

### Treatment of pilar cyst with solcoderm solution

To the Editor:

The treatment of a pilar cyst with a solution of Solcoderm is described.

Solcoderm solution has been used in Israel for some years for the treatment of skin lesions. The method and follow-up of this treatment are well established. A trial treatment of a pilar cyst with Solcoderm was undertaken successfully.

**Case report.** A healthy 40-year-old woman came to our dermatologic clinic because of a scalp lesion of several years' duration that had recently started to grow. On examination the lesion was about 5 cm in diameter, 3 cm in depth, and yellow in color.

Histologic examination from a punch biopsy showed the lesion to have a wall composed of epithelial cells. The peripheral layer of cells had a palisade arrangement, and the cyst contained a homogeneous eosinophilic material.

The patient refused an operation because she was afraid of the surgical procedure but was willing to try conservative treatment. Treatment twice monthly with an application of the Solcoderm\*<sup>1</sup> material (0.05 ml/time) was started. There was a delayed reaction ending with a scab formation, which detached by itself. Fourteen days later the patient underwent a second application of Solcoderm, and these applications were continued in the same way for about 4 months. The lesion disappeared without any scar formation.

**Discussion.** Solcoderm as compared to plain nitric acid has shown its superior effect in mummification of tumors and skin lesions.<sup>2</sup> The treatment has proved to be successful in eradicating the tumor without causing any injury to the surrounding normal tissue and without damaging the hair around the lesion when it is located on the scalp. To our knowledge, Solcoderm has been tried on various skin tumors, among them, seborrheic keratosis, compound nevus, common warts, condyloma acuminatum, basal cell epithelioma, trichoepithelioma, solar keratosis, Dubreuilh melanosis, fibroma, and papilloma.<sup>3-5</sup> While only one application is usually needed to treat a lesion such as solar keratosis, in this case several applications were needed because of the depth of the tumor (3 cm).

As far as we know this is the first attempt to treat a pilar cyst with Solcoderm. The uneventful follow-up

and avoidance of surgery make trying again worthwhile.

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### Elastolysis of the earlobes

To the Editor:

A mother brought her 15-year-old daughter in to be seen for droopy earlobes. She had noted that her daughter's earlobes were "flapping in the breeze" during a drive in their car with the windows down. The mother is a hairdresser and began to observe earlobes. She thought that her daughter's earlobes were similar to those of clients 80 to 90 years old.

We report this unusual presentation of acquired elastic tissue loss (Case 1) and a similar case brought to our attention by review of our photographic files (Case 2).

**Case 1.** A healthy 15-year-old girl presented with wrinkling and drooping of her earlobes. These changes had occurred gradually over 18 months and were not preceded or accompanied by swelling, erythema, infection, or pruritus. Her ears had been pierced many years earlier, but she denied any adverse reactions or wearing large, heavy earrings. She described recurrent urticarial lesions over the preceding 3 to 4 years but denied involvement of the head and neck. Her history was negative for easy bruising, abnormal scarring, or musculoskeletal symptoms, and her family history was negative for similar skin changes.

The skin of the ears was lax and wrinkled (Fig. 1), and the earlobes were elongated. The upper and lower eyelids were mildly atrophic and wrinkled. Striae were present over both breasts. The remainder of her skin was normal in appearance except for mild acne vulgaris. There was diffuse

\*Solcoderm as currently marketed is a specially prepared and packaged solution of organic acids (lactic, oxalic, acetic) and copper ions in moderately strong (6 to 7 normal) nitric acid. The exact composition is: copper ions, 15 ppm; oxalic acid, 40 mg/ml; lactic acid, 3 mg/ml; nitrate, 410 mg/ml; acetic acid, 40 mg/ml.