Familial Occurrence of Multiple Seborrheic Keratoses and Schizophrenia

S.		Vassileva
M.		Krasteva

Sofia

S. Vassileva, M. Krasteva, Institute of Dermatology, G. Sofiiski str. 1, 1431 Sofia (Bulgaria)

Sir,

Rongioletti et al. stated in 1988 that cases of familial occurrence of multiple seborrheic keratoses have rarely been reported in the literature [1]. Autosomal dominant [2] and polygenic [1] modes of inheritance have been suggested.

A 35-year-old woman presented with a profuse, slightly pruritic eruption of seborrheic keratosis of 5 years' duration. The eruption involved her neck, chest and back. Her 67-year-old father had had an eruption of seborrheic keratosis since his thirties. The distribution of the skin lesions was almost identical to that of his daughter. Biopsy confirmed the clinical diagnosis in the two patients.

Both patients had a mental disorder that had manifested itself almost at the same time, i. e. 2 years ago in the father and 3 years ago in the daughter. A psychiatric examination was performed, and schizophrenia was diagnosed in both cases:

The daughter was the only child and had no children. No other members of the family were available for examination. So we could not build an accurate family tree.

The simultaneous occurrence of two diseases in several members of a family might be regarded as genetic predisposition. Heredity is acknowledged as the major pathogenic factor in schizophrenia, as the polygenic way of transmission is accepted by most authors [3,4].

We have no grounds for drawing a conclusion about any definite mode of inheritance of both disorders – multiple seborrheic keratosis and schizophrenia – as the number of patients observed is too small. Nevertheless, we are convinced that it could be a further contribution to the concept of the genetic predisposition to multiple seborrheic keratosis.

References

Rongioletti F, Corbella L: Multiple familial seborrheic keratoses. *Dermatologica* 1988;176:43-45.

Bedi TK: Familial congenital multiple seborrheic verrucae. *Arch Dermatol* 1977;113:1441-1442.

Ellenberger HF: Les schizophrénies; in Dunay R, Ellenberger HF, et al (eds): *Precis pratique de psychiatrie*. Paris, Maloine, 1984, pp 295-321.

Weiner H: Schizophrenia: Etiology; in Kaplan HI, Sadock BJ (eds): *Comprehensive Textbook of Psychiatry*. Baltimore, Williams & Wilkins, 1985, pp 650-681.

In Reply

Sir,

Seborrheic keratosis (SK) is such a common and age-dependent lesion that every conclusion about its etiopathogenesis or association with other conditions should be cautiously evaluated.

The letter of Drs. Vassileva and Krasteva, describing a father and his daughter with multiple SK and schizophrenia supports the few reports of the literature [1] admitting that multiple SK may be transmitted as an autosomal dominant trait.

After our observation of a family in which multiple SK have been transmitted over 3 generations as a simple dominant trait [1] , we began to pay attention to similar cases. In fact, we found that patients with multiple SK quite often refer a history of similar lesions in their relatives, provided that they are accurately questioned. In addition, familial multiple SK develop earlier than usual, often showing up in the thirties, and slowly progress in number and size. Their gradual progression contributes to distinguish them from multiple eruptive paraneoplastic SK (Leser-Trélat sign) or from those following chronic inflammatory skin diseases.

A large case-control study or a survey in Indians and Negroes, in which SK are uncommon [2] , are needed to clarify the exact role of the genetic transmission in SK.

Franco Rongioletti, Alfredo Rebora Department of Dermatology University of Genoa (Italy)

References

Rongioletti F, Corbella L, Rebora A: Multiple familial seborrheic keratoses. *Dermatologica* 1988;176:43[^]15.

MacKie RM: Tumours of the skin; in Rook A, Ebling FJC, et al (eds): *Textbook of Dermatology*, ed 4. Oxford, Blackwell, 1986, vol3, pp 2388-2390.