Editor,

A 10-year-old Indian male child born out of consanguineous marriage visited our pediatric dermatology clinic with complaints of comedones in the axilla, groin, face, and ears for 5 years and moderately itchy multiple plaques over forehead, neck, and scalp for 1 month.

History of exposure to any comedogenic drug/substance either topically or orally was absent. The patient had no previous history of atopic dermatitis, acne, hidradenitis suppurativa (HS), and any other cutaneous or systemic illness. Family history was found to be insignificant.

On cutaneous examination, there was the presence of multiple, discrete, black, double orifice comedones located bilaterally in the axilla, groin, face, and ear along with anterior blepharitis and flaky debris on the upper eyelashes [Figure 1a-c]. Verrucous epidermal nevus (VEN) was present over the left thigh [Figure 1d] since birth. Routine investigations, serum testosterone, and cortisol levels were within normal limits. Lesional punch biopsy was done from the axilla for histopathologic evaluation which showed follicular plugging and infundibular dilatation [Figure 2]. The patient was diagnosed with a case of childhood flexural comedones (CFC) associated with seborrheic dermatitis and VEN. The patient was advised topical retinoids, i.e., tretinoin 0.05% cream, for comedonal lesions and the response was satisfactory.

CFC are characterized by double orifice comedones connected by a thin layer of the epidermis. They are mostly discovered incidentally and are usually single, located unilaterally, with the axilla being the most commonly involved site.[1] Age of onset remains unknown with no known gender predisposition. Comedones can be seen in skin disorders like acne, HS, idiopathic disseminated comedones, familial dyskeratotic comedones, and nevus comedonicus.

CFC were first described by Larralde et al.[1] in 2007 in a study of 40 cases. This term was coined because of its age distribution, flexural localization, and clinical appearance. They speculated that friction-induced local trauma in the flexural areas may lead to the generation of comedones. CFC were thought to be related to molluscum contagiosum (MC) but comedones did appear in the areas where MC was absent, so this assumption was dismissed. They also hypothesized that CFC were associated with HS because comedones were clinically and histopathologically precursor lesions of HS. Cho et al.[2] described a 3-year-old girl with a single CFC in the axilla. Similar cases were described by Pitarch et al.,[3] i.e., a 5-year-old boy with multiple CFC in the axilla, a 25-year-old man with multiple comedones on the back and neck since childhood, and a 4-year-old woman with multiple comedones since childhood. An observational study was performed by Neri et al.,[4] which included 35
pediatric cases of CFC, out of whom 15 cases had a family history of acne. Other findings were similar to the study by Larralde et al. They supposed a hamartomatous origin as comedones remained unchanged over time without any evolution during and after puberty; and due to involvement of an unusual site like the pubic region.

In our case, there had been no changes in CFC in past 5 years and there is the presence of VEN, so these CFC might be of hamartomatous origin. More case studies with long-term follow-up and reporting are needed to predict the future course of CFC and to establish its hamartomatous nature. To the best of our knowledge, a co-occurrence of CFC with seborrheic dermatitis and VEN has not been reported until now in the literature.

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Conflicts of interest
There are no conflicts of interest.

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