Melanoma With Second Myxoid Stromal Changes After Personally Applied Prolonged Phototherapy

To the Editor:

The article, “Melanoma With Second Myxoid Stromal Changes After Personally Applied Prolonged Phototherapy,” reports that a patient who used a Bioptron phototherapy lamp to treat a cancerous skin lesion without a doctor’s advice, and who delayed seeking medical treatment, succumbed to advanced primary cutaneous melanoma. No scientific evidence or clinical data exist to support any suggestion or inference that Bioptron therapy caused or contributed to the patient’s cancer and death. Bioptron light therapy has become widely accepted as a new form of treatment in prevention, therapy, and rehabilitation worldwide, and can improve microcirculation, harmonize metabolic processes, reinforce the human defense system, stimulate regenerative and reparative processes of the entire organism, promote wound healing, and relieve pain or decrease its intensity. The medical indications of the Bioptron light therapy are clearly defined in the “Medical Indications” booklet, and as recommended in the operating instructions, patients should consult with a physician before using Bioptron light therapy.

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Epidermoid Cyst on Top of the Left Arm Thumb

To the Editor:

Epidermoid cysts are the most common cyst of the skin. Usually, they are appearing in the hairy regions of the
Epidermoid cysts are usually asymptomatic, slowly enlarging lesions of the skin. They vary in diameter from a few millimeters to 5 cm. 

A 54-year-old woman was admitted to our hospital with a mass on the top of the thumb of the left arm. The lesion had been present during past 2 years, and in the past 6 months, it had enlarged and become painful. Clinical examination showed a mobile, soft, and painful mass, about 2 mm in diameter. The patient denied trauma of any kind in past 2 years.

Under the local anesthesia, the tumor was excised. The histopathologic diagnosis was to be an epidermoid cyst. Sutures were removed after 7 days, with no signs of local complications. One month after the procedure, there was no sign of recurrence.

Epidermoid cysts usually arise from pilosebaceous follicle. Main reasons for arising of epidermoid cysts are defect of sebaceous duct or any kind of epidermal trauma. Some authors are connecting epidermoid cysts with human papillomavirus. In our patient, there was no trauma and no sign of hair in the region. We cannot exclude the papillomavirus as a possible cause of the epidermoid cyst appearance. However, this localization of epidermoid cyst is very unusual regardless to the origin.

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Floret-Like Multinucleated Giant Cells in a Neurofibroma Outside the Context of Neurofibromatosis Type 1

To the Editor:
The recent article by Dr. Swick was of particular interest because I too recently encountered a solitary neurofibroma (NF) with floret-like multinucleated giant cells (FMGCs) (Fig. 1). Similar to Dr. Swick’s case, my patient presented with a traumatized papule on the back, which histologically was consistent with a banal NF, but also contained scattered S-100–negative and CD-34–positive FMGCs (Fig. 2). The lesion was devoid of atypia and there was no evidence of degenerative changes. However, my case differed from Dr. Swick’s and prior case reports, in which all cases of NFs with FMGCs occurred in patients with neurofibromatosis type 1 (NF1) (Table 1). A further difference was that the FMGCs in the current case additionally expressed CD-68 (Fig. 3).
The etiology of the FMGCs is unknown. Currently, there are too few case reports to determine if this phenomenon is an uncommon incidental finding or if it is unique to patients with NF1. The later hypothesis is supported by the fact that similar FMGCs have been reported in the background of pseudoan-giomatous stromal hyperplasia in several men with NF1 and gynecomastia and in a breast hamartoma composed of dense collagen and nerve fibers in a 6-year-old boy with NF1. Furthermore, although cytologic atypia and multinucleated giant cells have been previously reported in NFs with degenerative changes, these cells differ in that they are typically S-100 positive and CD-34 negative. The only common parameter identified thus far that unites all cases is that all the aforementioned lesions occurred in males; however, the significance of this finding is uncertain. In conclusion, further studies are warranted to clarify the etiopathogenesis of these FMGCs.

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REFERENCES

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