REFERENCES

1. Jones EW, Heyl T. Naevus sebaceus. A report of 140 cases with special regard to the development of secondary malignant tumours. Br J Dermatol 1970;82:99-117.
2. Ashinoff R. Linear nevus sebaceus of Jadassohn treated with the carbon dioxide laser. Pediatr Dermatol 1993;10:189-191.
3. Alonso-Castro L, Boixeda P, Reig I, de Daniel-Rodríguez C, Fleta-Asín B, Jaén-Olasolo P. Carbon dioxide laser treatment of epidermal nevi: response and long-term follow-up. Actas Dermosifiliogr 2012;103:910-918.
4. Bhat YJ, Hassan I, Sajad P, Yaseen A, Mubashir S, Akhter S, et al. Evaluation of carbon dioxide laser in the treatment of epidermal nevi. J Cutan Aesthet Surg 2016;9:183-187.
5. Dalziel K, Barton S, Marks R. The effects of isotretinoin on follicular and sebaceous gland differentiation. Br J Dermatol 1987;117:317-323.

https://doi.org/10.5021/ad.2020.32.5.432

Dermatofibroma Transitioned to a Sclerotic Fibroma-Like Change Showing Delicate Reticulated Vessels in Dermoscopy

Takahiro Kiyohara, Hirotsugu Tanimura

Department of Dermatology, Kansai Medical University Medical Center, Osaka, Japan

Dear Editor:

Sohn et al.[1] reported the first case of dermatofibroma (DF) with sclerotic areas resembling a sclerotic fibroma (SF), in which transitional areas from DF to SF could be detected.

A 55-year-old Japanese female presented with a dome-shaped, firm, light-brown nodule, measuring 3 mm in diameter on the abdomen (Fig. 1A). The surface of the nodule revealed a hypopigmented pinkish area in the center (Fig. 1A). Dermoscopy showed a hypopigmented pinkish area with delicate reticulated vessels in the center (Fig. 1B, C), surrounded by brown pigmentation (Fig. 1C). She had no history of trauma. Histological examination demonstrated a relatively well-demarcated, non-encapsulated dermal nodule, the uppermost portion of which transitioned into an oval, eosinophilic area directly below the attenuated epidermis (Fig. 2A). The non-encapsulated dermal nodule was composed of spindle cells and collagen bundles in a vague storiform arrangement, consistent with DF (Fig. 2B). The oval, eosinophilic area was composed of hypocellular hyalinized collagen bundles with prominent clefts (Fig. 2C). The arrangement was reminiscent of a storiform pattern (Fig. 2C). The histological findings were characteristic of SF. In the transition area, DF shifted gradually into SF (Fig. 2D). The overlying epidermis was attenuated right above the SF area, and was hyperplastic with basal hyperpigmentation in the periphery (Fig. 2E). Immunohistochemically, a few spindle cells in the DF nodule were positive for factor XIIIa and CD34 (Fig. 2F), contrary to the cells in the SF area.

Rapini and Golitz[2] first reported a solitary SF in the absence of other manifestations of Cowden's disease. Sohn et al.[1] insisted that SF was an ancient or degenerated stage of DF. Furthermore, SF was also speculated to be a scle-

Received August 22, 2019, Revised October 7, 2019, Accepted for publication October 14, 2019

Corresponding author: Takahiro Kiyohara, Department of Dermatology, Kansai Medical University Medical Center, 10-15 Fumizono-cho, Moriguchi, Osaka 570-8507, Japan. Tel: 81-6-6992-1001, Fax: 81-6-6993-9488, E-mail: kiyohart@takii.kmu.ac.jp
ORCID: https://orcid.org/0000-0002-8608-9071

rotic evolutionary result of other fibrous lesions, such as pleomorphic fibroma and angiofibroma[3,4]. However, SF has also been speculated to be a distinct entity, because of the unique appearance of SF with an attenuated epidermis, whorled and hypocellular collagen bundles, and mucin deposition[2]. Furthermore, another investigator proposed the concept of SF-like DF as an uncommon distinctive variant of DF[5]. Accordingly, whether SF is a distinct entity or a reaction pattern of other disorders remains controversial[3].

