for persons with hereditary nonpolyposis colorectal carcinoma (HNPCC; Muir-Torre syndrome is a special kind of HNPCC or Lynch syndrome), and the risk for developing colorectal cancer is dramatically enhanced in persons with HNPCC (80–82% vs. 5–6% in the general population).

Nevertheless, an appropriate tool helping in selecting families for immunohistochemical and/or molecular genetic analysis to identify MMR gene mutations are the Amsterdam criteria II and the revised Bethesda guidelines (table 1) [6, 7]. Because bladder cancer is not an HNPCC-related cancer, only the younger sister of the index patient could comply with the revised Bethesda guidelines, and their parents if they are alive. Additionally, in families where one member fulfilled at least one of the clinical

### Table 1. Amsterdam criteria II and revised Bethesda guidelines

<table>
<thead>
<tr>
<th>Amsterdam criteria II</th>
<th>Revised Bethesda guidelines</th>
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</thead>
<tbody>
<tr>
<td>There should be at least 3 relatives with CRC or with a Lynch-syndrome-associated cancer: cancer of the endometrium, small bowel, ureter or renal pelvis</td>
<td>1. CRC diagnosed in a patient aged &lt;50 years</td>
</tr>
<tr>
<td>– One relative should be a first-degree relative of the other 2</td>
<td>2. Presence of synchronous, metachronous colorectal or other Lynch-syndrome-related tumors, regardless of age</td>
</tr>
<tr>
<td>– At least 2 successive generations should be affected</td>
<td>3. CRC with MSI-H phenotype diagnosed in a patient aged &lt;60 years</td>
</tr>
<tr>
<td>– At least 1 tumor should be diagnosed before the age of 50 years</td>
<td>4. Patient with CRC and a first-degree relative with a Lynch-syndrome-related tumor, with one of the cancers diagnosed at an age &lt;50 years</td>
</tr>
<tr>
<td>– FAP should be excluded in the CRC case if any</td>
<td>5. Patient with CRC with 2 or more first-degree or second-degree relatives with a Lynch-syndrome-related tumor, regardless of age</td>
</tr>
</tbody>
</table>
| Tumors should be verified by histopathological examination | CRC = Colorectal cancer; FAP = familial adenomatous polyposis; MSI-H = high-frequency microsatellite instability. Lynch-syndrome-related tumors include colorectal, endometrial, stomach, ovarian, pancreas, ureter, renal pelvis, biliary tract and brain tumors, sebaceous gland adenomas and keratoacanthomas, and carcinoma of the small bowel.
selection criteria corresponding to the Amsterdam II criteria or the Bethesda guidelines, the sensitivity of the immunohistochemical analysis for MLH1 and MSH2 was shown to be 94% in tumors [8], whereas in sebaceous hyperplasia only 3% show microsatellite instability [9].

Concerning HNPPC and Muir-Torre syndrome, it would be even more efficient in the presented family to investigate the colon cancer of the patient’s sister.

References


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Reply

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Key Words

Familial cancer · Fibrous papule, granular variant

Thank you for your interest in our paper and for your letter. We think that the first aim of the article was to focus on a special type of fibrous papule: the granular variant which is rare. This is expressed in the title of the paper. We wanted to describe the histopathological findings and immunohistochemical characteristics of this rare tumor. We also discuss the differential diagnosis. Our patient had only 1 fibrous papule and not multiple lesions which are typically seen in Cowden’s disease. The typical perifollicular fibromas with the mantle-like proliferation of the follicle are completely different from the histology of our single lesion of a fibrous papule, and this was the reason why we never thought about Birt-Hogg-Dubé syndrome. Therefore, we believe that in our case the occurrence of granular cells in a fibrous papule was an incidental finding in a patient with a family background suggesting a familial cancer syndrome which has not yet been completely classified. If in the future there are other findings in the proband or his family we will publish them.

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