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## Correspondence and Brief Communications

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### GIGANTIC METHAMERIC SEBORRHEIC KERATOSIS

Sir:

We report the case of an atypical seborrheic keratosis, differing in many aspects from the common description.

A 13-year-old Caucasian girl presented to the Plastic Surgery Unit, Ospedale di Circolo, Varese (Italy) because of multiple cutaneous lesions consisting of pigmented brown masses, flat and/or slightly raised, sharply demarcated, 2 to 3 mm in diameter, mostly converging into bigger lesions with a band metameric spreading at her right side involving the lumbar region, the hemi-abdomen up to the longitudinal midline and umbilicus, and the breast (Fig. 1). The surface appeared verrucous and had a soft and oily consistency. The lesion had been present since the girl was 6 months old, and no one else in her family had a similar disease. The girl and her parents complained about the cosmetically disfiguring appearance of the lesion and the increasing psychological distress it caused the patient, who is entering adolescence. Clinical diagnosis, as formulated both by us and by other plastic surgery units, was epithelial nevus. Because of the wide extension of the lesion, before any surgical plan was developed, we decided to excise a diagnostic specimen to be processed by the pathologist. Surprisingly, the diagnosis was seborrheic keratosis. This allowed us to plan a conservative and safe treatment program. In actuality, treatment for seborrheic keratoses is not mandatory unless the lesions become irritated or cosmetically displeasing, or the diagnosis is uncertain.<sup>1,2</sup>

Under general anesthesia, the lesions were shaved with a knife and then treated with liquid  $N_2$  (applied for 10 seconds). The lesions on the umbilicus were left untreated because of a cauliflower appearance ingrowing deeply into the



FIG. 1. Characteristics of seborrheic keratosis in the patient are seen (*left*).

navel, and were finally surgically removed, the umbilicus reconstructed with local flaps plus a full-thickness graft. The histological assessment confirmed the diagnosis of pigmented seborrheic keratosis of the acanthotic type, with associated aspects of the reticular adenoid variant.

Pathologist's description: Epidermic proliferation with esophytic development, consisting in epithelial branched and reciprocally connected little shoots, partly so thin to arrange a double layer of cells, similar to the epidermic basal ones (basaloid cells), partly thicker with the presence of squamocellular-like elements, associated to basaloid cells and embodying horny microcysts; slight superficial orthokeratotic hyperkeratosis with invaginations containing a horny substance; no prominent papillomatous digitate protrusions. The tumor is also the seat of scattered, scanty deposits of melanic pigment. Inside the papillary dermis, both underlying and included among the little epithelial proliferating shoots, mononuclear inflammatory cells are detectable (Fig. 2).

This histologic differentiation between seborrheic keratosis and epidermic nevus can be difficult or impossible to recognize in some cases: these latter regard the wart-like or seborrheic keratosis-like epidermic nevi that still mimic the hyperkeratotic variant of seborrheic keratosis, characterized by the absence of basaloid cells and horny cysts.<sup>3</sup>

The chromosomal pattern of the epithelial cells of the lesion was studied and the karyotype revealed euploid, both



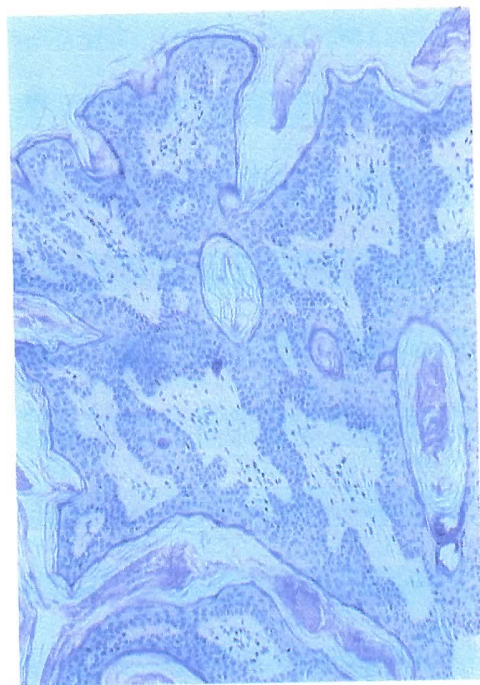


FIG. 2. Inside the papillary dermis, both underlying and included among the little epithelial proliferating shoots, mononuclear inflammatory cells are detectable (right).

in fresh cells and in a one-month-old culture. As of this date, no recurrences are detectable,<sup>4,5</sup> the treated regions are aesthetically acceptable, showing no scars and some hypopigmented spots; the patient's self esteem has improved tremendously.

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#### RADIATION THERAPY IN POSTMASTECTOMY TRAM RECONSTRUCTION

Sir:

We commend Dr. Chang and his colleagues for their efforts in evaluating surgical outcomes in postmastectomy patients, entitled "Comparison of Immediate and Delayed Free TRAM Flap Breast Reconstruction in Patients Receiving Postmastectomy Radiation Therapy" (*Plast. Reconstr. Surg.* 108: 78, 2001), which is the type of research crucial in our environment of evidence-based medicine. Our knowledge of the effects of concomitant therapies, such as chemotherapy and radiation therapy, in this patient population is greatly limited. The research efforts by these investigators are pivotal for rational clinical decision making by surgeons and for improvements in the informed consent process by patients.

While Dr. Chang's report is an important first step, we would like to see additional analyses that control for potential confounding variables in assessing the impact of adjuvant radiotherapy on breast reconstruction. Factors such as the patient's body-mass index, the use of chemotherapy, and the timing of reconstruction as it relates to the mastectomy, not just to the radiation therapy, need to be included as independent variables in the analyses through statistical regression techniques. Among study designs, randomized control trials are best able to control for both unknown and known confounders. Nonetheless, randomizing patients to surgical procedures is neither ethically nor practically feasible in most cases. Thus, we are forced to rely primarily on cohort or case-control designs in surgical outcome research. The validity of cohort and case-control studies hinges on researchers' efforts to control for factors known to affect outcomes. For example, body-mass index is associated with complications in postmastectomy reconstruction, as shown by Dr. Chang in his previous research.<sup>1</sup> Since body-mass index was not controlled for in this current analysis, it is unclear whether the higher rate of complications in the late reconstruction group is related to the timing of radiation therapy or to other factors such as body-mass index.

Dr. Chang and colleagues have been leaders in research on surgical outcomes in this patient population, and we applaud their efforts. We hope that plastic surgeons' growing interest in outcome research will generate an ongoing dialog on validity issues in clinical research design.

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#### REPLY

Sir:

We would like to thank Drs. Alderman and Wilkins for their kind comments regarding our paper. We agree with their view