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REFERENCES

1. Freudenthal W. Verruca senilis und Keratoma senile. Arch Dermatol Syph 1926; 152: 505–528.
2. Civatte MA. Un cas de verrue seborrhéique cancérisée. Bull Acad Mat Med (Paris) 1954; 138: 30–32.
3. Kwittken J. Malignant changes in seborrheic keratoses. Mt Sinai J Med 1974; 41: 792–801.
4. Bloch P. Transformation of seborrheic keratosis into Bowen's disease. J Cutan Pathol 1978; 5: 361–367.
5. Rahbari H. Bowenoid transformation of seborrhoeic verrucae (keratoses). Br J Dermatol 1979; 101: 459–463.
6. Baer RL, Garcia RL, Partsalidou V, Ackerman AB. Papillated squamous cell carcinoma in situ arising in a seborrheic keratosis. J Am Acad Dermatol 1981; 5: 561–565.
7. Christeler PA, Delacrétaz J. Verrues séborrhéiques et transformation maligne. Dermatologica 1966; 133: 33–39.
8. Booth JC. Atypical seborrhoeic keratosis. Aust J Dermatol 1977; 18: 10–14.

Numerous Papular Glomus Tumors Localized on the Abdomen: A Report of a Case and an Ultrastructural Study

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Hatchome N, Kato T, Tagami H. Numerous papular glomus tumor localized on the abdomen: A report of a case and an ultrastructural study. Acta Derm Venereol (Stockh) 1986; 66: 161–164.

Numerous, painless, dark-red small papules approximately 300 in number developed in a localized area of the left abdomen of a 16-year-old Japanese male in a course of 4 years. Histologically, there were dilated vascular spaces surrounded by one to three layers of cuboidal cells in the upper and mid dermis. Electron microscopic examination revealed the characteristic muscle cell structure of the tumour cells. To our knowledge there is no other report in the literature of such a case of localized multiple glomus tumors with numerous small papules and we think that this case represents a unique type in the multiple glomus tumor. *Key words: Glomus tumor; Multiple type.* (Received October 8, 1985.)

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Glomus tumor, first described by Masson in 1924 as a lesion arising from the specialized cutaneous arteriovenous shunts (cutaneous glomus), most commonly occurs as a painful firm purplish solitary nodule which appears on the extremities, especially in the nail bed. Multiple glomus tumors which consist of soft and compressible, bluish nodules occur with less frequency than solitary tumors (1). In some instances they are inherited as an autosomal dominant pattern.

We present here a unique case of multiple glomus tumors in which about 300 painless, small, red papules grouped on the left abdomen.

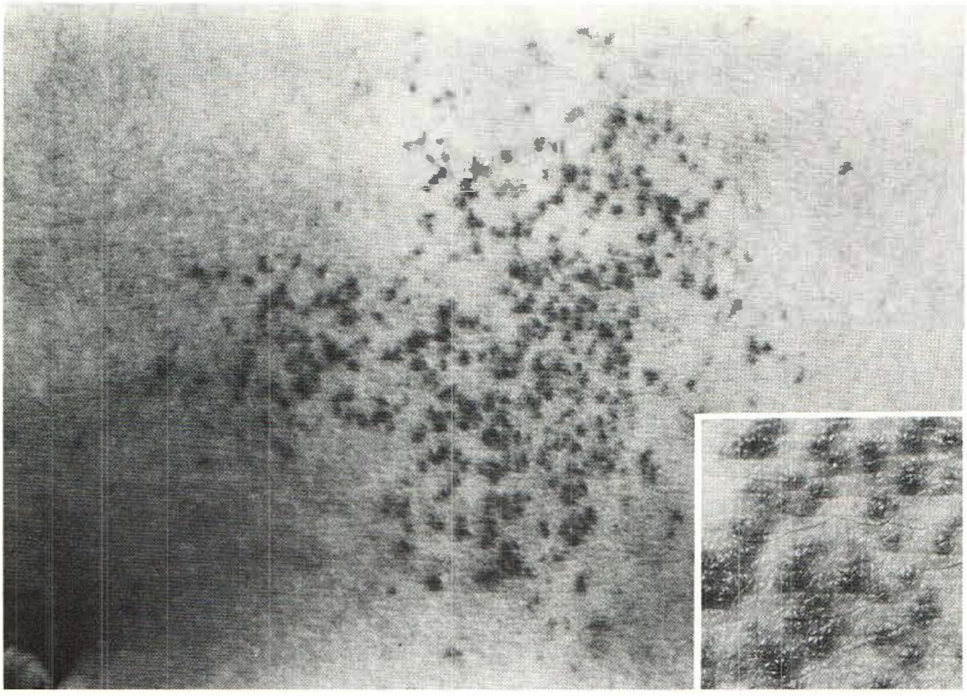

Fig. 1. Numerous small dark-red papules grouped on the left abdomen. Inset, higher magnification.

