dence is insufficient. In particular, there is no performed study or reported case on the use of MTX to treat AD in childhood, and thus, this case report is the first to describe the successful use of MTX in childhood AD. MTX has been served as a good treatment modality for more than 40 years in the pediatric dermatologic field and is considered the systemic treatment of choice for childhood psoriasis[5]. MTX has a track record of safe and effective long-term use in childhood psoriasis and juvenile idiopathic arthritis[5]. Given these facts, we believe that MTX offers an effective, safe, tolerable, and preferred therapeutic option for childhood AD as well as for childhood psoriasis despite a lack of peer reviewed evidence.

Further well-designed studies are needed to confirm the efficacy, doses, dosing schedules, safety, and side effects on short-term and long-term use of MTX in childhood AD.

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Eruptive Penile Syringomas Spreading to the Pubic Area and Lower Abdomen

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Dear Editor:

Syringomas are common benign neoplasms of eccrine differentiation. They often occur at the eyelids, upper cheeks, neck, axilla, abdomen and vulva. Penile syringomas are rare, with only 12 reported cases in the English literature to date. All of the reported cases were confined to the penis, and this is the first case of penile syringoma spreading to the pubic area and lower abdomen.

A 33-year-old Korean male was presented to our clinic with asymptomatic papules on the pubic area, lower abdomen (Fig. 1A), as well as dorsal and lateral aspects of the penile shaft (Fig. 1B). The scrotum and glans were spared. The lesion occurred eruptively about 3 years ago. Physical examination found soft purplish papules measuring 1～3 mm in diameter on the penile shaft, pubic area and lower abdomen. He had no family history of similar lesions. Histologic examination of punch biopsies from the pubic area and penis revealed multiple comma or tadpole-shaped ductal structures and few milia-like structures within the superficial dermis (Fig. 2). The ductal

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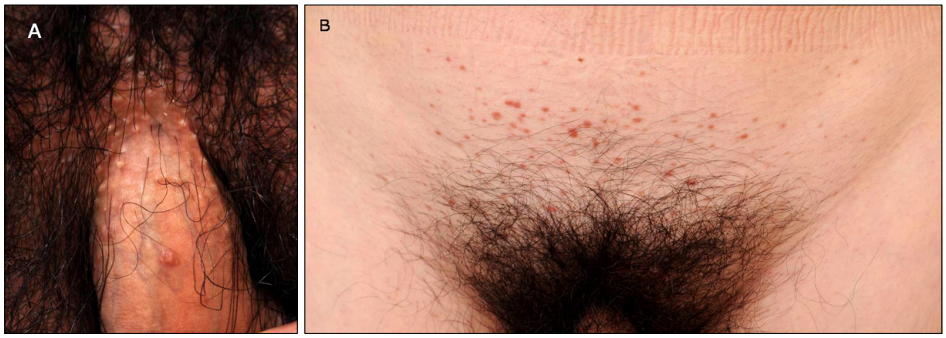

Fig. 1. (A) Small, soft, purplish papules on patient's penile shaft, (B) the pubic area and lower abdomen.

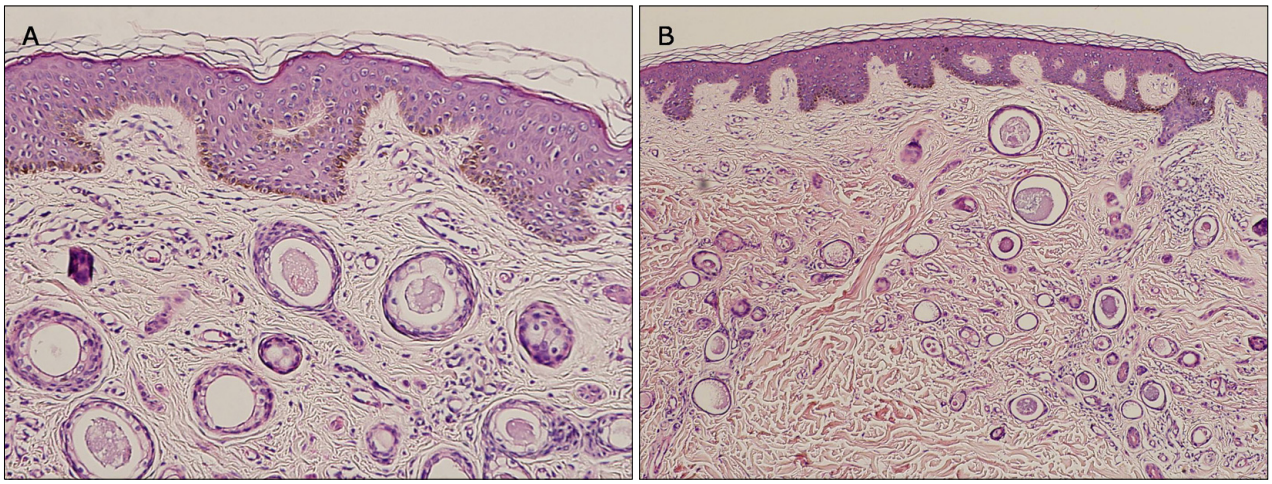

Fig. 2. Multiple glandular structures lined by cuboidal epithelium in the dermis. Some tubular structures were comma or tadpole shaped. (A) Suprapubic area (H&E, ×200), (B) penile shaft (H&E, ×100).

structures were lined with 2- to 3-layered epithelial cells. The patient was diagnosed with eruptive syringomas of penis and pubic area.

