hologic features (2). The skin overlying pilomatricoma sometimes can be atrophic. It is supposed that this atrophic appearance is related to the loss of elastic fibres, and dermal oedema (1). In the aetiopathogenesis, it is suggested that the cause of the bullous appearance of the tumour is obstruction of lymphatics, and congestion by lymphatic fluid (1, 2, 5).

In addition, some authors suggest that the tumour cells can produce elastinolytic enzymes. These lytic products cause disruption of collagen fibres and destruction and dilation of lymphatic vessels (2, 5). After these processes, the dermis is filled with lymphatic fluid (2). Since the lesions do not regress spontaneously, treatment is surgical (1). Our patient had all the features of a typical bullous pilomatricoma. Additionally, in the history of the patient, there was hepatitis A vaccination to the same region with the bullous lesion and thereafter a severe inflammation developed in the vaccination area. Therefore, we thought that both the pricking trauma of vaccination and inflammation caused by the vaccine might be the trigger of the aforementioned mechanisms. To our best knowledge, the case is the first bullous pilomatricoma which developed after the hepatitis A vaccination. Our case is being reported to draw attention to this rare entity and a probable aetiopathogenic association with hepatitis A vaccine and bullous pilomatricoma.

**Keywords:** Bullous, hepatitis A, pilomatricoma, tumour, vaccination

**B Tas**<sup>1</sup>, **E Tas**<sup>2</sup>, **M Sar**<sup>3</sup>

*From:* 1Bagcilar Training and Research Hospital, Department of Dermatology, 2Dumlupınar University, Kütahya Evliya Celebi Training and Research Hospital, Department of Gastroenterology and 3Bagcilar Training and Research Hospital, Department of Pathology, Istanbul, Turkey.

**Correspondence:** Dr B Tas, Ataköy 7–8, Kism, Martı sitest, Martı 14/105, Ataköy, Istanbul, Turkey. Fax 90-2124404040; e-mail: betulavc@yahoo.com

**DOI:** 10.7727/wimj.2013.304

**REFERENCES**


**Can Isotretinoin Induce Articular Symptoms in SAPHO Syndrome?**

The Editor,

Sir,

A 28-year old man visited his doctor because of hip pain (worse on the left side) and low back pain (worse with immobility/at night and better with activity) for the last 10 days. He stated that he had used oral isotretinoin for acneiform lesions for two weeks, and his complaints had ensued thereafter. He added that he had experienced a similar history with isotretinoin treatment when he was 20 years old as well. On physical examination, bilateral hip joint movements and lumbar flexion were painful. He also had limited range of motion in his left hip. Sacroiliac joints, sternum and sternoclavicular joints were painful with palpation. Gaenslen’s and Mennel tests were positive, bilaterally. He had antalgic gait on the left side. He had severe nodulocystic acne with abscesses on his face, neck and back. C-reactive protein level was 1.87 mg/dL (N: 0–0.8 mg/dL). Laboratory tests including erythrocyte sedimentation rate, liver and kidney function tests and Brucella Rose Bengal test were all within normal limits. Radiographs were unremarkable. Magnetic resonance imaging (MRI) showed bilateral sacroiliitis (Fig. 1). Bone scintigraphy was consistent with bull’s head sign (Fig. 2).

Eventually, the patient was diagnosed with SAPHO (synovitis, acne, pustulosis, hyperostosis and osteitis) syndrome possibly induced by isotretinoin treatment. Isotretinoin was stopped and the patient was treated with indomethacin 75 mg/d. There was marked improvement in his complaints (except for acne) in the second month of follow-up.

SAPHO syndrome is a chronic inflammatory disorder with findings of synovitis, acne, pustulosis, hyperostosis and
sterile osteitis. To the best of our knowledge, isotretinoin was documented as a provoking factor for articular symptoms in SAPHO only in one case (1). Likewise, we herein present a case where SAPHO was precipitated with isotretinoin for acne treatment.

SAPHO syndrome can be seen in all ages and it occurs with equal frequency in both genders. Although the exact aetio-pathogenesis is yet unclear, it is supposed to be related to environmental, immunologic and genetic factors (2). The diagnosis of SAPHO is based on the exclusion of other causes (infectious discitis/osteomyelitis, malignancy, seronegative spondylarthritides) with the presence of one of the following four items: (a) acne concomitant with bone involvement, (b) sternoclavicular hyperostosis, (c) palmoplantar pustulosis concomitant with bone involvement and (d) aseptic osteomyelitis (3). As for diagnostic imaging, radiographs are the initial tools to detect bone pathologies. Further, computed tomography and particularly MRI are more sensitive to show inflammatory changes (sacroiliitis, discitis, bone marrow oedema). The characteristic scintigraphy sign of ‘bull’s head’ is typical for SAPHO (4). Concerning the laboratory investigations, SAPHO syndrome is usually accompanied by a moderate increase in erythrocyte sedimentation rate/C-reactive protein. Although nonspecific, there may be a mild increase in leukocyte and alkaline phosphatase levels (3, 4). Treatment for SAPHO is symptomatic ie non-steroidal anti-inflammatory drugs, corticosteroid, methotrexate, anti-tumour necrosis factor-alpha (TNF-α), pamidronate, or a combined drug approach (4, 5).

In conclusion, we suggest that patients who are receiving isotretinoin treatment need to be followed for likely musculoskeletal complications and SAPHO syndrome must be kept in mind for the differential diagnosis.

Keywords: Acne vulgaris, back pain, bull’s head sign, retinoic acid, SAPHO syndrome

A Karatas Togral1, MT Yildizgoren2, OM Koryurek3, T Ekiz4
From: 1Department of Dermatology, and 2Physical Medicine and Rehabilitation, Occupational Diseases Hospital, 3Department of Dermatology, Ankara Training and Research Hospital, 4Department of Physical Medicine and Rehabilitation, Ankara Physical Medicine and Rehabilitation Training and Research Hospital, Ankara, Turkey.

Correspondence: Dr T Ekiz, Ankara Fizik Tedavi ve Rehabilitasyon Egitim ve Arastirma Hastanesi, Ankara, Turkey. Fax: +90 312 311 80 54; e-mail: timurekiz@gmail.com

DOI: 10.7727/wimj.2014.074

REFERENCES
4. Özen M, Kalyoncu U. SAPHO syndrome may be treated effectively with combined drug regimens – a case report. IJCR 2011; 2: 8–11.