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 HNPCC 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

- 1 Jacyk WK, Rutten A, Requena L: Fibrous papule of the face with granular cells. *Dermatology* 2008;216:56–59.
- 2 Bansal C, Stewart D, Li A, Cockerell CJ: Histologic variants of fibrous papule. *J Cutan Pathol* 2005;32:424–428.
- 3 Marchese C, Montera M, Torrini M, Goldoni F, Mareni C, Forni M, Locatelli L: Granular cell tumor in a PHTS patient with a novel germline PTEN mutation. *Am J Med Genet A* 2003;120:286–288.
- 4 Fistarol SK, Anliker MD, Itin PH: Cowden disease or multiple hamartoma syndrome – cutaneous clue to internal malignancy. *Eur J Dermatol* 2002;12:411–421.
- 5 Jemal A, Siegel R, Ward E, Murray T, Xu J, Thun MJ: Cancer statistics, 2007. *CA Cancer J Clin* 2007;57:43–66.
- 6 Vasen HF, Moslein G, Alonso A, Bernstein I, Bertario L, Blanco I, Burn J, Capella G, Engel C, Frayling I, Friedl W, Hes FJ, Hodgson S, Mecklin JP, Moller P, Nagengast F, Parc Y, Renkonen-Sinisalo L, Sampson JR, Stormorken A, Wijnen J: Guidelines for the clinical management of Lynch syndrome (hereditary non-polyposis cancer). *J Med Genet* 2007;44:353–362.
- 7 Umar A, Boland CR, Terdiman JP, Syngal S, de la Chapelle A, Ruschoff J, Fishel R, Lindor NM, Burgart LJ, Hamelin R, Hamilton SR, Hiatt RA, Jass J, Lindblom A, Lynch HT, Peltomaki P, Ramsey SD, Rodriguez-Bigas MA, Vasen HF, Hawk ET, Barrett JC, Freedman AN, Srivastava S: Revised Bethesda guidelines for hereditary nonpolyposis colorectal cancer (Lynch syndrome) and microsatellite instability. *J Natl Cancer Inst* 2004;96:261–268.
- 8 Engel C, Forberg J, Holinski-Feder E, Pagenstecher C, Plaschke J, Kloor M, Poremba C, Pox CP, Ruschoff J, Keller G, Dietmaier W, Rummele P, Friedrichs N, Mangold E, Buettner R, Schackert HK, Kienle P, Stemmler S, Moeslein G, Loeffler M: Novel strategy for optimal sequential application of clinical criteria, immunohistochemistry and microsatellite analysis in the diagnosis of hereditary nonpolyposis colorectal cancer. *Int J Cancer* 2006;118:115–122.
- 9 Kruse R, Rutten A, Schweiger N, Jakob E, Mathiak M, Propping P, Mangold E, Bisceglia M, Ruzicka T: Frequency of microsatellite instability in unselected sebaceous gland neoplasias and hyperplasias. *J Invest Dermatol* 2003;120:858–864.

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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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