Observation

Childhood Flexural Comedones

A New Entity

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Background: Comedones are usually found in acne and involve the seborrheic areas of the skin. Disseminated comedones can be found in other skin disorders. Flexural comedones are characterized by double orifices connected by a thin layer of epidermis that reveals the comedo content below it. To the best of our knowledge, flexural comedones have not been previously described as an entity. Our objective was to characterize this disorder.

Observations: A cross-sectional descriptive study was performed from April 2004 to July 2006. We included 40 pediatric and adolescent patients with flexural comedones; 21 were female (52%), and 19 were male (48%) (mean age, 6.2 years). In 29 cases the lesions were single (72%) and in 32 cases (80%) unilateral. The lesions were located in the axilla in 88% of the patients. We performed biopsies of skin samples in 6 cases.

Conclusions: To our knowledge, flexural comedones have not been previously described as an entity, and we felt that they deserved attention owing to the relative frequency of cases in our clinical practice. Because of its clinical appearance, flexural localization, and age distribution, we named this disorder childhood flexural comedones. Further investigation and follow-up of a larger number of patients is needed.

Arch Dermatol. 2007;143(7):909-911

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sions were most commonly located in the axilla in 35 (88%), the groin in 3 (8%), the antecubital fossa in 2 (5%), and the neck in 1 (2%). Flexural comedones repres-
Findings from skin biopsy samples from 6 cases showed the typical open comedo picture, with follicular plugging and infundibular dilatation. Remarkable associated features were inflammatory acne in 2 cases, comedonal acne in 1 case, and ovarian cysts with an axillary infundibular cyst in 1 patient.

To our knowledge, flexural comedones have not been previously described as an entity. We felt that they deserved attention owing to the relative frequency of cases in our clinical practice. Because of the typical clinical appearance, flexural localization, and age distribution, we refer to this disorder with the descriptive term childhood flexural comedones.

The chronic disease HS is characterized by painful suppurative or inflammatory lesions in the axilla or genitofemoral region. Because comedones are clinically and histopathologically precursor lesions of HS, we hypothesize that childhood flexural comedones are related to HS. In addition, 13 of our patients had associated molluscum contagiosum. The clinical and histopathologic coexistence of molluscum contagiosum and open comedones was reported by Brandrup and Asschenfeldt in 1989, but not in a flexural distribution. Another possibility is that local trauma caused by friction in the affected areas could induce comedone formation. Further investigation and follow-up of a larger number of patients are needed.

Accepted for Publication: January 26, 2007.
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Author Contributions: Drs Larralde, Abad, Santos Muñoz, and Luna had full access to all the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis. Study concept and design: Larralde, Abad, Santos Muñoz, and Luna. Acquisition of data: Abad and Santos Muñoz. Analysis and interpretation of data: Larralde and Luna. Drafting of the manuscript: Larralde, Abad, Santos Muñoz, and Luna. Critical revision of the manuscript for important intellectual content: Larralde and Luna. Administrative, technical, and material support: Abad and Santos Muñoz. Study supervision: Larralde and Luna.

Financial Disclosure: None reported.

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