

## 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



**FIGURE 1.** Epidermoid cyst during the operation.



**FIGURE 2.** Epidermoid cyst after excision.



**FIGURE 3.** Epidermoid cyst; hematoxylin-eosin (enlargement 100×).

skin.<sup>1</sup> Epidermoid cysts are usually asymptomatic, slowly enlarging lesions of the skin. They vary in diameter from a few millimeters to 5 cm.<sup>2</sup>

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.<sup>2</sup> Some authors are connecting epidermoid cysts with human papillomavirus.<sup>3</sup> 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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**REFERENCES**

1. Yavuz B, Alper S, Suhan A. Giant epidermoid cyst of the forefoot. *Dermatol Surg.* 2002;28: 639–640.
2. Karaçal N, Topal U, Kutlu N. Popliteal epidermoid cyst: an unusual location. *Plast Reconstr Surg.* 2004;114:830–831.
3. Kato N, Ueno H. Two cases of plantar epidermal cyst associated with human

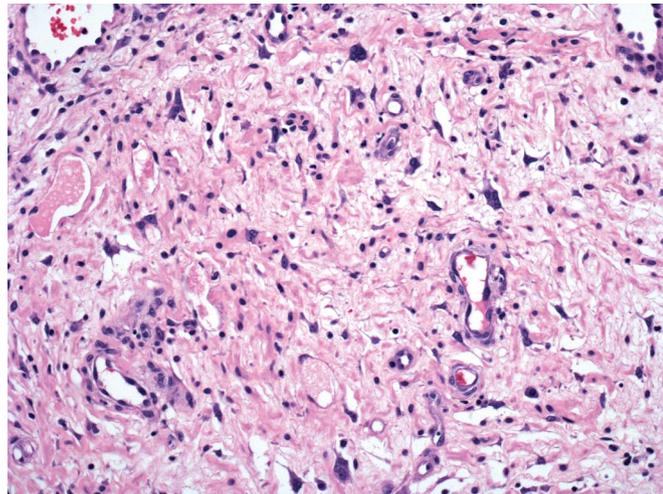
papillomavirus. *Clin Exp Dermatol.* 1992; 17:252.

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

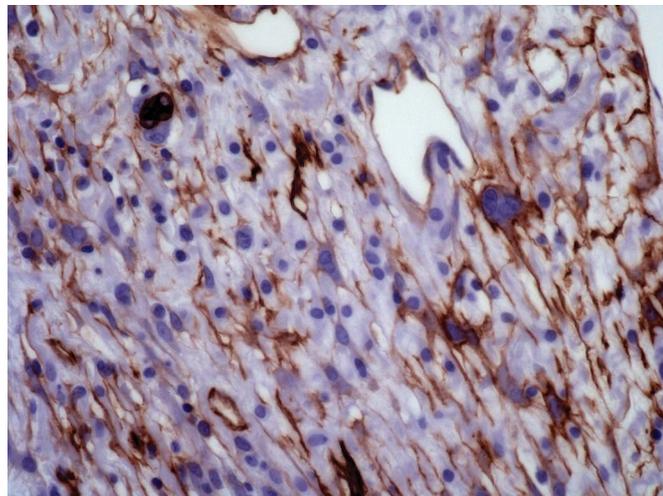
**To the Editor:**

The recent article by Dr. Swick<sup>1</sup> 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).<sup>1–3</sup> A further difference was that the FMGCs in the current case additionally expressed CD-68 (Fig. 3).



**FIGURE 1.** FMGC in a NF.

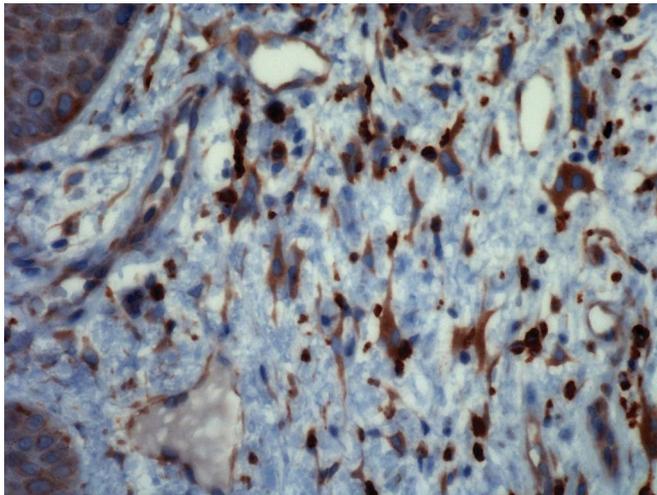


**FIGURE 2.** CD-34–positive FMGC.

**TABLE 1.** Case Reports of Neurofibroma With Floret-Like Multinucleated Giant Cells

	Age (yrs)	Gender	Location	History of Trauma	History of NF1	Immunohistochemical Staining of FMGCs		
						S-100	CD-34	CD-68
Current case	73	Male	Back	Yes	No	No	Yes	Yes
Swick <sup>1</sup>	49	Male	Back	Yes	Yes	No	Yes	No
Shaktawat and Golka <sup>2</sup>	73	Male	Back	No	Yes	No	Yes	No
Magro et al <sup>3</sup>	52	Male	N/A	N/A	Yes	No	Yes	N/A

N/A, information not available.

**FIGURE 3.** CD-68–positive FMGC.

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.<sup>2</sup> The later hypothesis is supported by the fact that similar FMGCs have been reported in the background of pseudoangiomatic stromal hyperplasia in several men with NF1 and gynecomastia<sup>4,5</sup> and

in a breast hamartoma composed of dense collagen and nerve fibers in a 6-year-old boy with NF1.<sup>6</sup> However, since the case reported occurred in a patient without NF1, other factors may also play a role. Although hypoxia and/or reparative changes were hypothesized to have contributed to induction of the FMGCs in the present case, only one prior case reported a similar history of

trauma<sup>1</sup>; therefore, it is unclear if cellular injury plays any role in the development of FMGCs.<sup>1–6</sup> 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.<sup>1</sup> 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

- Swick BL. Floret-like multinucleated giant cells in a neurofibromatosis type 1-associated neurofibroma. *Am J Dermatopathol.* 2008;30:632–634.
- Shaktawat SS, Golka D. Floret-like multinucleated giant cells in neurofibroma. *Diagn Pathol.* 2007;2:47.
- Magro G, Scava S, Ruggieri M. Floretlike multinucleated giant cells in a neurofibroma from a patient with NF1: an unusual finding for such a tumor. *Virchows Arch.* 2002;441:525–526.
- Damiani S, Eusebi V. Gynecomastia in type-1 neurofibromatosis with features of pseudoangiomatic stromal hyperplasia with giant cells. Report of two cases. *Virchows Arch.* 2001;438:513–516.
- Campbell AP. Multinucleated stromal giant cells in adult gynecomastia. *J Clin Pathol.* 1992;45:443–444.
- Lipper S, Wilson CF, Copeland KC. Pseudogynecomastia due to neurofibromatosis—a light microscopic and ultrastructural study. *Hum Pathol.* 1981;12:755–759.