- dermatology: a review. *Lasers Med Sci* 2009;24:971-980.
4. Jones CM, Mang T, Cooper M, Wilson BD, Stoll HL Jr. Photodynamic therapy in the treatment of Bowen's disease. *J Am Acad Dermatol* 1992;27:979-982.
 5. Privalov VA, Lappa AV, Kochneva EV. Five years' experience of photodynamic therapy with new chlorin photosensitizer. *Proceedings of the SPIE Optic and Photonics*, 2005 Aug 2-4; San Diego, United States.
 6. Zhao B, He YY. Recent advances in the prevention and treatment of skin cancer using photodynamic therapy. *Expert Rev Anticancer Ther* 2010;10:1797-1809.
 7. Lorenz KJ, Maier H. Photodynamic therapy with meta-tetrahydroxyphenylchlorin (Foscan) in the management of squamous cell carcinoma of the head and neck: experience with 35 patients. *Eur Arch Otorhinolaryngol* 2009;266:1937-1944.

<http://dx.doi.org/10.5021/ad.2012.24.4.490>

Hydroxychloroquine-Induced Reversible Hypomnesia in a Patient with Reticular Erythematous Mucinosi

Qing Lin, B.P., Di-Qing Luo, M.M.S.¹, Jun-Hua Liu, M.M.S.¹, Wei Yang, B.P.

Departments of Pharmacy and ¹Dermatology, Huangpu Hospital of The First Affiliated Hospital, Sun Yat-sen University, Guangzhou 510700, China

Dear Editor:

Hydroxychloroquine is an antimalarial drug, which is also extensively used in the treatment of dermatology and rheumatology. Its side effects, besides ocular toxicity, include gastrointestinal discomforts, such as nausea, vomiting, cramping and diarrhea¹. Hydroxychloroquine can lead to hyperpigmentation on the skin, mucosa membrane, and nails; and to a white discoloration of blond, red, and light-brown hair;¹ and in rare cases, it can cause hair loss¹ and pruritus². Side effects of the central nervous system include dizziness, headache, hyperexcitability, nervousness, insomnia, psychosis/depression, and reduced seizure threshold¹. Although some kinds of the drugs, including anticholinergic, sedative-hypnotics, antidepressant and anti-anxiety, antiepileptic, analgesics, antiarrhythmic and statins, etc., have been reported with drug-induced hypomnesia, to our knowledge, no case of hydroxychloroquine-associated hypomnesia has been described before. Herein, we reported a man with reticular erythematous mucinosis (REM) who developed reversible hypomnesia after treated with hydroxychloroquine.

A 40-year-old Chinese male was referred with 1 year history of cutaneous lesion on his posterior chest, showing slow and progressive growth, causing occasional pain. The lesion didn't respond to antibiotics, such as penicillins or cephalosporins, or to systemic steroids, but mild response was noted to intra-lesional prednisolone. Cutaneous examination showed a clearly delimited reticulated erythematous plaque of 12×7 cm in the left back chest, with slight infiltration of the borders. Skin biopsy and pathology study showed abundant interstitial deposits of mucin in the dermis together with moderated perivascular and perifollicular lymphocytic infiltrate. After excluding secondary diseases, REM was diagnosed. The patient was then prescribed hydroxychloroquine 0.2 g, twice daily alone, which led to an excellent result after 2 months treatment, but the patient developed a progressive hypomnesia hereafter. He also noticed that the hypomnesia was milder when he took hydroxychloroquine 0.2 g daily than 0.2 g, twice daily; and the symptom would recover after stopping the medication for about 1 week, and recurred after taking it again. He recovered completely after stopp-

Received April 3, 2012, Revised April 8, 2012, Accepted for publication April 9, 2012

Corresponding author: Di-Qing Luo, M.M.S., Department of Dermatology, Huangpu Hospital of The First Affiliated Hospital, Sun Yat-sen University, 183 Huangpu Rd. E., Guangzhou 510700, China. Tel: 86-20-8237-9516, Fax: 86-20-8239-8840, E-mail: luodq@mail.sysu.edu.cn

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ing the medication.

REM, first described by Steigleder, is a rare cutaneous disease, characterized by persistent erythema in a reticular pattern and/or confluent erythematous papules and plaques, with a predilection of location on the central area of the chest or on the upper back; and rarely on the arms, face and abdominal region³⁻⁵. It predominantly afflicts middle-aged women³⁻⁵. The typical histopathology is interstitial deposits of mucin in the dermis. The pathogenesis remains unclear^{3,4}.

Antimalarial drugs are the treatment of choice for REM³⁻⁵. Hydroxychloroquine, a derivative of chloroquine, is frequently used as the first-line treatment, and it always results in rapid improvement within about a month of starting the treatment; however, recurrence is also common⁵. The present patient responded well to hydroxychloroquine. Unfortunately, he had hypomnesia after administrated the drug. Based on the dosage-adverse effects relationship, we considered that hydroxychloroquine is responsible for the hypomnesia, but the mechanism is unclear.

Although such a condition is very rare and the present

patient had finally recovered, practitioners should be aware of it as it may have a negative impact on patient's quality of life, and even lead severe problem.

REFERENCES

1. Kuhn A, Ruland V, Bonsmann G. Cutaneous lupus erythematosus: update of therapeutic options part I. *J Am Acad Dermatol* 2011;65:e179-193.
2. Gül U, Cakmak SK, Kiliç A, Gönül M, Bilgili S. A case of hydroxychloroquine induced pruritus. *Eur J Dermatol* 2006;16:586-587.
3. Kreuter A, Scola N, Tigges C, Altmeyer P, Gambichler T. Clinical features and efficacy of antimalarial treatment for reticular erythematous mucinosis: a case series of 11 patients. *Arch Dermatol* 2011;147:710-715.
4. Karadag AS, Simsek GG. Reticular erythematous mucinosis syndrome with telangiectasias. *Indian J Dermatol Venereol Leprol* 2010;76:86.
5. Suárez-Amor O, Pérez-Bustillo A, González-Morán MA, Ramírez-Santos A, Rodríguez-Prieto MA. Reticular erythematous mucinosis: partial response to treatment with topical tacrolimus. *Actas Dermosifiliogr* 2010;101:105-106.

<http://dx.doi.org/10.5021/ad.2012.24.4.491>

Tripartite Motif-Containing 29 Expression in Squamous Cell Carcinoma

Moon-Kyun Cho, M.D.

Department of Dermatology, College of Medicine, Soonchunhyang University, Seoul, Korea

Dear Editor:

Tripartite motif-containing 29 (TRIM29), also known as the ataxia telangiectasia group D complementing gene, is reduced in certain cancers by some reports, although, others report higher expression of TRIM29 in several cancers.

While the exact functions of TRIM proteins have yet to be

specified, they undergo viral replication, and participate in signal transduction and development in many human diseases, especially cancer.

A few members of the TRIM family are associated with cellular growth and processes, such as transcriptional regulation, cell growth, apoptosis, development and oncogenesis¹. Several TRIM proteins play many roles in the

Received August 9, 2012, Revised September 3, 2012, Accepted for publication September 9, 2012

Corresponding author: Moon-Kyun Cho, M.D., Department of Dermatology, Soonchunhyang University Seoul Hospital, 59 Daesagwan-ro, Yongsan-gu, Seoul 140-743, Korea. Tel: 82-2-709-9368, Fax: 82-2-709-9374, E-mail: mkcho2001@hanmail.net

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.