Syringomas are benign tumors of eccrine glands often occurring in adolescence or young adults with female predominance[1]. It usually presents as multiple, small, fresh-colored to brownish papules or coalesced plaques with predilection for the eyelids, neck, chest, axilla and vulva. Involvement of the penis is uncommon, and only 12 cases have been reported in English literature to date. All of the reported penile syringomas were presented on the shaft of the penis, not the scrotum or pubic area.

An exact pathogenesis of syringoma is still unknown, but the neoplastic process, reactive hyperplasia, an association with hormonal factors is considered to be an etiologic factor[2,3]. Eruptive syringomas consist of the successive development of multiple papules in a limited area were thought to be a reactive process[4]. Although vulvar syringomas are not rare, penile syringomas are uncommon and all reported cases were restricted on the penis. Succesive development of syringomas on the penis and pubic area could suggest its reactive nature other than other factors.

The differential diagnosis of penile syringomas includes genital warts, lichen planus, bowenoid papulosis, angiokeratoma, angiofibroma, granuloma annulare, lichen nitidus, sarcoidosis, pearly penile papules, calcinosis cutis, and so on[3].

Treatment is necessary only for cosmetic causes. Surgical excision, electrodessication and curettage, chemical peels, cryosurgery, laser treatment with a carbon dioxide laser or a carbon dioxide fractional laser were reported to be effective[5].

In summary, we report a patient with eruptive penile syringomas spreading to the pubic area and lower abdomen. Penile syringomas are a rare presentation and are usually confined to the penile shaft only, and this is the first case of penile syringoma spreading to the pubic area and lower abdomen.

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Henoch-Schönlein Purpura during Isotretinoin Therapy

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Dear Editor:

Henoch-Schönlein purpura (HSP) is a leucocytoclastic vasculitis that typically presents with a palpable purpuric rash. The disease primarily affects children and has rarely been seen in adults (3.4 to 14.3 cases per million)[1]. Hereby, we present a 20-year-old patient with HSP that developed during isotretinoin treatment for his acne.

A 20-year-old man presented at our outpatient clinic with palpable purpuric lesions developed after the fourth week of isotreinoin (30 mg/day) treatment for severe inflammatory acne. Examination revealed multiple palpable purpura on the legs, 1 mm to 15 mm in diameter (Fig. 1). Furthermore, the patient had arthralgia in both ankles and knees. Complete blood count, liver and kidney function tests, coagulation test, routine biochemistry panel, and lung posterior/anterior graphy were normal. All of the following tests were negative: antinuclear antibodies, anti-neutrophil cytoplasmic antibody, cryoglobulins, hepatitis B surface antigen, anti-human immunodeficiency virus and anti-hepatitis C virus antibodies were. The patient's serum anti-streptolizin O, rheumatoid factor, immunoglobulin A (IgA), and complement levels (C3～C4) were normal. C-reactive protein level was 16 mg/L (reference range 0～6 mg/L). Erythrocyte sedimentation rate was 35 mm/h (Westergren method). He had no abdominal complaints like pain or rectal bleeding; fecal occult blood test was negative. Urinary sediment analysis was normal. During the taking of his medical history, the patient denied recent upper respiratory, gastrointestinal or genitourinary tract infections and he did not have any physical evidence of infection. The patient also denied any vaccination or drug use other than isotretinoin over the last 2 months. A skin biopsy of from one of the lower limb lesions showed leukocytoclastic vasculitis with IgA and C3 deposition

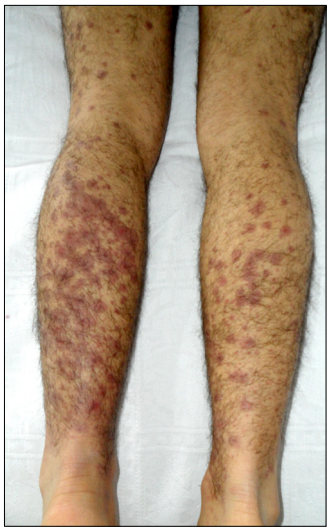

Fig. 1. Palpable purpuric lesions on the lower limbs.

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