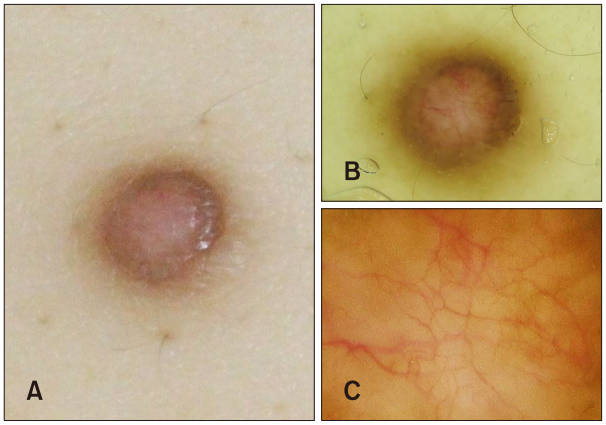

Fig. 1. (A) A dome-shaped, firm, light-brown nodule with a central hypopigmentation, measuring 3 mm in diameter. (B) A hypopigmented pinkish area surrounded by brown pigmentation. (C) Delicate reticulated vessels in the center. A 55-year-old Japanese female; (A) clinical appearance on the abdomen and (B, C) dermoscopy.

In the present case, the main component of the nodule was consistent with the typical histological findings in DF. The hyperplasia with basal pigmentation in the peripheral epidermis was speculated to be caused by DF, and was reflected by peripheral brown pigmentation in dermoscopy. Closer to the center, the epidermis became gradually attenuated because of the SF-like change. Furthermore, the vessels between the epidermis and the hard nodule could not but become branched. Accordingly, dermoscopy showed a hypopigmented pinkish area with delicate reticulated vessels in the central SF area.

In summary, we describe a case of DF with a SF-like change showing delicate reticulated vessels in dermoscopy, which provides further evidence that DF is a possible precursor of SF.

The written informed consent about publishing all photographic materials was obtained from all patients.

