

with a single report of a response to isotretinoin⁵. In our current report, the patient was previously treated with PDL and fractional laser therapy >10 times. She was a housewife living in an urban area. We thought that the actinic granuloma resulted from the repeated laser therapy-induced heat and/or actinic damage. And, the damage may have destroyed the elastic fiber, which triggers an inflammatory response that causes granulomas. We describe an unusual case of actinic granuloma arising from the laser therapy treated skin.

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<http://dx.doi.org/10.5021/ad.2015.27.2.216>

Twisted and Rolled Body Hairs: A New Report in Asians

Sang-Yub Kim, Sook Jung Yun, Seung-Chul Lee, Jee-Bum Lee

Department of Dermatology, Chonnam National University Medical School, Gwangju, Korea

Dear Editor:

The body hair of Asians differs from that of other races in a number of ways. Asians have shorter, straighter, thinner, and less body hair than Caucasians and black individuals. Since a case reported by Itin et al.¹ in 1994, research studies of knotted body hair have rarely been reported.

A 26-year-old Korean man complained of the increasing density of knotted body hairs on his arms and legs (Fig. 1). He was in good health, and his medical histories were not

specific. The patient had rubbed his body everyday using a towel with cleanser after he felt a crawling sensation on his body. He believed this weird sensation occurred after sexual contact with an unknown female 4 months prior. The results of the laboratory tests showed no abnormal findings in complete blood count, blood chemistry, immunoglobulin E level, venereal disease research laboratory test, and *Treponema pallidum* hemagglutination test. A physical examination showed no significant signs, such as indications of parasitic infestation. Interestingly, the patient had mild skin xerosis and approximately ten knotted hairs on both of his upper and lower extremities. We removed a sample of knotted hair for further examination. Light microscopy revealed that the knotted hairs originated from different hair follicles. To investigate the ultrastructural characteristics of the hairs, scanning electron microscopy (SEM, S-4700; Hitachi, Tokyo, Japan) was used. SEM showed knotting of several hair shafts from different hair follicles due to sudden curvature; there was no mechanical fracture or fissuring of the hair shafts.

Received February 25, 2014, Revised May 22, 2014, Accepted for publication May 23, 2014

Corresponding author: Jee-Bum Lee, Department of Dermatology, Chonnam National University Hospital, 42 Jebong-ro, Dong-gu, Gwangju 501-757, Korea. Tel: 82-62-220-6684, Fax: 82-62-222-4058, E-mail: jbmlee@jnu.ac.kr

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Fig. 1. (A) Clinical photo of hair on the legs. (B) Multiple knots of hair on the left lower leg. (C) Similar to hair on the legs, multiple knots of hair are visible on the right forearm.