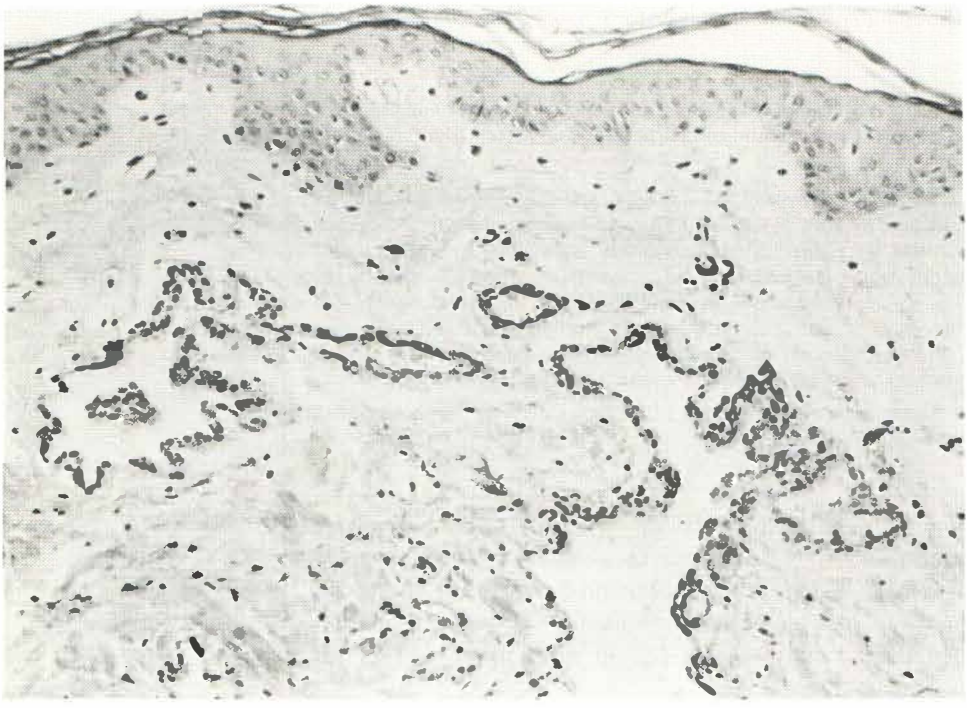

Fig. 2. Dilated vascular spaces in the upper and mid dermis. The vascular walls showed one to three layers of round glomus cells outside the flattened endothelial cells (Hematoxylin-Eosin).

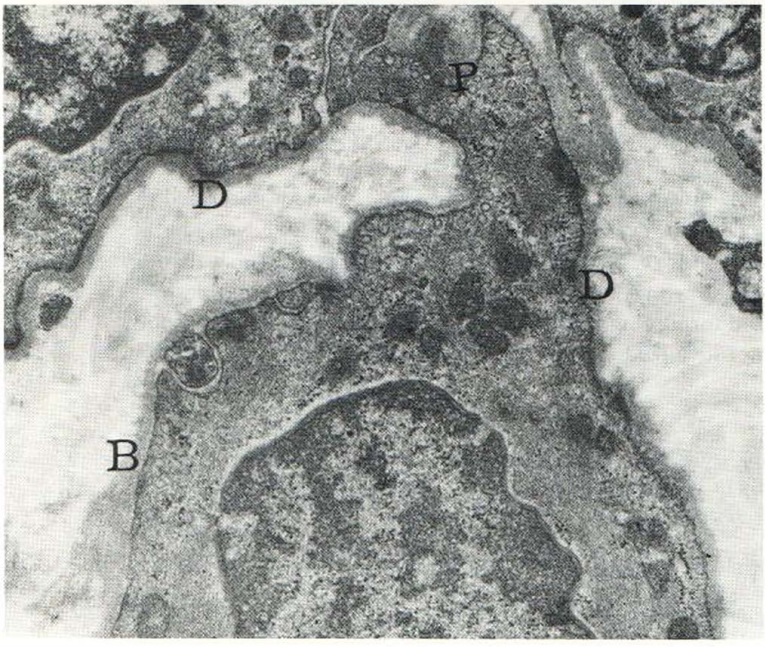

Fig. 3. Tumor cells surrounded by slightly thickened basal lamina (*B*) showed fine microfibrils in the cytoplasm and dense bodies (*D*) at the plasma membrane as well as many pinocytotic vesicles (*P*).

