oped when he was 2 months old. They consisted of sharply demarcated, thin, red plaques with annular, serpinginous outlines. Some had a tendency to central healing. Most of the plaques had a peripheral border of brownish-yellow crusty scales (Fig. 9). The lesions were symmetrically distributed, mainly on the outer side of his upper arms, buttocks, and dorsal parts of his thighs. From time to time there had been some change in extension, size, shape and number. There was usually a slight tendency to improvement during the summertime. He had never noticed any vesicles or bullae, but on a few occasions some oozing. No or very little itching had been present. Hair, nails and teeth appeared normal.

Laboratory studies: Routine analysis of the blood and urine were normal. KOH preparations as well as mycologic cultures were negative.

Biopsy report: Biopsies from arm and thigh show a slight infiltration of lymphocytes and histiocytes subepidermally and some sclerosis of the corium. The changes were non-characteristic.

Treatment: A steroid ointment and urea 10% in hydrophilic ointment have been tried with some temporary benefit.

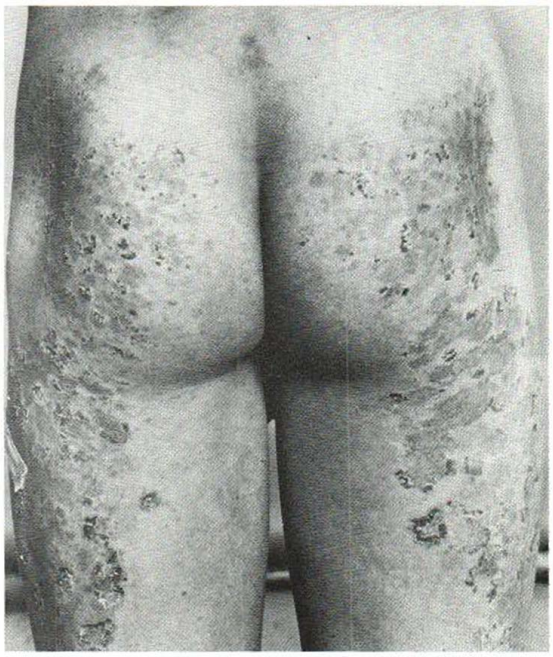

Fig. 9. Erythrokeratodermia figurata variabilis.

Discussion

G. Swanbeck: The case does not agree completely with what is described in the literature. Have you stained for fats?

S. Öhman: No.

G. Swanbeck: Could it be angiokeratoma corporis diffusum?

G. Rajka: Usually the changes are more erythematous than is shown here, but this variability as described is exactly characteristic of the disease, which therefore favors Dr Öhman's diagnosis.

Erythro-keratodermia Congenitalis Symmetrica Progressiva?

Presented by Sture Lidén

A 20-month-old girl who, since the age of one month, has had hyperkeratotic skin lesions which have progressively increased in extent. Her grandmother had pronounced thickening of her palmar skin. The child now has partly follicular, acuminate papules surrounded by erythema, and partly grey-brown hyperkeratoses, symmetrically localized, and surrounded by an erythematous zone. Lesions localized to the extremities and head (Fig. 10). The trunk is essentially free.

Extensive hematologic examinations and urine analyses were normal as were the serologic tests for syphilis, metabolic screening, vitamin A determination in serum, and skeletal age determination. Motor age tests revealed a retarded development in the upper extremities. EEG showed increased occurrence of slow rhythms, but not to a definitely pathological extent. Histological examination showed Verrucose epithelial hyperplasia with significant hyperkeratosis and slight spot-shaped interspersion of parakeratosis. In the corium the blood vessels were dilated and, in some places, surrounded by a slight infiltration of lymphocytes. Histologically, the picture cannot be distinguished from verucca plana or epidermodysplasia.

