The treatment of choice for a solitary Spitz nevus is complete excision in order to evaluate the entire lesion for atypical features. Complete excision is not an option for EDSN due to the large number of lesions and potential for significant morbidity. Of the cases reported, several treatment options have been tried, including liquid nitrogen, electrocoagulation, and imiquimod. However, these options were not successful. In addition, there have been no reports of malignant transformation of any of the lesions in the reported cases of EDSN, therefore observation is an acceptable treatment option. It is important, however, to recognize this as a clinical entity to avoid misdiagnosis and unnecessary treatments.

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References

Rosacea with severe ophthalmic involvement and blindness – a rare occurrence

Rosacea is characterized by a spectrum of clinical signs, including erythema, telangiectasia, and inflammatory papulopustular eruption affecting facial convexities. The subtypes of rosacea include erythemato-telangiectatic, papulopustular, rhinophymatous, and ocular. Any one of these subtypes can coexist in a patient. Various theories have been put forward to explain the etiopathogenesis of rosacea, which include facial vascular reactivity to various trigger factors, dermal matrix degeneration leading to endothelial damage, and microbe-induced...
follicle-based inflammation. In approximately 20% of the patients, eye changes may precede skin changes. However, severe eye complications leading to corneal opacity and blindness are a rare feature. Here we report a patient with rosacea with severe ophthalmic involvement.

A 38-year-old man presented with skin lesions over the cheeks and forehead associated with a burning sensation, which had lasted on and off for six years. He gave a history of exacerbation of skin lesions on exposure to sunlight. He had developed redness and itching of both eyes three months prior to onset of skin lesions. This had gradually worsened over six years, which eventually led to visual impairment. The patient had undergone a keratoplasty in his left eye one year ago, but the improvement was temporary. He again developed gradual worsening of his vision over the next few months. Examination showed erythematous papules and pustules over the cheeks, forehead, and presternal region (Fig. 1). Ophthalmological examination showed blepharitis, scleritis, and heavy vascularization around the cornea in both eyes. The right eye also revealed iritis, multiple healed leukomatous patches, a few ulcers, and a complete loss of vision. His left eye had evidence of keratoplasty, and the lower half of the graft was opacified with neovascularization (Fig. 2). The visual acuity in his left eye was 6/30. A diagnosis of rosacea – papulopustular and ocular subtypes – was thus made. He was given oral doxycycline 100 mg twice daily for one month. Clindamycin gel and metronidazole gel were applied topically, and skin lesions improved. His eye lesions were managed according to his ophthalmologist’s advice, and he was given lubricating eye drops (artificial tears) containing carboxymethyl cellulose and fluoromethalone drops, three times daily. The itching sensation, redness, and discharge from his eyes improved, and a second keratoplasty was planned.

Rosacea affects all races, but it is more common in fair-skinned individuals. It is characterized primarily by flushing, inflammatory papules, pustules, and telangiectasias. Secondary clinical features include facial burning, stinging, edema, plaques, phymas, and ocular manifestations. The common eye changes include blepharitis, conjunctivitis, meibomian gland plugging, and chalazia. Patients usually complain of stinging or burning of the eyes, itching, dryness, and foreign body sensation. The meibomian gland impaction leads to decreased lipid in the tear film, greater tear evaporation, and subsequent irritability of the eyes.

Rarely, scleritis, episcleritis, iritis, iridocyclitis, hypopyon, keratitis, corneal thinning, corneal neovascularization, and blindness can occur. Although ocular rosacea is not an uncommon finding, very few patients with such severe eye complications and blindness have been reported so far.

A recent study of 64 patients with rosacea did not show these rare eye complications. We report this case to highlight the damage rosacea can do to the eye. We also stress the need for early ophthalmic examination and regular follow-up in all patients with rosacea to prevent irreversible eye complications leading to blindness.

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Figure 1 Erythematous papules and pustules seen on the forehead and cheeks with ocular changes

Figure 2 Right eye showing corneal opacity with neovascularization of the cornea in both eyes
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References

Clothing and skin: the burqa as an example

Dear Sir,

Clothes or textiles have important affects on our skin. Clothes offer a protective cover against the sun and insect bites. Various fabrics, like cotton, are soothing to the skin, while others like wool and synthetic fibers are known to cause exacerbation in patients with atopic dermatitis. Textile finishes and dyes may precipitate allergic contact dermatitis.

Owing to their hygienic properties, fabrics produced from natural fibers are preferential in patients with atopic dermatitis.

Clothes can even lead to contact dermatitis. They may cause frictional dermatoses and diseases related to friction like macular amyloidosis, and may induce koebnerization in some diseases like vitiligo.

Clothes might be a carrier to an infectious, allergic, or injurious agent to the skin. For instance, sea bathers’ dermatitis is related to swimsuits, as the causative factor is embedded in clothes.

Insect bite-related diseases like leishmania might be affected by clothes. Insects might be attracted by the smell or color of clothes.

As far as type of clothing and style of draping is concerned, there are variants of head covers for women due to cultural and religious reasons in different parts of the world. These might be limited to the scalp, or include the face. Face cover might include all the face or everything except the eyes. The latter type is called a “burqa” or “Nigab”. Face covers for women have received increasing attention in the last few years in Europe and America due to an increase in terrorism and for security reasons.

Cultural, religious, political, or other aspects of face cover were heavily discussed in the media, and we will not cover that here. Instead, we want to highlight the medical aspects of this type of concealing dress.

The burqa provides some protection against the sun. Depending on the type of fabric and the weave, it can act as a good physical sunscreen. Moreover, face cover is thought to protect against infections like influenza and leprosy.

On the flip side, a veiled face has its own set of disadvantages. It may worsen rosacea and eccrine hidrocystomas. Constant friction by the rim of the burqa might cause pigmentation on the face. In women who wear burqa, the skin around the eyes becomes more exposed to the sun than the rest of the face, hence these women might have cutaneous dyschromia and color discrepancy, with the area around the eyes becoming more pigmented and prone to photo damage than the rest of the face. In addition, Vitamin D deficiency can occur as a consequence of inadequate sun exposure.

Lastly, the burqa may affect the assessment of the psychology of a woman who wears it, if she is being examined by a male doctor because the face is covered and there is no way to see the gestures of the patients or make a note of signs of depression.

We believe that the above important interactions between clothing, in general, and our skin are not widely recognized by people working in textile and fashion industries, and even by the public.

Practicing dermatologists should be able to provide proper advice to the patient regarding the affects of his or her clothes on his or her skin disease.

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