CASE REPORT

A 16-year-old Japanese male presented with asymptomatic multiple red papules on the left abdomen. The patient first noted the lesions at the age of 12 and fresh papular lesions continued to appear afterwards. There was no history of trauma at the affected area and no other family members were affected by similar skin lesions. On his first visit, about 300 dark-red papules ranged from one to two mm in diameter were located on the left abdomen (Fig. 1). They were scattered in an area approximately 15 cm in diameter, being densely grouped in the center and sparsely at the periphery.

Histological examination performed in 2 papular lesions showed similar findings. There were dilated, irregular shaped vascular spaces in the upper and mid dermis. The vascular walls showed the presence of a single layer of flat endothelial cells in places but in most parts appeared to consist of only one to three layers of cuboidal cells with faintly eosinophilic cytoplasm and round or oval nuclei (Fig. 2).

Electron microscopic examination performed in one of the tumors demonstrated that the tumor cells were coated by slightly thickened basal lamina. The cytoplasms were filled with microfibrillar elements which appeared to converge on dense bodies at the plasma membrane. Many pinocytotic vesicles were connected with the plasma membrane (Fig. 3). Neither nerve bundles nor elastic fibers were seen in the connective tissue between the tumor cells.

DISCUSSION

The asymptomatic, small, dark-red papules measuring one to two mm in diameter observed in our case initially led us to suspect a clinical diagnosis of atypical angiokeratoma. However, the histological demonstration of characteristic cuboidal cells with faintly eosinophilic cytoplasms and round or oval nuclei surrounding the single layer of endothelial cells definitely indicated that the tumor cells were glomus cells. Furthermore, the electronmicroscopic studies confirmed the diagnosis of multiple glomus tumors (2).

Multiple glomus tumors are subdivided into two forms, i.e. localized and generalized (3). In the localized form the patients have a few nodules, less than 10 lesions, localized to a limited area, mostly on the extremities and its clinical and histological properties seem to be similar to those of solitary glomus tumor (4). The generalized form presents with lesions

widely scattered over the whole body surfaces. The lesions are painless, soft and compressible, bluish nodules and in most cases the number of tumors are not so many, rarely exceeding 100 in number (5, 6). Therefore the case presented here is unique even as a localized form of multiple glomus tumors.

The total number of about 300 painless, small, red papules is unusual in the localized form of multiple glomus tumors. Cases of multiple glomus tumor presenting numerous papules have been reported (5, 6). For example a 71-year-old female patient described by Larsen & Hage (5) had 500 papules. However, such numerous lesions are noted only in the generalized form. Furthermore their size is larger and their colour is more bluish than in our case. To our knowledge, no case with such a large number of small red papular lesions has been reported in the localized form of multiple glomus tumor. The present case seems to constitute a distinctive form of localized multiple glomus tumors.

REFERENCES

1. Jelinek JE. Aspects of heredity, syndromic associations, and course of conditions in which cutaneous lesions occur solitarily or in multiplicity. J Am Acad Dermatol 1982; 7: 526–540.
2. Tarnowski WM, Hashimoto K. Multiple glomus tumours. An ultrastructural study. J Invest Dermatol 1969; 52: 474–478.
3. Sluiter JTF, Postma C. Multiple glomus tumors of the skin. Acta Derm Venereol (Stockh) 1959; 39: 98–107.
4. Hueston JT. Multiple painless glomus tumors. Br Med J 1961; i: 1210–1212.
5. Larsen FS, Hage E. Multiple glomus tumours. A report of a family in Denmark. Acta Derm Venereol (Stockh) 1979; 59: 180–182.
6. McEvoy BF, Waldman PM, Tye MJ. Multiple hamartomatous glomus tumors of the skin. Arch Dermatol 1971; 104: 188–191.

Pustular Psoriasis of v. Zumbusch Type Associated with Recurring Cholestatic Jaundice

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Aronsson A, Nilsson Å. Pustular psoriasis of v. Zumbusch type associated with recurring cholestatic jaundice. Acta Derm Venereol (Stockh) 1986; 66: 164–167.

A 46-year-old man with pustular psoriasis and recurring episodes of severe cholestatic liver disease is described. Six icteric periods have occurred parallelling high activity of the skin disease. *Key words: Pustular psoriasis; Liver disease.* (Received June 20, 1985.)

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The generalized pustular variety of psoriasis, GPP, v. Zumbusch type, is a severe disease with flares of widespread erythema followed by pustulation—associated with high fever, leucocytosis and systemic upset. The illness has often a protracted course and may be fatal. Hepatic, renal and mucosal involvement in GPP is occasionally observed.

CASE REPORT

A 46-year-old, healthy man has had mild psoriasis since youth. In 1953, 1955 and 1968 he had attacks of GPP, provoked by topical mercury preparations. During the following years he had repeated episodes with localized pustular flares, often in association with upper respiratory tract infections.