However, consideration of black ringworm was excluded due to a negative response to broad-spectrum systemic antifungal therapy, and negative mycological microscopy and culture results and PAS staining. Melanoma merely involving the skin between all the 10 toes seems to be unlikely. A small number of epidermal melanocytes with positive staining of HMB-45 antibody are not ample evidence for diagnosing melanoma; sometimes, normal melanocytes can also present positive results with HMB-45 staining. The diagnosis of melanoma was not supported by the evidence of dermoscopy manifestation, histopathology, and immunohistochemical staining. Concerning the possibility of progression to melanoma, we think the prognosis was good because of black maculae on nonrubbing parts and long-term "inactive" clinical manifestation.

Labial and oral melanotic macules are commonly encountered in many diseases, such as LHS and Peutz–Jeghers syndrome (PJS). LHS is an acquired benign condition commonly associated with longitudinal melanonychia. Gerbig and Hunziker first suggested "idiopathic lenticular mucocutaneous pigmentation" in 1996 to deal with LHS with atypical features; however, more literature regarded LHS and "idiopathic lenticular mucocutaneous pigmentation" as the same notion. PJS is characterized by mucocutaneous pigmentation and multiple gastrointestinal hamartomatous polyps that belong to autosomal dominant inherited disease due to \( LKB1/STK11 \) gene mutation or some other genetic disorders. However in our case, the examination result of enteroscopy did not support PJS. Taking all factors into consideration, we think this patient presented a rare form of LHS: melanotic macules on lip, oral mucosa, and the skin between the toes without manifestation of longitudinal melanonychia. While encountering the black maculae between the toes, the clinicians should examine the labial and oral mucosa of the patient for the possibility of LHS.

Declaration of patient consent
The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest
There are no conflicts of interest.

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Periumbilical Acanthosis Nigricans along the Surgical Site of Umbilical Hernia Operation
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Sir,
Acanthosis nigricans (AN) is characterized by symmetric,
brown-black velvety plaques that are especially seen in the axillae, neck, groin, inframammary folds, popliteal fossae, elbows, and umbilical region. It is much more common in dark-skinned individuals. AN is classified into eight subtypes: benign, obesity-related, syndromic, malignant, acral, unilateral (neviod), secondary to medication, and multifactorial. The more common type is obesity-related AN associated with insulin resistance (IR) that may be associated with type 2 diabetes mellitus (DM), metabolic syndrome, and polycystic ovary syndrome. IR is the key factor in AN. This association is explained by the fact that hyperinsulinemia activates insulin-like growth factor-1 (IGF-1) receptors located in fibroblasts and keratinocytes, stimulating their proliferation.

A 57-year-old female patient presented with a dark brown-black discoloration on the umbilicus and peri umbilical region that was present for 4 years after the umbilical hernia operation. Her body mass index was 39.9. She had central obesity, type-2 DM, hypertension, and hyperlipidemia. She was in menopause for 9 years. She was using ramipril-hydrochlorothiazide as antihypertensive. Dermatological examination revealed a dark brown velvety plaque and black papules on the umbilicus and periumbilical region just over the previous surgical scar [Figure 1]. Rest of the skin including the skin folds and mucous membranes were normal. Routine hematological and biochemical tests were normal. Gynecological examination was normal except for an endometrial polyp that was detected by endocervical curettage. Chest radiography, abdomen ultrasonography, and abdomen magnetic resonance imaging were normal. Ultrasonography of breasts was consistent with Breast Imaging-Reporting and Data System (BI-RADS 1). Histopathological examination of a punch biopsy from the lesion showed lamellar hyperkeratosis, papillomatosis, basal hyperpigmentation in the epidermis, perivascular edema, and chronic inflammatory cell infiltration in the dermis [Figure 2]. Based upon the clinical and histopathological findings, the patient was diagnosed as AN. Topical treatment with tretinoin 0.01% cream was started.

Unilateral nevoid AN is a rare form of AN that is not associated with syndromes, endocrinopathies, drugs, or malignancies. Although various cases involving the face, scalp, chest, and inframammary region exist, only three cases with periumbilical localization have been reported to date. In contrast to the term “unilateral,” all of them have occurred on the middle of the abdomen including the umbilicus with a bilateral and symmetrical distribution. Similarly, our case showed a bilateral distribution around the umbilicus and no other involvement was observed. It was interesting in our case that the lesion had developed just over the surgical site after the umbilical hernia operation. This may be due to the increased IGF-1 and IGF-2 in the wound healing process. It is known that IGF-1 and IGF-2 are differentiation factors that facilitate wound healing by stimulating fibroblast proliferation and enhancing collagen synthesis and the cutaneous changes seen in AN are the result of growth factor stimulation of keratinocytes and dermal fibroblasts. Our case was obese and she had type 2 DM; these factors might have facilitated the development of AN. To our knowledge, this is the first case of AN with isolated umbilical localization over a surgical scar.

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Erythroderma may occur as a protean manifestation of paraneoplastic syndromes. In our paper, we report a case of a 80-year-old diabetic male who had presented with erythroderma and a possible underlying malignancy in 1% of the elderly age group.

Out of all the few malignancies rarely caused by psoriasis followed by drug reactions and cutaneous T-cell lymphomas, prostate cancer (PCa) is the second-most common malignancy and 5% of PCa are reported in 1%–11% of patients. The association of PCa with different paraneoplastic syndromes had been established. We here present a case of a 80-year-old diabetic male who had presented with erythroderma and concluded that PSA is a useful marker as stated by et al. have reported.

Inflammatory skin disorders secondary to malignancy are common in the age group between 61 and 70 years. In our paper, we report a case of a 80-year-old diabetic male who had presented with erythroderma and a possible underlying malignancy in 1% of the elderly age group.

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