

tion in pain (abandoning the use of methadone) and 4 lesions were completely healed, while other 2 lesions, located on the lateral malleoli, were recovering (Fig. 1). We then started a gradual reduction of the corticosteroid dosage, and warfarin and nicotinic acid were removed from patient's prescription. The last remaining ulcer was completely healed by August 20th. She reported never have experienced a higher rate of healing before, and no treatment-related adverse event occurred. At the last contact with the patient (December 30th), she was showing no evidence of disease activity.

The present case represents the first report of use of sildenafil or any PDE5 inhibitor in the treatment of LV, suggesting the possibility of an effective treatment alternative for this disease.

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Contact Dermatitis due to Lubricant Oils in a Brass Musician

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Dear Editor:

While handling musical instruments there is a greater or lesser degree of direct contact between the skin and the instrument, which makes this collective to be more prone to develop some skin conditions.

Allergic contact dermatitis, irritant/traumatic dermatitis, in-

fectious events and miscellaneous skin conditions may occur in brass musicians¹⁻³.

We report a 21-year-old man who works as a trumpeter in the Spanish Orchestra since 2006. Shortly after he began playing the trumpet in the orchestra, he presented upper lip and tongue lesions, which he related with playing the

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trumpet (Fig. 1).

The patient plays a trumpet of the brand Stomvi[®]. The trumpet contains three valves which are greased with lubricant oils in order to propel the sound through the instrument. The patient first developed skin lesions with a gold mouthpiece (Stomvi[®]; Stomvi, Valencia, Spain), which persisted despite changes to other mouthpieces of the same brand containing silver or titanium. The patient previously used five lubricant oils consecutively (Stomvi[®] and Premium[®]; Stomvi), Hetman slide gel[®] (Hetman), Holton key oil[®] (Holton, Elkhart, IN, USA), Fast al Cass[®] (Fast,



Fig. 1. An indurated edematous and desquamative fibrous band in the upper lip along with geographic tongue.

USA) and he applied moisturizer (Eucerin ph5[®]; Eucerin, Barcelona, Spain) to the lips before playing the trumpet. Epicutaneous tests were performed with True Test[®] (Martitor, Barcelona, Spain) and Chemotechnique Diagnostics[®] (Dormer Laboratories Inc., FL, USA) reagents, a metal series (Chemotechnique Diagnostics[®]), the patient's own oils and topical lip ointments.

Readings were negative after 48 and 96 hours for all the allergens, except for an irritant reaction to all lubricant oils (Fig. 2). Lubricant oils were tested in five healthy volunteers, observing the same reaction but shorter in duration and intensity.

The patient avoided the use of all lubricant oils and changed to lanoline oil, tolerated by other musicians reporting the same problem and currently, is completely asymptomatic.

We contacted oil manufacturers; however, we only obtained the makeup of Stomvi[®] lubricant oil, which was made up of 100% aliphatic hydrocarbons.

Few cases of contact allergy to industrial water-insoluble greases and lubricant oils have been described in the literature^{4,5}.

We report the first case of irritant contact dermatitis in a brass musician due to lubricant oils used to grease the trumpet valves.

The diagnose was based on the irritant reactions observed to lubricant oils and negative results to other reagents in patch testing and finally, due to the cause-effect relationship in using lubricant oil as etiological agent of the skin lesions. Considering that patient co-workers have presented similar reactions, it may be a frequent complaint in

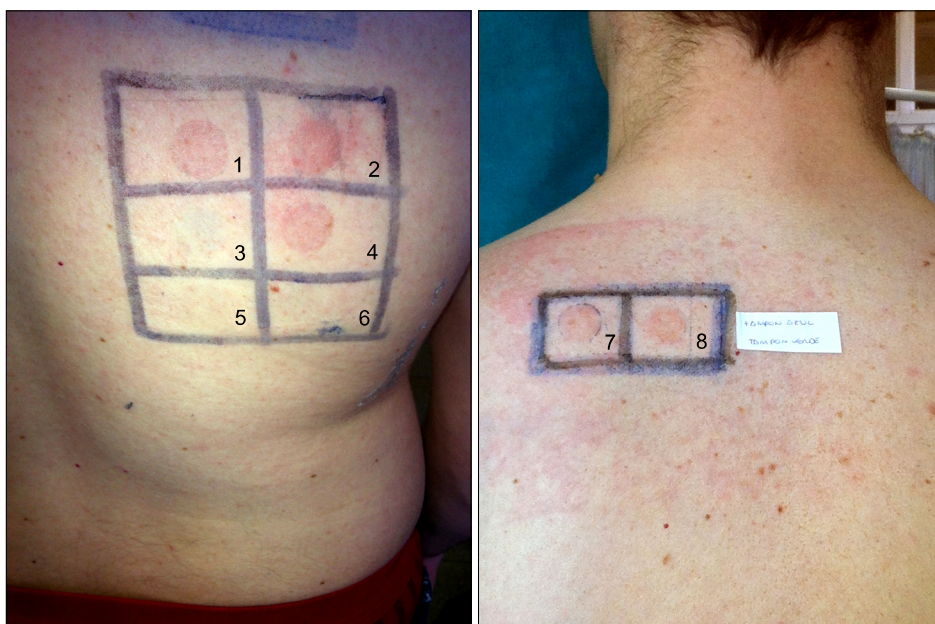


Fig. 2. Ninety-six hours patch test readings to all lubricant oils (1, Stomvi[®]; 2, Premium[®]; 4, Fast al Cass[®]; 7, Holton key oil[®]; 8, Hetman slide gel[®]), moisturizer Eucerin ph5[®] (3), Lanoline True test[®] (5), and Negative control (6).

brass musicians and therefore, lanoline oil should be considered as an alternative brass lubricant in patients with negative patch testing for this allergen. In addition, we should be aware about the possibility that certain factors¹⁻³ in conjunction with irritant oils might help in developing irritant contact dermatitis.

We believe that this case report can alert of the possibility of irritant contact dermatitis due to lubricant oils, so manufacturers could develop oils with a more suitable composition. This, along with adopting proper preventive measures in relation to the practice of the instrument, could reduce this skin conditions, and potential work impairment and incapacity.

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Double Primary Acral Lentiginous Melanoma of both Soles

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Dear Editor:

Multiple primary cutaneous melanoma (MPM) is defined as two or more independent melanoma lesion without attribution of metastasis or recurrence to each other's presence. Histopathological differences, chronological orders, or negativity for metastasis work-ups indicate a possibility of MPM¹. The presence of multiple primary acral melanoma is extremely rare. There are one case series of four MPM patients in African-American ethnicity, and one

case has been reported in Korean patient¹⁻³.

A 78-year-old Korean man referred to the dermatology clinic for the black and hyperkeratotic patch on his right heel (Fig. 1B). The lesion was first noticed 10-years ago. A punch biopsy of lesional skin was done at the center and it turned out to be an acral lentiginous melanoma *in situ*. He had another lesion on the left sole, which was 12 years old, diagnosed as melanoma 2 years ago and it was surgically excised (Fig. 1A; T4bN0M0, wide excision with

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