http://dx.doi.org/10.5021/ad.2015.27.1.101

Iatrogenic Harlequin Syndrome: A New Case

Joon Min Jung, Mi Hye Lee, Chong Hyun Won, Sung Eun Chang, Mi Woo Lee, Jee Ho Choi, Kee Chan Moon

Department of Dermatology, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea

Dear Editor:

The Harlequin syndrome, first described by Lance et al.[1] in 1988, represents an uncommon disorder of the sympathetic nervous system. It is characterized by unilateral diminished sweating and heat- or exercised-induced facial flushing. We present the case of one patient with this remarkable syndrome, including a review of the literature. A 43-year-old woman presented to our clinic with a peculiar pattern of facial flushing. She has been experiencing flushing and sweating on the left side of her face after physical exercise or after taking a hot bath (Fig. 1). The symptoms started about 2 years ago, after she had undergone an endoscopic surgery for the removal of a solitary pulmonary nodule. She has no other medical history besides chronic pancreatitis. She has never been treated for her symptoms before visiting our clinic. On examination at rest, no asymmetric facial flushing or sweating was noted. Neurological examination was normal, and signs of ptosis or miosis were absent. Laboratory tests, including complete blood count, erythrocyte sedimentation rate, glucose, sodium, potassium, and creatinine, revealed no abnormality. As the symptom had appeared only after the endoscopic surgery, we suspected that there might have been an accidental damage to the sympathetic nerve innervating the right facial area during the surgery. The patient was reassured of the benign nature of her complaints and was asked to avoid any aggravating factors. Most cases of Harlequin syndrome are primary in nature. This syndrome is most common in women, and social embarrassment is the main problem of affected persons. In about one-sixth of patients with Harlequin syndrome, the disorder is caused by an underlying disease or a structural lesion (i.e., secondary Harlequin syndrome). The iatrogenic type of Harlequin syndrome, like our case, is recently being reported with a higher frequency. Ten such cases have been reported: one occurring after internal jugular vein catheterization, five after paravertebral thoracic anesthetic blocks, three after surgical resection of a neck mass, and one after thoracic sympathectomy. Physicians should focus on taking the patient's medical history for related factors such as a previous malignancy, as well as recent surgery or anesthesia-related problems. Clinical and neurological examinations are also required, and imaging techniques such as computed tomography or magnetic reso-

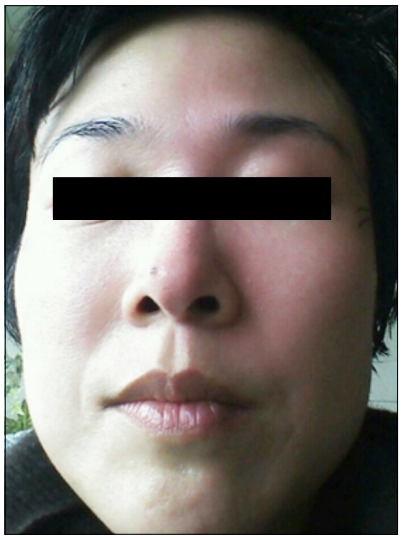

Fig. 1. She experienced flushing on the left side of her face following physical exercise.

Received February 4, 2014, Revised March 5, 2014, Accepted for publication March 12, 2014

Corresponding author: Mi Woo Lee, Department of Dermatology, Asan Medical Center, 88 Olympic-ro 43-gil, Songpa-gu, Seoul 138-736, Korea. Tel: 82-2-3010-3460, Fax: 82-2-486-7831, E-mail: miumiu@amc.seoul.kr

nance imaging of the brain, spinal cord, and the carotid arteries and the lung apex should be performed to exclude the presence of a structural lesion. Usually, a patient with a primary or iatrogenic Harlequin syndrome does not need any treatment. If the symptoms are not acceptable, a contralateral sympathectomy may be considered[2]. Recently, a novel approach to the management of Harlequin syndrome, by using repeated stellate ganglion blocks, was proposed as a less invasive alternative treatment[3]. To our knowledge, a clinical presentation of Harlequin syndrome has not been previously reported in the Korean dermatological literature. We hope that this report would make dermatologists properly aware of this rare syndrome.

REFERENCES

1. Lance JW, Drummond PD, Gandevia SC, Morris JG. Harlequin syndrome: the sudden onset of unilateral flushing and sweating. J Neurol Neurosurg Psychiatry 1988;51:635-642.
2. Willaert WI, Scheltinga MR, Steenhuisen SF, Hiel JA. Harlequin syndrome: two new cases and a management proposal. Acta Neurol Belg 2009;109:214-220.
3. Reddy H, Fatah S, Gulve A, Carmichael AJ. Novel management of harlequin syndrome with stellate ganglion block. Br J Dermatol 2013;169:954-956.

http://dx.doi.org/10.5021/ad.2015.27.1.102

A Case of Soft Fibroma of the Nipple with a Cauliflower-Like Appearance

Hyang-Suk You[1], Sung-Min Park[1], Hyun-Ho Cho[1], Won-Jeong Kim[1], Je-Ho Mun[1], Margaret Song[1], Hoon-Soo Kim[1], Hyun-Chang Ko[1,2], Moon-Bum Kim[1,2], Byung-Soo Kim[1,2]

[1]Department of Dermatology, Pusan National University School of Medicine, [2]Medical Research Institute, Pusan National University Hospital, Busan, Korea

Dear Editor:

Soft fibroma (acrochordon, fibroepithelial polyp, or skin tag) is a common pedunculated skin neoplasm and usually appears as a furrowed papule, filiform lesion, or large bag-like protrusion. Soft fibromas primarily occur on the neck, axillae, and groin. However, it may present at unusual sites of the body such as the penis, urethra, and vulva. Moreover, a few reports on soft fibromas occurring on the breast and nipple have been published[1]. Herein, we report a rare and interesting case of a soft fibroma arising from the nipple, showing an unusual cauliflower-like appearance.

A 51-year-old obese woman presented with a 25-year history of a painless pedunculated polyp originating from her right nipple. The lesion measured 2.4×2.3×1.4 cm and demonstrated a verrucous and cauliflower-like surface (Fig. 1A, B). Neither acanthosis nigricans nor epidermal nevus was observed on the adjacent skin. Dermoscopy revealed irregular epidermal projections and focal dotted vessels (Fig. 1C). Total surgical excision of the polyp, sparing the right nipple, was performed. Histopathological analysis showed papillomatosis, hyperkeratosis, and regu-

Received September 23, 2013, Revised December 10, 2013, Accepted for publication March 14, 2014

Corresponding author: Byung-Soo Kim, Department of Dermatology, Pusan National University Hospital, 179 Gudeok-ro, Seo-gu, Busan 602-739, Korea. Tel: 82-51-240-7338, Fax: 82-51-245-9467, E-mail: dockbs@pusan.ac.kr