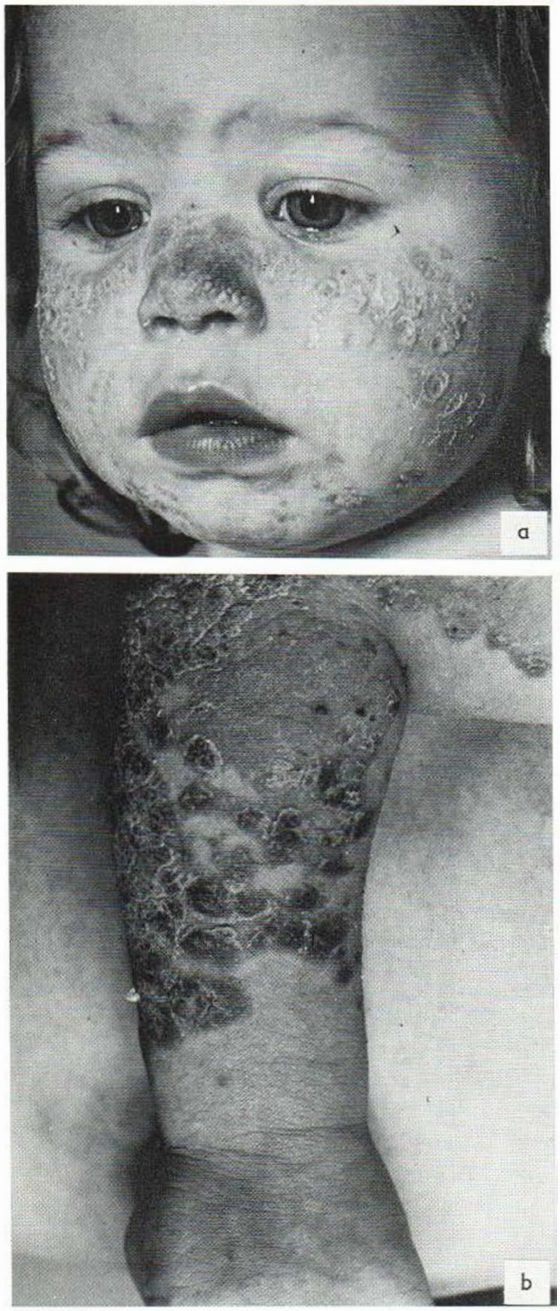

Fig. 10. Erythrokeratodermia congenitalis symmetrica progressiva?

Eccrine Spiradenoma

Presented by Gerd Michaëlsson

This 61-year-old gardener has had intensive tenderness under the left heel for the previous 5 years. Nothing is known about any related trauma. A slowly growing, soft swelling was noted at the same time in the tender area. During recent years the condition has been stationary, but when touched or when walking the swelling was intensively tender. Cold or heat had no influence on the symptoms.

The swelling was about 15 mm in diameter and the skin in this area was thin and shiny (Fig. 11). At biopsy it seemed that the growth was within a capsule and contained disintegrated tissue which, to a large extent, could be picked out. The biopsy specimen consisted of tumour tissue with quite tightly packed cells with large nuclei and sparse cytoplasma. The cells often formed narrow, tubular structures. Here and there the cells were arranged as in a sweat gland and in some areas there was an abundance of vessels. The diagnosis was eccrine spiradenoma. Glomus tumour was considered a relevant differential diagnosis. Considering the definite epithelial appearance and the sweat gland-like structure as well as the vessel appearance, the picture was interpreted more as an eccrine spiradenoma than glomus tumour.

Discussion

L. Juhlin: This is a very unusual location for an eccrine spiradenoma. When we first saw this lesion of the sole we thought it might be an eccrine poroma; however, this tumour is not or only slightly painful. The intensive tenderness of the patient's lesion and its histology strengthens a diagnosis of eccrine spiradenoma.

Scleredema Buschke

Presented by Hans Hammar and Lennart Juhlin

This 38-year-old bookstore assistant was healthy until October, 1969, when he had a bronchitis and complained of muscular weakness. He was treated with doxycycline for 10 days. In January, 1970, his muscular weakness increased and he had difficulty in breathing. He could not take more than a few steps at a time on stairways and could only ski about 500 metres on level ground. The skin on his face and over the upper part of his trunk became thick and firm. It was also dry and itching. On four occasions he suddenly and without warning felt his face flushing and he became dizzy