

ERUPTIVE SYRINGOMAS OF THE NECK

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comment:

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We read with admiration the article written by Borik L et al on eruptive syringomas (ES) of the neck [1]. We are convinced, from the clinical and histopathological findings, that syringomas is the most likely diagnosis for the patient concerned, and that the authors have provided that highest quality of care to her.

We cast reservations, however, on whether the longitudinal time progression of the lesions warrant the term eruptive to be validly applied here. Specifically, the 25-year-old lady was “admitted to the dermatologist’s office with the complaint of a rash and itch on the skin on the anterior neck”.

In general usage, eruptive denotes to become active or violent especially suddenly [2]. In dermatology, we might apply eruptive to describe sudden appearance – a crop or several successive crops – of a number of lesions, within a relatively short time frame. From the description by Borik et al [1], we see little substantiation of an eruption.

In other reports of ES, description of the time progression is much more precise. For example, Teixeira M et al [3] described “a few papules on the anterior chest wall and spread to a larger area on her upper body in successive crops (our emphasis)” for a 19-year-old female. Chow C et al [4] reported “new crops (our emphasis) of papules appeared on his axillae, back, and buttocks over several months” for a 19-year-old man. Other reports depict the temporal sequence as “on the forearm first, which was followed by successive eruptions on the face, chest, upper abdomen, thigh and neck respectively” [5], “the papules appeared in crops” [6], “abrupt eruption of small skin-colored or reddish papules on the face, neck and limbs” [7], and “the lesions appeared at the same time” [8] (our emphases).

Review articles also endorse that the chronological progression of ES should be “appearing in successive crops” [9], and “in successive crops of small skin-colored papules” [3] (our emphases). Whether multiple cutaneous lesions are eruptive or not casts significant impacts on the investigations to unveil the underlying pathogenesis. Eruptions, such as those in ES, lead clinicians to be alerted to infectious or other acute exogenous insults of relative short duration. We suspect several diseases – Gianotti-Crosti syndrome, pityriasis rosea, asymmetric periferfural exanthem, eruptive pseudoangiomatosis, papular-purpuric gloves and socks

syndrome – to be paraviral exanthems partly because of the eruptive course for the onset of these rashes. Advanced epidemiological methodologies might then be applied to detect whether the rashes are contagious [10,11]. On the contrary, multiple lesions which are not eruptive would be more compatible with subacute to chronic exogenous insults or longstanding endogenous immunological or other homeostatic upheavals.

Otherwise, we congratulate Borik et al for their review of this interesting cutaneous condition.

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