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Localized unilateral hyperhidrosis secondary to an eccrine naevus

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Summary

We describe a patient with intermittent unilateral hyperhidrosis localized to the left hand only. Histology confirmed the presence of an eccrine naevus.

Case report

A 25-year-old man presented to one of us (MSLJ) with an 11-year history of intermittent excessive perspiration from the left hand only, his general practitioner having commented that he had witnessed steam pouring out of the hand during winter. The area affected had slowly increased in size over a number of years and involved the left dorsal hand and wrist in a well-defined area. There were no obvious precipitating factors and in particular heat had no effect on the sweating, the patient believing the problem was more noticeable in winter, with sudden unprovoked outpourings of sweat. The sweating lasted between 5 min and 5 h and the pores in the affected area had eventually become prominent and slightly erythematous. Attacks occurred 2–3 times per week during the winter but not at all during the summer. The patient worked as a welder, his general health being good and his sweating normal elsewhere. There were no abnormal neurological signs and in particular the pupillary responses were normal. There was no family history of sweating disorders.

Examination revealed normal skin at the site of the localized hyperhidrosis, and in particular no evidence of comedones or hypertrichosis. Detailed neurological and general examination was normal. The starch-iodine test performed under conditions of mental stress (subtracting sevens from 100) showed increased sweat production at the site, although variations in external temperature had no effect.

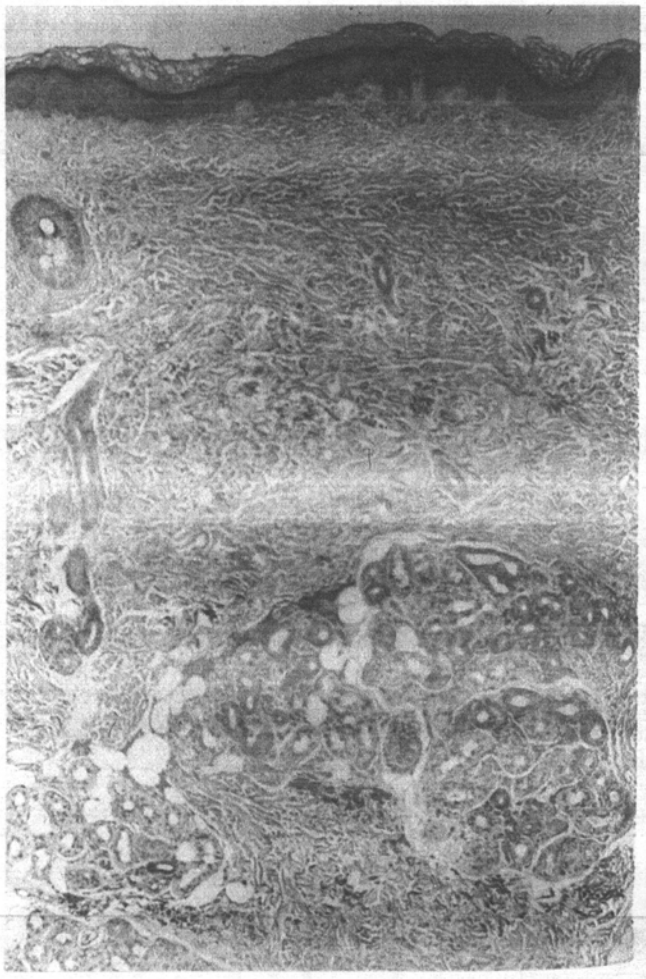

Figure 1. Skin from left hand showing increased numbers of eccrine sweat glands.

Skin biopsy revealed an increased number of eccrine sweat glands but normal sebaceous glands, consistent with an eccrine naevus (Fig. 1). Biopsy from the unaffected right hand was normal.

Discussion

There are a few reports of eccrine naevi in the literature.

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Arnold reported perhaps the first example in 1945, this lesion also showing sebaceous gland hypertrophy.[1] Subsequent reports have been rare[1–5] and often mixed in nature, no cutaneous lesion usually being seen in the pure form. Environmental factors such as heat are not usually associated with sweating from these lesions, as was the case with our patient. However, periods of intense concentration or mental stress can precipitate secretion. Treatment is difficult if required and depends on the size and site of the naevus, surgical excision perhaps being the treatment of choice when the naevus has fully developed. Medical treatments such as anticholinergics, sedatives, tranquillizers and local preparations appear to give only partial or temporary relief.[1] In our case no treatment has been needed.

References

1. Arnold HL Jr. Naevus seborrheicus et sudoriferus: A unilateral linear physiologic anomaly. *Arch Dermatol Syphil* 1945; **51**: 370–2.
2. Goldstein N. Epihidrosis (local hyperhidrosis): nevus sudoriferus. *Arch Dermatol* 1967; **96**: 67–8.
3. Civatte J, Tsoitis G, Preaux J. Le naevus apocrine. Étude de 2 cas. *Ann Dermatol Syphil* 1974; **101**: 251–61.
4. Pippione M, Depaoli MA, Sartoris S. Naevus eccrine. *Dermatologica* 1976; **152**: 40–6.
5. Ruiz de Erenchun F, Vazquez-Doval FJ, Contreras Mejuto F, Quintanilla E. Localized unilateral hyperhidrosis: Eccrine nevus. *J Am Acad Dermatol* 1992; **27**: 115–16.