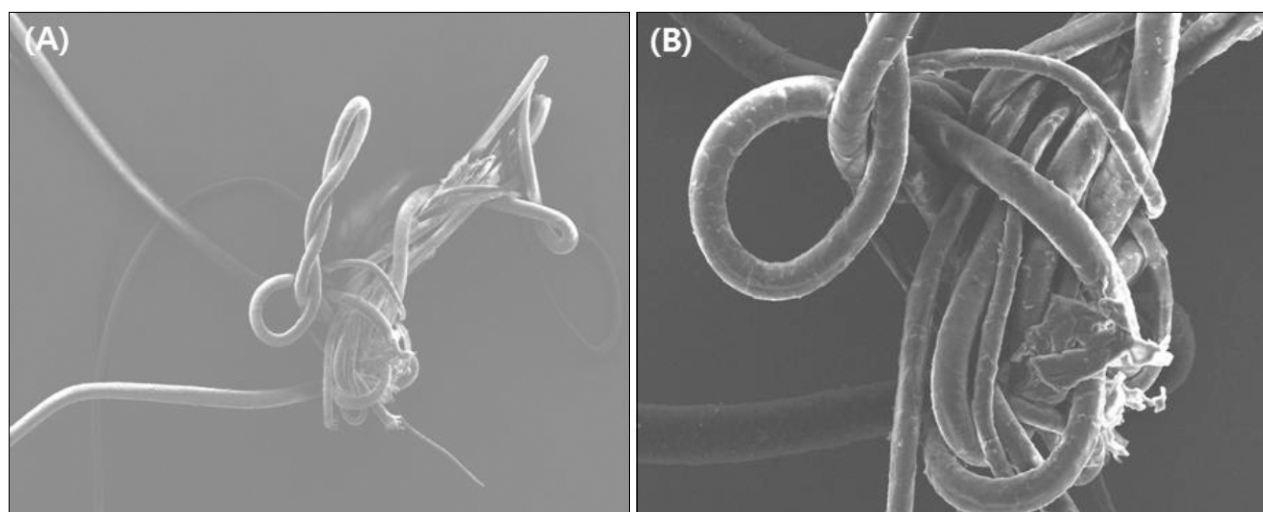


Fig. 2. (A) Scanning electron microscopy (SEM) showing hairs that are stuck together; none of the hairs are twisted on their own ($\times 100,000$). (B) SEM showing that the hair does not have any mechanical fracture or fissuring of the hair shaft ($\times 300,000$).

Although Barbareschi et al.² previously reported the presence of yeast colonies on lesional hairs, we were unable to find any yeast colonies on the hair samples, and the roots of the hairs looked normal (Fig. 2).

Twisted and rolled body hairs are an uncommon hair disorder that result in knotted and twisted hair. Moreover, The pathogenesis of matting of hair is poorly understood. However, previously published research indicates that the condition could be caused by both acquired defects³ and autosomal traits¹. The differential diagnosis of hair matting includes trichonodosis, circled hairs, and pili multigemini. In this particular case, the patient did not have any of the features associated with these conditions. Wilson et al.⁴ reported matting of scalp hair as a result of shampooing

and harshly rubbing to make hair stick together. Shelly et al.⁵ have described vellus hair knots that resulted from rubbing a powder puff on the skin. The present patient had a similar causative factor, namely, mechanical forces from severe rubbing because of a sanitary concern. Although further studies are necessary to pinpoint the exact pathogenesis, this finding allowed us to confirm that this disorder likely originated from an acquired trait activated by a mechanical cause.

There are reports of knotted body hair, but they are only found in the Caucasians; because the body hair of Asians tends to be short, of low density, and straight, it is difficult to knot the hair. Thus, we considered the case quite rare, particularly considering that the individual is Korean.

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<http://dx.doi.org/10.5021/ad.2015.27.2.218>

Segmentally Arranged Hyperpigmented Basaloid Follicular Hamartoma

Tae Hyung Kim, Seung Joon Oh, You Chan Kim¹, Mi Ryung Roh

Department of Dermatology, Gangnam Severance Hospital, Cutaneous Biology Research Institute, Yonsei University College of Medicine, Seoul, ¹Department of Dermatology, Ajou University School of Medicine, Suwon, Korea

Dear Editor:

Basaloid follicular hamartoma (BFH) is a rare malformation with characteristic histopathologic patterns. BFH consists of malformed hair follicles composed of anastomosing cords and strands of basaloid or squamoid cells¹. Although BFH has been well described histologically, it occurs in the form of skin-colored papules, nodules, or plaques without specific clinical features¹. Herein, we report a case of segmentally arranged hyperpigmented BFH in a 5-year-old girl.

A 5-year-old girl presented with asymptomatic, firm, hyperpigmented, grouped papules and comedones arranged

segmentally on the left lateral aspect of her nose, left retroauricular area, and posterior neck (Fig. 1A, B). The lesions appeared when she was 6 months old, and the affected area had increased since then. She had no medical or family history. A skin biopsy of the retroauricular area demonstrated multiple islands composed of basaloid and squamoid cells restricted to the upper dermis, with branching cords and anastomosing strands (Fig. 2A, B). Some anastomosing strands were connected to the epidermis. No significant clefting between the tumor and stroma was observed, nor were there any atypical cellular or mitotic features. Based on clinical and histological findings, a diagnosis of BFH was made. Given the child's age and her parents' preferences, we decided to observe the lesions rather than treat them surgically or by laser.

The differential diagnosis of BFH, a benign adnexal tumor, includes infundibulocystic basal cell carcinoma (ICBCC), nevroid basal cell carcinoma syndrome (NBCCS), trichoe-pithelioma, and fibrofolliculoma. Of these, it is most important to rule out ICBCC, a malignant condition, to avoid unnecessary surgical excision. BFH is a superficial malformation of hair follicles and is composed of basaloid and

Received January 3, 2014, Revised May 9, 2014, Accepted for publication June 15, 2014

Corresponding author: Mi Ryung Roh, Department of Dermatology, Gangnam Severance Hospital, 211 Eonju-ro, Gangnam-gu, Seoul 135-720, Korea. Tel: 82-2-2019-3363, Fax: 82-2-3463-6136, E-mail: karenroh@yuhs.ac

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