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LETTERS TO THE EDITOR

Comment on: Late-Onset Acquired Generalized Lipodystrophy with Muscle Involvement[☆]

Comentario a: Lipodistrofia generalizada adquirida de inicio tardío y con afectación muscular

To the Editor:

After reading the interesting case report by Llamas-Velasco et al.,¹ we would like to add a comment.

The authors described a case of acquired generalized lipodystrophy (AGL) with muscle involvement. The index patient with AGL had normal muscle strength and biopsy report. The evidence of muscle involvement were the presence of high creatine kinase levels and a myopathic pattern on electromyography.

Furthermore, the patient had hypothyroidism with dyslipidemia for which she was receiving levothyroxine and fenofibrate. The authors do not mention neither the dose for these 2 drugs nor the effectiveness of the levothyroxine

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supplementation (the results of serum thyroid stimulating hormone level). High serum creatine kinase levels and a myopathic pattern on electromyography have been reported in patients with hypothyroidism and also in such patients when they are receiving hypolipidemic therapy (fenofibrate) even in the absence of clinical evidence of muscular involvement.^{2,3}

References

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J.P. Sahoo^{*}, S.K. Kamalnathan

Department of Endocrinology, Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), India

^{*}Corresponding author.

E-mail address: jppgi@yahoo.com (J.P. Sahoo).

Microsatellite and Genetic Instability in Patients With Muir-Torre Syndrome[☆]

Estudio de inestabilidad de microsatélites y genético de los pacientes con síndrome de Muir-Torre

To the Editor:

First we wish to congratulate the authors of the case report *Extraocular Sebaceous Carcinoma*, published in volume 103 of *Actas Derma-Sifiliográficas*.¹ We believe that much can

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be learned from the 2 cases described, which furthermore highlight the role of the dermatologist as the first specialist in a position to detect serious diseases. We have had a similar experience, and wish to describe the molecular and genetic tests that are available for these types of cases.

The patient was 47 years of age and was diagnosed with extraocular sebaceous carcinoma. He was referred for follow-up, during which we detected several sebaceous adenomas and hyperplasias, which were excised because malignancy could not be clinically ruled out. Given that some of these lesions displayed varying degrees of dysplasia, samples were analyzed for microsatellite instability, which was positive, in an initial immunohistochemical screening. Based on these data and faced with a suspected case of Muir-Torre syndrome (MTS), a detailed analysis of family cancer history was conducted. This revealed the presence of several first- and