# Letter to the Editor

To the Editor:

We read with interest the Ertam et al[1] article, "Discrete Papular Dermal Mucinosis With Hashimoto Thyroiditis: A Case Report" (*Cutis*. 2011;87:143-145). In this case report, the authors described a case of discrete papular mucinosis associated with Hashimoto thyroiditis.[1] We disagree with the diagnosis of the discrete papular form of papular mucinosis, also known as discrete papular form of lichen myxedematosus (DPLM)(the terms *papular mucinosis* and *lichen myxedematosus* are synonymous).[2] According to the definition, DPLM is a subtype of the localized form of lichen myxedematosus.[2,3] Criteria for all forms of localized lichen myxedematosus include the following: (1) papular, plaque, or nodular skin eruption; (2) mucin deposition in the dermis with variable fibroblast proliferation; (3) absence of thyroid disease; and (4) absence of monoclonal gammopathy.[2-4] The patient had thyroid disease (Hashimoto thyroiditis).[1] Therefore, this case does not fulfill the diagnosis criteria for DPLM because of the presence of thyroid disease. Additionally, the patient had a surgical history of a subtotal thyroidectomy.[1] The report did not explain why the patient had this surgery and it would be interesting to know more specific details because thyroidectomy is a procedure sometimes used for treating patients with Graves disease.[5]

We suggest that the patient possibly may have presented with an atypical case of thyroid dermopathy or dermal mucinosis secondary to connective-tissue disease but not papular mucinosis. Thyroid disease can cause localized dermal mucinosis deposition, especially in the pretibial areas (pretibial myxedema), but may appear anywhere on the body.[6] Thyroid dermopathy can histologically look similar to papular mucinosis.[4] Even though the patient had normal thyroid hormone levels,[1] thyroid dermopathy can develop in the setting of hyperthyroid, hypothyroid, and euthyroid states.[6-8] It also is possible the cutaneous mucin deposition was secondary to connective-tissue disease. The patient had a history of fibromyalgia and connective-tissue disorder and was being followed by rheumatology.[1] The reported history did not state the type of connective-tissue disease, but it should be noted that some connective-tissue disorders, such as lupus and dermatomyositis, also can cause dermal mucinoses.[4] It would be interesting to learn more about the patient's specific medical and surgical history details to derive a good differential diagnosis.

Sincerely,
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The authors report no conflict of interest.

The views, opinions, and assertions contained in this work are those of the authors and are not to be construed as official or as reflecting the views of the US Navy or US Department of Defense.

## REFERENCES

1. Ertam I, Karaca N, Ceylan C, et al. Discrete papular dermal mucinosis with Hashimoto thyroiditis: a case report. *Cutis*. 2011;87:143-145.
2. Rongioletti F, Rebora A. Updated classification of papular mucinosis, lichen myxedematosus, and scleromyxedema. *J Am Acad Dermatol*. 2001;44:273-281.
3. Sulit DJ, Harford R, O'Neill JT. Discrete papular form of lichen myxedematosus: a case report and review of the literature. *Cutis*. 2005;75:105-112.
4. Rongioletti F, Rebora A. Cutaneous mucinoses: microscopic criteria for diagnosis. *Am J Dermatopathol*. 2001;23:257-267.
5. Ginsberg J. Diagnosis and management of Graves' disease. *CMAJ*. 2003;168:575-585.
6. Leonhardt JM, Heymann WR. Thyroid disease and the skin. *Dermatol Clin*. 2002;20:473-481.
7. Cannavò SP, Borgia F, Vaccaro M, et al. Pretibial myxoedema associated with Hashimoto's thyroiditis. *J Eur Acad Dermatol Venereol*. 2002;16:625-627.
8. Senel E, Güleç AT. Euthyroid pretibial myxedema and EMO syndrome. *Acta Dermatovenerol Alp Panonica Adriat*. 2009;18:21-23.

## Author Response

Thank you for your interest in our case report. These comments are valuable. We agree that thyroid diseases and connective-tissue diseases can cause dermal mucinosis. On the other hand, clinical findings of our

patient were not associated with mucinoses related to altered thyroid function.[1,2] There was no pretibial myxedema and no peau d'orange appearance on papules and nodules in our patient. Dermatologic manifestations of hyperthyroidism are pretibial myxedema, thyroid acropachy, hyperhidrosis, and fine smooth skin. Dermatologic manifestations of hypothyroidism are dry rough skin, pretibial myxedema, elephantiasis-like picture, and pale skin color.[3] These findings were not seen in our patient.

In regard to her surgical history and thyroid disease, she had subtotal thyroidectomy 21 years prior and her thyroid function tests were within reference range. We could not obtain any surgical details. When we performed thyroid ultrasound examination, there were multiple nodules on her thyroid gland. With thyroid function tests and ultrasound findings, Hashimoto thyroiditis was diagnosed by the endocrinology department. She was treated with thyroid medication for 2 years and there was no improvement in her skin findings. She also had been diagnosed with a mixed connective-tissue disorder by the rheumatology department. However, there was no specific diagnosis as lupus or dermatomyositis. Her antinuclear antibody and anti-DNA profiles were negative.

As a result, although our patient had thyroid nodules, we thought that her clinical findings, morphology, and distribution were related to discrete papular mucinosis.

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## REFERENCES

1. Rongioletti F, Rebora A. Mucinoses. In: Bolognia JL, Jorizzo JL, Rapini RP, eds. *Dermatology*. 2nd ed. Spain: MosbyElsevier, 2008:611-621.
2. Meigel W. Mucinoses. In: Burgdorf WHC, Plewig G, Wolff HH, et al, eds. *Braun-Falco's Dermatology*. New York, NY: Springer; 2009:1263-1273.
3. Callen JP. Dermatologic manifestations in patients with systemic disease. In: Bolognia JL, Jorizzo JL, Rapini RP, eds. *Dermatology*. 2nd ed. MosbyElsevier; 2008:675-692.