of hyoscine eye drops for uveitis. This patient also developed acute generalised urticaria when subsequently given tropicamide eye drops, exhibiting cross-reactivity between these drugs. Jones and Hodes[9] described an urticarial rash precipitated by cyclopentolate eye drops in a child which only affected the face and limbs. It is not clear whether this rash represented a widespread contact urticaria or a true systemic allergic reaction.

Drug-induced urticaria may result from immunological or non-immunological mechanisms. Immune-mediated acute urticaria involves type I (IgE-mediated) hypersensitivity. Our patient had no previous exposure to cyclopentolate, though the possibility exists of cross-reactivity with a similar agent such as hyoscine. Non-immunological mechanisms may involve the release of vasoactive substances from mast cells or a direct pharmacological effect on cutaneous blood vessels. We can find no evidence that cyclopentolate possesses such properties.

Whatever the mechanism of this unusual reaction, it is important to be aware that topical administration of an ophthalmic drug has the potential to produce a systemic allergic reaction.

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Sir,

Trichofolliculoma of the Eyelid

Trichofolliculoma is an adnexal tumour of hair follicle origin, occurring most often on the face, scalp or neck. This tumour is excessively rare on the eyelid. We report here a case of trichofolliculoma on the upper eyelid. To our knowledge, there are only four other documented cases concerning the eyelid.[1–3]

Case Report

A 43-year-old man presented to our dermatology clinic requesting removal of a tumour from his right upper eyelid. The tumour had been present for approximately 6 months without any change in appearance. Although the lesion was neither painful nor pruritic, the patient had felt discomfort during blinking. He had had no previous cutaneous or eye disease and was in good general health.

Physical examination revealed an elastic, soft, subcutaneous nodule measuring 0.8 cm on the centre of the right upper eyelid (Fig. 1). The nodule did not have a central pore-like opening. The lesion was excised.

Histopathological examination showed numerous well-differentiated hair follicles in the dermis (Fig. 2). Small groups of sebaceous gland cells were embedded in the walls of some follicles. Although

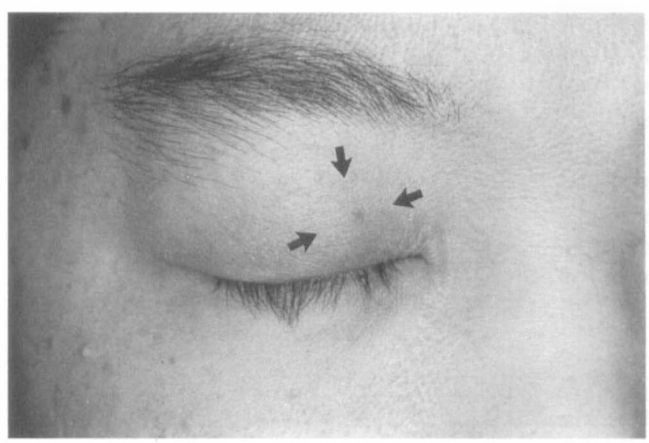

Fig. 1. *Subcutaneous nodule on the right upper eyelid (arrows).*

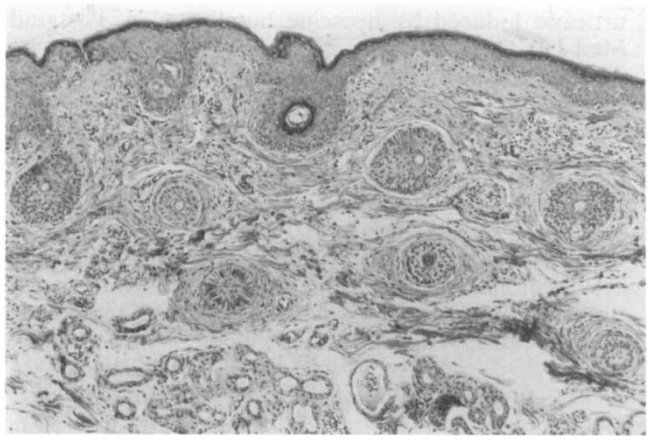

Fig. 2. *Numerous well-differentiated hair follicles were found in the dermis in a tangential section (haematoxylin and eosin, ×60).*

serial sections revealed no central dilated infundibulum, the histological diagnosis was trichofolliculoma because of apparent increased density in hair follicles. Follow-up examination 6 months later revealed no sign of recurrence.

Comment

Follicular neoplasms, which comprise the largest class of cutaneous adnexal tumours, exhibit a wide spectrum of differentiation. The most organised naevoid tumour related to the entire hair follicle has been appropriately called trichofolliculoma; these tumours are classified as highly structured hamartomas. The lesion was considered by Kligman and Pinkus[4] to be of intermediate differentiation between a hair follicle naevus, a congenital simple hyperplasia of the hair follicle, and trichoepithelioma, which usually lacks mature hair follicles. Histologically, the dermis contains a large cystic space that is lined by squamous epithelium and contains horny material and frequently also fragments of birefringent hair shafts.[5] Radiating from the wall of these primary hair follicles, one sees many small but usually fairly well differentiated secondary hair follicles. These fine hairs are visualised best where the secondary hair follicles appear in cross-section, as shown in our case.

Clinically, trichofolliculoma occurs in adults as a solitary, skin-coloured, dome-shaped papule or nodule, sometimes with a central pit.[5] If such a central pit is present, a wool-like tuft of immature, usually white hairs may be seen emerging from it – a highly diagnostic clinical feature.[5] The lesion occurs most commonly on the face, scalp and neck; however, very seldom is it found on the eyelid. Although one case of perineural invasion has been reported,[6] the tumour is considered benign and complete excision is curative. There have been no reported cases of malignant transformation. Simpson *et al.*[1] reviewed benign eyelid tumours derived from hair follicles, such as trichoepithelioma, trichofolliculoma, trichilemmoma and pilomatrixoma, and have stressed the importance of making a tissue diagnosis, because these tumours are rare but frequently misdiagnosed as basal cell epithelioma, which is the most common malignant neoplasm on the eyelid (Table I). Dermatologists and ophthalmologists should be aware of this neoplasm because it can occur on the skin around the eyelid.

Table I. Incidence of benign tumours and basal cell epithelioma on the eyelid[1]

Basal cell epithelioma	95.4%
Pilomatrixoma	3.6%
Trichoepithelioma	0.7%
Trichilemmoma	0.2%
Trichofolliculoma	<0.1%

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Sir,

A Rare Case of McCune–Albright Syndrome Associated with Glaucoma Retinal Degeneration and Arteriovenous Malformations

McCune–Albright syndrome (MAS) is characterised clinically by unilateral localised bone lesions termed fibrous dysplasia, cutaneous pigmented areas and endocrine dysfunction associated with precocious puberty in females.[1] Craniofacial bones are affected in 50–70% of all cases, and there have been reports of proptosis, diplopia, epiphora and even visual loss caused by optic nerve compression.[2–4] The MAS patient described here was found to have dysgenic iridocorneal angles with increased intraocular pressure, retinal degeneration, and an arteriovenous