

closely followed up because BCC treated with radiotherapy recurs more often than that treated with Mohs micrographic surgery; Rowe et al.⁵ reported that the 5-year recurrence rate of radiotherapy-treated disease is higher (9.8%) than that of Mohs micrographic surgery (5.6%). Also, the potential for radiogenic toxicity in the skin should not be ignored, especially when it might cause severe functional discomfort.

In summary, we describe a rare case of BCC that presented as a perianal ulcer. Dermatologists should consider BCC in the differential diagnosis of a painless, ulcerated lesion on the perianal area. We also suggest considering radiotherapy in cases of BCC in the perianal area when surgical treatment is not possible.

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<http://dx.doi.org/10.5021/ad.2015.27.2.214>

Actinic Granuloma Arising from the Pulsed Dye Laser-Treated Skin in a Patient with Capillary Malformation

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Dear Editor:

Actinic granuloma is a rare inflammatory skin disorder that presents in chronically sun-damaged skin with flesh-colored to erythematous papules that coalesce to

form centrifugally enlarging annular patterns¹. However, its pathogenesis remains to be elusive. It is thought that ultraviolet radiation, heat, viral diseases or other unknown factors transform the antigenicity of elastic fibers and induce cellular immune reactions^{1,2}.

A 49-year-old Korean woman had reddish patches on the right side of her face from birth. She was diagnosed with capillary malformation about 20 years ago. She has treated the skin lesion with a pulsed dye laser (PDL) and fractional laser > 10 times with 7 years. However, her skin lesion has not completely disappeared. On examination, the reddish patch had an uneven surface and firm texture (Fig. 1). These changes in the skin occurred 2 years ago. Histopathologically, there were some telangiectatic vessels and granulomatous inflammation in the superficial and mid-der-

Received September 5, 2013, Revised April 14, 2014, Accepted for publication May 12, 2014

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Fig. 1. (A) Ill-demarcated reddish patch with an (B) uneven surface and firm texture on the right side of the face (white arrow: the biopsy site).

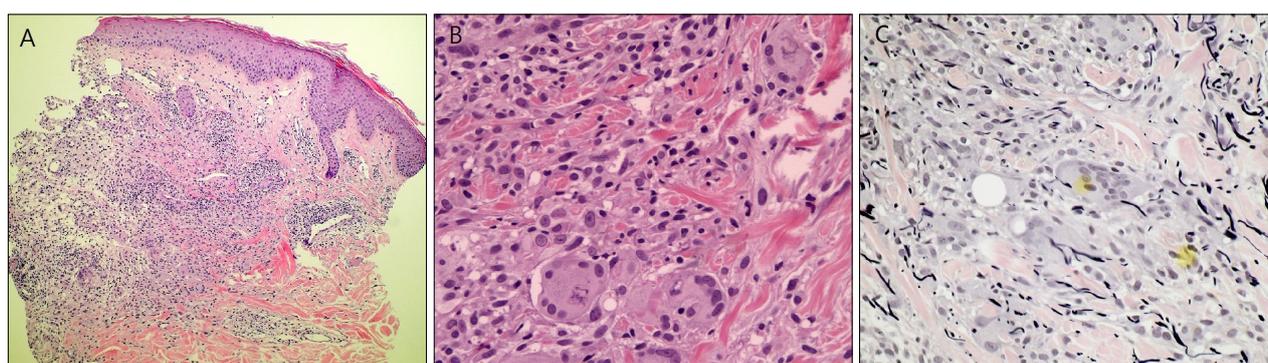


Fig. 2. (A) Some telangiectatic vessels and granulomatous inflammation in the superficial and mid-dermis (H&E, $\times 40$). (B) The granuloma is comprised of numerous giant cells (H&E, $\times 200$). (C) Some giant cells are contained in the elastotic material (Verhoeff's elastic stain, $\times 200$).

mis (Fig. 2A). The dermis showed histiocytes with numerous giant cells, and some of them contained elastotic material, which was consistent with actinic granuloma (Fig. 2B, C). Because of previous repeated laser therapy, we presumed that these granulomatous reactions resulted from the laser therapy-induced actinic and/or heat damage. First, she was treated with oral methylprednisolone (8 mg; Methylon; Kunwha, Seoul, Korea) for 4 months and topical desonide (0.05%; Desowen Lotion; Galderma Pharma SA, Lausanne, Switzerland) for 1 year. However, this treatment resulted in no response. Then she was treated with oral isotretinoin (10 mg; Roaccutane; Roche, Basel, Switzerland) for 4 months, but she also had a minimal response. Actinic granuloma typically affects exposed, weather-beaten skin in patients who are at least aged >30 years. Prediction sites are the neck, face, chest, and arms. O'Brien³ considered actinic granuloma to be a phenomenon of re-

pair within damaged connective tissue. A biopsy specimen shows three distinct zones in the dermis. At the periphery within normal skin, actinic elastosis is prominent. The annulus shows a histiocytic and giant cell inflammatory reaction in the papillary and mid-dermal region. The giant cells may contain intracytoplasmic degenerated elastic fibers, or they may surround the foci of elastosis. A center, relatively elastin-free zone is present within the annulus^{3,4}. The differential diagnosis includes granuloma annulare and necrobiosis lipoidica. The absence of dermal mucin and the presence of larger, more numerous giant cells help to distinguish actinic granuloma from granuloma annulare. The presence of elastophagocytosis, degenerated collagen, and sclerosis aid in distinguishing actinic granuloma from necrobiosis lipoidica. The treatment of actinic granuloma has been disappointing. Most reports have cited poor response to topical steroids

with a single report of a response to isotretinoin⁵. In our current report, the patient was previously treated with PDL and fractional laser therapy > 10 times. She was a housewife living in an urban area. We thought that the actinic granuloma resulted from the repeated laser therapy-induced heat and/or actinic damage. And, the damage may have destroyed the elastic fiber, which triggers an inflammatory response that causes granulomas. We describe an unusual case of actinic granuloma arising from the laser therapy treated skin.

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<http://dx.doi.org/10.5021/ad.2015.27.2.216>

Twisted and Rolled Body Hairs: A New Report in Asians

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Dear Editor:

The body hair of Asians differs from that of other races in a number of ways. Asians have shorter, straighter, thinner, and less body hair than Caucasians and black individuals. Since a case reported by Itin et al.¹ in 1994, research studies of knotted body hair have rarely been reported.

A 26-year-old Korean man complained of the increasing density of knotted body hairs on his arms and legs (Fig. 1). He was in good health, and his medical histories were not

specific. The patient had rubbed his body everyday using a towel with cleanser after he felt a crawling sensation on his body. He believed this weird sensation occurred after sexual contact with an unknown female 4 months prior. The results of the laboratory tests showed no abnormal findings in complete blood count, blood chemistry, immunoglobulin E level, venereal disease research laboratory test, and *Treponema pallidum* hemagglutination test. A physical examination showed no significant signs, such as indications of parasitic infestation. Interestingly, the patient had mild skin xerosis and approximately ten knotted hairs on both of his upper and lower extremities. We removed a sample of knotted hair for further examination. Light microscopy revealed that the knotted hairs originated from different hair follicles. To investigate the ultrastructural characteristics of the hairs, scanning electron microscopy (SEM, S-4700; Hitachi, Tokyo, Japan) was used. SEM showed knotting of several hair shafts from different hair follicles due to sudden curvature; there was no mechanical fracture or fissuring of the hair shafts.

Received February 25, 2014, Revised May 22, 2014, Accepted for publication May 23, 2014

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