

Flexural Comedones

G. Pitarch, A. Pitarch, and J.M. Sánchez-Motilla

Servicio de Dermatología, Hospital General de Castelló, Castelló de la Plana, Spain

To the Editor:

A new form of comedones, known as childhood flexural comedones, has recently been reported.¹ The authors described the development of comedones in the large skin folds during childhood, in which the comedones had 2 orifices connected via a thin layer of epidermis. No predominance in either sex has been reported. In most cases, the patients consulted for another condition and the comedones were an incidental finding. The lesions were usually solitary, unilateral, and located in the axillae.

Since this entity was first defined, we have seen 3 patients with lesions

consistent with those described. A 5-year-old boy was seen for multiple comedones with double orifice in the axillae that had been present for 9 months (Figure). A soft, white, keratinous material was expressed from 1 of the larger, cystic lesions. A 25-year-old man, who consulted for severe acne, presented numerous comedones with double orifice on the neck and back from childhood. A 40-year-old woman, who had experienced polymorphic acne mainly on the face during adolescence, presented comedones with double orifice on both sides of the neck from childhood. None of the patients were aware of any other cases of flexural comedones in their families.

The appearance of comedones is usually related to acne, hidradenitis suppurativa, chronic sun damage, or other types of cutaneous damage.² It can also occur after molluscum contagiosum infection.³ The site of childhood flexural comedones, which present particularly in the axillae and occasionally also in the groin, indicate that this entity could be related to hidradenitis suppurativa. The 2 adult patients described, who presented

abundant comedones with double orifice on the back and neck, had developed severe acne during adolescence. This suggests that childhood flexural comedones could be related to the development of acne or hidradenitis suppurativa during adolescence or adulthood. These observations also indicate that childhood flexural comedones may persist into adulthood and may be found along with comedones with double orifice at different sites in the skin folds, as well as on the back.



Figure. Comedones with double orifice, with a cystic lesion.

REFERENCES

1. Larralde M, Abad ME, Santos Muñoz A, Luna P. Childhood flexural comedones. *Arch Dermatol.* 2007;143:909-11.
2. Jemec GB, Heidenheim M, Nielsen NH. The prevalence of hidradenitis suppurativa and its potential precursor lesions. *J Am Acad Dermatol.* 1996;35 (2 Pt 1):191-4.
3. Brandrup F, Asschenfeldt P. Molluscum contagiosum -induced comedo and secondary abscess formation. *Pediatr Dermatol.* 1989;6:118-21.

Unilateral Multiple Facial Angiofibromas: Description of a New Case

M.T. Bordel-Gómez,^a B. Monteagudo-Sánchez,^b and J.C. Álvarez-Fernández^c

^aServicio de Dermatología, Complejo Asistencial Virgen de la Concha, Zamora, Spain

^bServicio de Dermatología, and ^cServicio de Anatomía Patológica, Hospital Arquitecto Marcide-Profesor Novoa Santos, Ferrol, A Coruña, Spain

To the Editor:

Tuberous sclerosis, also called tuberous sclerosis complex (TSC),¹ is a rare multisystem genetic disease that causes benign tumors in the brain and other vital organs, such as the kidneys, heart, eyes,

lungs, and skin. The prognosis of the disease is determined by renal manifestations, in which the appearance of renal angioliipomas causes retroperitoneal bleeding and progressive renal failure, the main causes of death in these patients.¹

Bilateral multiple facial angiofibromas are the most common dermatologic manifestation of TSC and are considered a major criterion in establishing the diagnosis.¹ The unilateral presence of facial