Careful consideration must be given to the possibility of occult neoplasms in dermatomyositis in middle-aged to elderly patients. The most common cancers found in association with dermatomyositis are ovarian, pancreatic, and lung cancers.

We have presented a case of dermatomyositis associated with cancer of the lung and presenting livedoid reticulated ulcers due to livedoid vasculopathy. We wish to stress the importance of screening for occult neoplasms in elderly patients with dermatomyositis, particularly when they have extensive skin manifestations.

References
Over the 9-month study period, 75 patients with MC were recruited and underwent curettage of all lesions. There was a higher frequency in men (58.66% men, 41.33% women). The mean age was 9.7 (10.3) years. The mean number of lesions was 11.33 (13.699) (Table 1). Atopic dermatitis was observed in 44% of patients, and 34.6% of household members were affected. Approximately half the patients had more than 1 body area affected (37 of 75 patients). The most common sites were the trunk (44 patients, 58.6%) and arms (30 patients, 40%).

At the 2-month follow-up visit, the mean number of lesions was 4.35 (7.468). A minority of patients achieved cure (29/75 patients, 38.7%). Therapeutic failure was associated with male sex, lower age, lesions on the head, neck, trunk, and arms, and a higher number of lesions and body areas affected. However, these differences were only statistically significant for 2 variables: number of areas affected and presence of lesions on the trunk (P < .05) (Table 2).

According to the medical literature, the usual patient who consults for MC is younger than 12 years and has fewer than 15 lesions. More than a quarter have atopic dermatitis. In around 35% cases, another member of the household is also affected.5,8,9 Curettage (scraping with a curette) is one of the most commonly used treatments. Good results are achieved in fewer visits, and pain can be minimized by applying a topical anesthetic. One study found that curettage was the therapeutic option with the fewest side effects and greatest effectiveness, compared to cantharidin, a combination of lactic acid and salicylic acid, or imiquimod, and that 80.6% of patients were cured after 1 session.5 However, we only observed 38.66% of patients free of MC in our series, similar to the rate of 34% reported in another recent study.10

In our study the factors related to the highest rates of therapeutic failure were the presence of lesions on the trunk, the number of anatomic areas affected, and the number of lesions at the initial visit. In contrast to other series, atopic dermatitis was not found to be associated with recurrence.10

In conclusion, it seems reasonable to consider or associate therapeutic options other than curettage in patients with multiple MC lesions in several areas of the body, particularly when the trunk is involved.

### Table 1

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient age</td>
<td>9.77</td>
<td>10.33</td>
</tr>
<tr>
<td>Number of MC lesions at the first visit</td>
<td>11.33</td>
<td>13.69</td>
</tr>
<tr>
<td>Number of anatomic areas affected</td>
<td>1.57</td>
<td>0.64</td>
</tr>
<tr>
<td>Number of lesions at 2-month follow-up visit</td>
<td>4.35</td>
<td>7.46</td>
</tr>
</tbody>
</table>

**Abbreviation:** MC, molluscum contagiosum.

### Table 2

<table>
<thead>
<tr>
<th></th>
<th>Cured</th>
<th>Not Cured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient age</td>
<td>11.34</td>
<td>8.78</td>
</tr>
<tr>
<td>Number of MC lesions</td>
<td>10.07</td>
<td>12.13</td>
</tr>
<tr>
<td>Number of anatomic areas affected</td>
<td>1.38</td>
<td>1.70</td>
</tr>
</tbody>
</table>

**Abbreviation:** MC, molluscum contagiosum.

### References


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