Papulosis Mucinosis versus Atypical Tuberous Myxedema of Dossekker

Mucinose papulosa versus mixedema tuberoso atípico de Dossekker

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In 1916 Dossekker published a study disclosing a new type of cutaneous mucinosis that had not been described before.[1] It was described as " roundish, infiltrated papular lesions , that woud speedly turn into disseminated tuberous lesions : in the course of its evolution they would turn into extensive pseudo-edematous infiltrations". The histopathologic exam showed "collagen fibers of the skin delimiting large amounts of mucin". As Dossekker understood that this new type of lesion would be somehow associated with the tyroid function he named it , "Atypical Tuberous Myxedema" (ATM) and proposed "the tibial implantation of tyroid gland " procedure used at that time. In spite of the great number of years since its original disclosure few cases were described around the world. It is, therefore, a nosologic rarity and whenever there are reports of a new case there is always interest in publishing it.

In 1976 we had the opportunity to observe and study in detail in the "Santa Casa Hospital" of São Paulo, an ATM case having as collaborators Fausto Forin Alonso, José Orestes Campana and Helena Muller. This case was published in the Brazilian Annals of Dermatology, where it can be consulted .[2] Its originality, the first case to be identified in the Brazilian medical literature, gave us the "Adolpho Carlos Lindeberg" prize in 1978, which was awarded by the Medical Association of São Paulo. It was a case of unusual exuberancy which was completely solved the moment we started the treatment for hypothyroidism. It was not observed a clinical hypothyrodism that could be characterized by laboratory testing but there was, certainly, a" sub-clinical hypothyroidism

The Brazilian Annals of Dermatology, in its first 2010 number published an interesting case observed by our peers from Porto Alegre named "Papulosis Mucinosis associated with hypothyroidis. [3] The clinical photographs show an exuberant eruption with plaques and nodose lesions that histopathology identified as being "cutaneous mucinosis". The authors accepted the diagnosis made by the histopathogists and named the case "papulosis mucinosis".

However I suggest the authors to reformulate the diagnosis. I have no doubt that it is the second case of ATM of Dossekker published in Brazil.

It is worth mentioning that as the number of cases informed and published in the medical literature is so small that pehaps a new publication of both cases (ours and the current one) is justifiable. ❑

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