAG-laser. Because of the advantages the method offers we feel it worthwhile reporting briefly on our experience.

CASE REPORT

When first seen in April 1983, the 30 year old patient presented himself with a large, papillomatous mass covering most parts of the glans penis, displacing the prepuce backwards and bulging it outwards, thus giving the impression of a paraphimosis.

The disease had started during a stay in Turkey about one year previously. At that time, the patient had not sought medical advice and had treated himself with an ointment. He reported that the lesion had started to grow rapidly only very recently.

To expose the condylomata and in order to prevent recurrences, circumcision was performed under local anaesthesia. After healing of the wound, the first treatment with the Nd-YAG-laser "medilas" (Messerschmitt-Bölkow-Blohm, Munich, West Germany) was given with a total dose of 3,572 joules (pulse energy 25 watts, pulse duration 3 seconds) (Fig. 1). Laser treatment was performed under spinal anaesthesia. Within four weeks, large parts of the condylomata had become necrotic and had fallen off. leaving only some small, shallow ulcers and some small, residual growths. A second laser treatment was performed on the growths. Healing was rapid, within a few weeks the penis returned to its original shape without any scarring (Fig. 2). The patient has been free of recurrences since.

DISCUSSION

Due to its pronounced coagulation effect on biological tissues, the Nd-YAG-laser appears especially suited to be used for the destruction of various benign and malignant skin tumors (2, 6). Treatment with this laser type is simple, rapid, and causes little discomfort.
to the patient. Furthermore, high output devices such as ours allow treatment of large
tumors even in senescent patients (5).

Large condylomata of the penis and vulva are often difficult to treat and are a problem
both for the patient and his physician (7). Especially in longstanding cases, there may even
be the risk of malignant change (8). We feel, therefore, that the Nd-YAG-laser offers a
rapid and simple therapeutic method for the treatment of even large condylomatas.
However, operating such powerful lasers requires that certain precautionary measures be
taken as well as some experience in adjusting the energy output to the desired coagulation
depth. The high price of the instrument may also prevent wider application.

REFERENCES