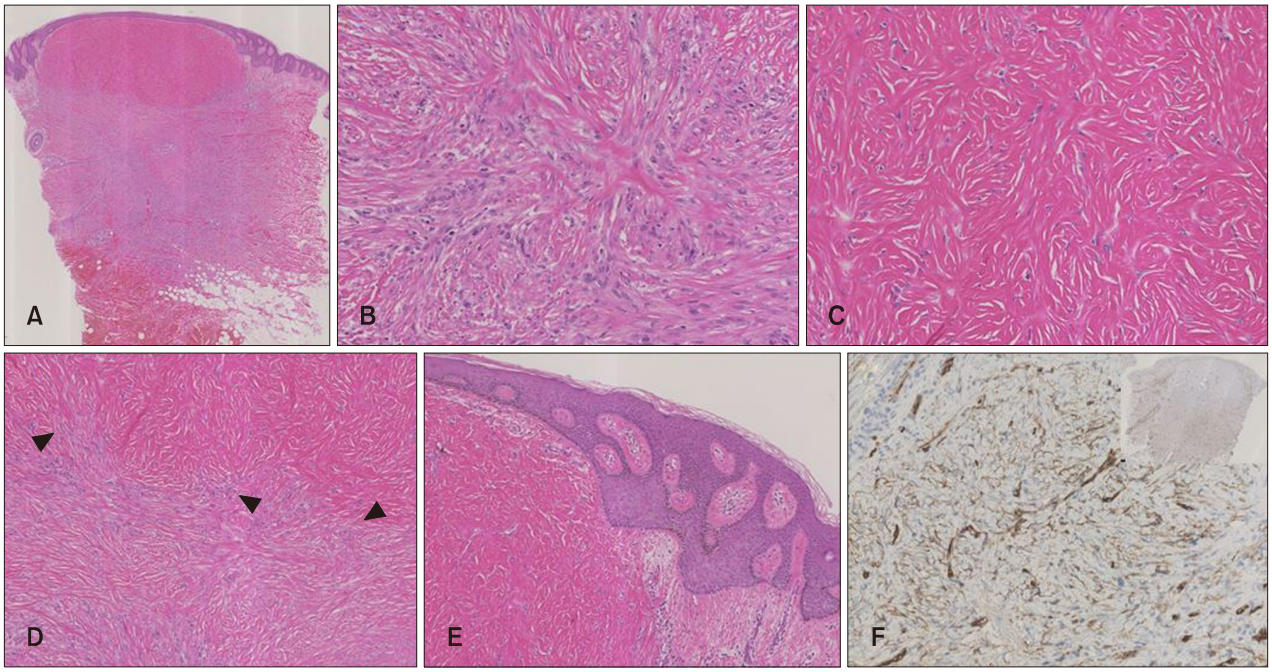

Fig. 2. (A) An oval, eosinophilic area directly below the attenuated epidermis, continuous with a relatively well-demarcated, non-encapsulated dermal nodule underneath (H&E, ×100). (B) Spindle cells and collagen bundles in a vague storiform arrangement in the non-encapsulated dermal nodule (H&E, ×200). (C) Hypocellular hyalinized collagen bundles with prominent clefts reminiscent of a storiform pattern in the oval, eosinophilic area (H&E, ×200). (D) DF shifted gradually into SF in the transition area (black arrowheads) (H&E, ×100). (E) The epidermis was hyperplastic with basal hyperpigmentation in the periphery, and was attenuated closer to the center (H&E, ×100). (F) CD34 positivity in a few spindle cells in the DF area (Immunohistochemistry, ×200; inset, ×25).

CONFLICTS OF INTEREST

The authors have nothing to disclose.

FUNDING SOURCE

None.

DATA SHARING STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ORCID

Takahiro Kiyohara, https://orcid.org/0000-0002-8608-9071
Hirotsugu Tanimura, https://orcid.org/0000-0002-5701-5743

REFERENCES

1. Sohn IB, Hwang SM, Lee SH, Choi EH, Ahn SK. Dermatofibroma with sclerotic areas resembling a sclerotic fibroma of the skin. J Cutan Pathol 2002;29:44-47.
2. Rapini RP, Golitz LE. Sclerotic fibromas of the skin. J Am Acad Dermatol 1989;20(2 Pt 1):266-271.
3. High WA, Stewart D, Essary LR, Kageyama NP, Hoang MP, Cockerell CJ. Sclerotic fibroma-like change in various neoplastic and inflammatory skin lesions: is sclerotic fibroma a distinct entity? J Cutan Pathol 2004;31:373-378.
4. Mahmood MN, Salama ME, Chaffins M, Ormsby AH, Ma CK, Linden MD, et al. Solitary sclerotic fibroma of skin: a possible link with pleomorphic fibroma with immunophenotypic expression for O13 (CD99) and CD34. J Cutan Pathol 2003;30:631-636.
5. González-Vela MC, Val-Bernal JF, Martino M, González-López MA, García-Alberdi E, Hermana S. Sclerotic fibroma-like dermatofibroma: an uncommon distinctive variant of dermatofibroma. Histol Histopathol 2005;20:801-806.

https://doi.org/10.5021/ad.2020.32.5.434

Syringoma Localized to the Umbilicus

Kyung-Hwa Nam[1], Sang-Woo Park[2], Hyun-Bin Kwak[2], Eui-Sung Jung[2], Sang-Kyung Lee[2], Do-Hyeon Kim[3], Seok-Kweon Yun[2,4]

[1]Department of Dermatology, Presbyterian Medical Center, [2]Department of Dermatology, Jeonbuk National University Medical School, Jeonju, [3]Department of Dermatology, Wonkwang University School of Medicine, Iksan, [4]Research Institute of Clinical Medicine of Jeonbuk National University, Biomedical Research Institute of Jeonbuk National University Hospital, Jeonju, Korea

Dear Editor:

Syringomas are relatively common and benign appendageal tumors derived from the eccrine glands. Syringomas typically appear on the eyelid, but rarely can arise on the skin in other areas[1]. Although eruptive syringomas may also involve the periumbilical area, it is very rare for the lesions to be only limited to this region. Here, we report a rare case of a patient with periumbilical syringomas.

A 25-year-old male presented with numerous quiescent, localized papules in his periumbilical area, with a history

Received June 18, 2019, Revised October 13, 2019, Accepted for publication November 6, 2019

Corresponding author: Seok-Kweon Yun, Department of Dermatology, Jeonbuk National University Medical School, 20 Geonji-ro, Deokjin-gu, Jeonju 54907, Korea. Tel: 82-63-250-1894, Fax: 82-63-250-1970, E-mail: dermayun@jbnu.ac.kr
ORCID: https://orcid.org/0000-0002-1498-3701