Reviewing the diagnosis: atypical tuberous myxedema of Jadassohn-Dosseker*

Revendo o diagnóstico: mixedema tuberoso de Dossekker

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Dear Sir,

This is in reply to the letter sent to the editor by Dr. Nelson Proença, a well-known name in dermatology in Brazil, with respect to the paper entitled "*Papular mucinosis associated with hypothyroidism*" published in the first issue of 2010 of the Brazilian Annals of Dermatology.

This paper refers to a case seen at the Pedro Ernesto Teaching Hospital of the State University of Rio de Janeiro, which at the time of publication was diagnosed as a form of cutaneous mucinosis; however, the patient had not yet been submitted to any form of treatment. The patient is currently being followed-up at the outpatient dermatology clinic at this same institute and is being treated for recurrent pityriasis versicolor. The lesions resulting from mucin deposition are no longer present. These lesions regressed some months after the patient initiated thyroid hormone treatment for hypothyroidism. In the very words of Dr. Nelson Proença and his colleagues, the lesions vanished "just as snow disappears when the sun comes out". The patient is also being followed up at the endocrinology department and her thyroid disease is currently under control.

In view of the way in which the condition progressed, we are now able to affirm with greater certainty that this constitutes another case of atypical tuberous myxedema Jadassohn-Dössekker. In the current case, exuberant lesions were present; however, they were less intense than those previously described by colleagues at the *Santa Casa* in São Paulo. The time required for the lesions to spread and become worse was also slower in the current case. The response of the skin lesions to treatment for thyroid disease is of the utmost importance in cases associated with atypical tuberous myxedema. Since prior to initiating treatment for her thyroid disease, the progress of the patient was uncertain, the terminology "papulous mucinosis" was used, which we consider to be a broader term that is correctly rooted in the histopathological and etiological features of the condition. In view of the currently available data, we agree with Dr. Nelson Proença and have reviewed our original diagnosis, now affirming that we are publishing the second recorded case in Brazil of the extremely rare condition known as atypical tuberous myxedema Jadassohn-Dössekker. ❑

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