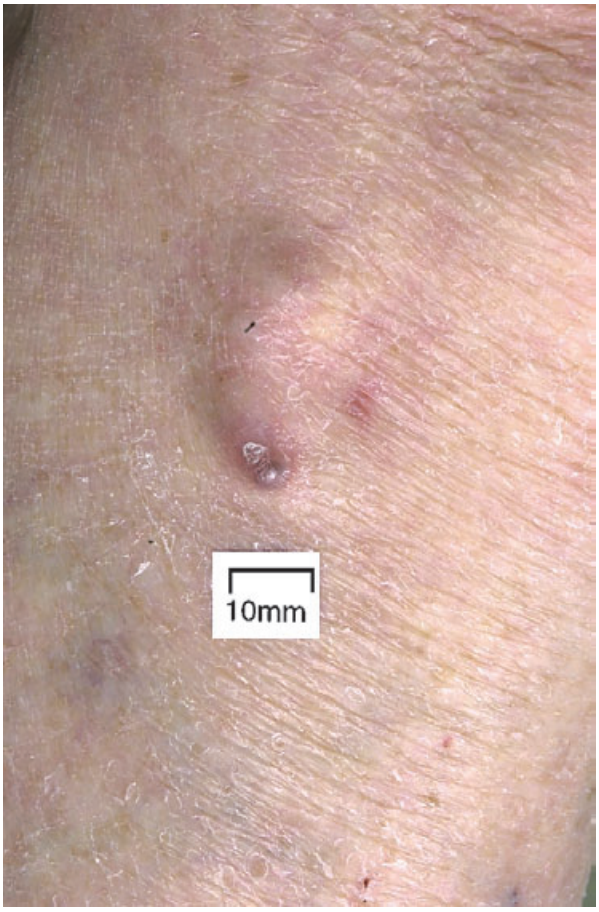

Figure 1 Clinical appearance of cyst on lateral aspect of right knee.

Prior to excision methylene blue dye was injected into the cyst revealing a large stained area. This was then dissected revealing a fine tract that passed into fascia at the level of the head of the fibula. This tract was ligated and cut. Histology revealed what looked like a thick walled cyst with flattened cells lining it. These lining cells are likely to be flattened connective tissue cells rather than true epithelial or synovial cells.

Myxoid cysts can be thought of as being synonymous with ganglia. In both cases there is no epithelial lining (and is therefore not a true cyst) but they do have a demonstrable connection with an adjacent joint. It is suggested that increased volumes of synovial fluid, within joints damaged by arthritis, leak out through weaknesses in the joint capsule and form small collections.[2] While ganglia are seen at many sites other than the distal interphalangeal joint, it is not generally recognized that what dermatologists refer to as myxoid cysts can also appear elsewhere.

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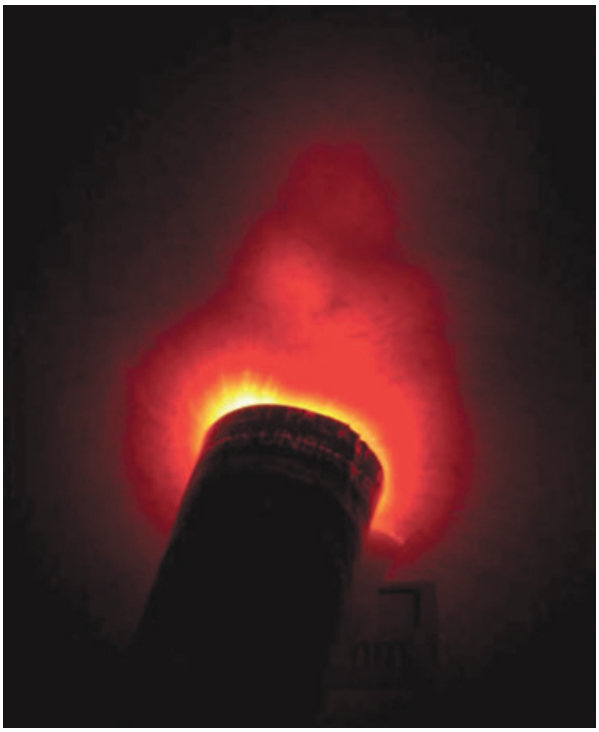

Figure 2 Transillumination of cyst.

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Wrinkly skin syndrome

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We report a 2-year-old girl with wrinkly skin syndrome (WSS). At birth, she was noted to have a large head with a large anterior fontanelle and facial dysmorphism with no raised intracranial pressure (Fig. 1e). At the age of 1 year, she manifested developmental delay with a length of 68 cm (2nd centile), weight 6 kg (< 0.4th centile) and head circumference of 48 cm. By the age of 2 years, she manifested the typical features of the syndrome which included skin wrinkling on the dorsa of the hands, feet and anterior abdominal wall, prominent veins on the chest (Fig. 1a–c), and hyperextensibility of small joints of the

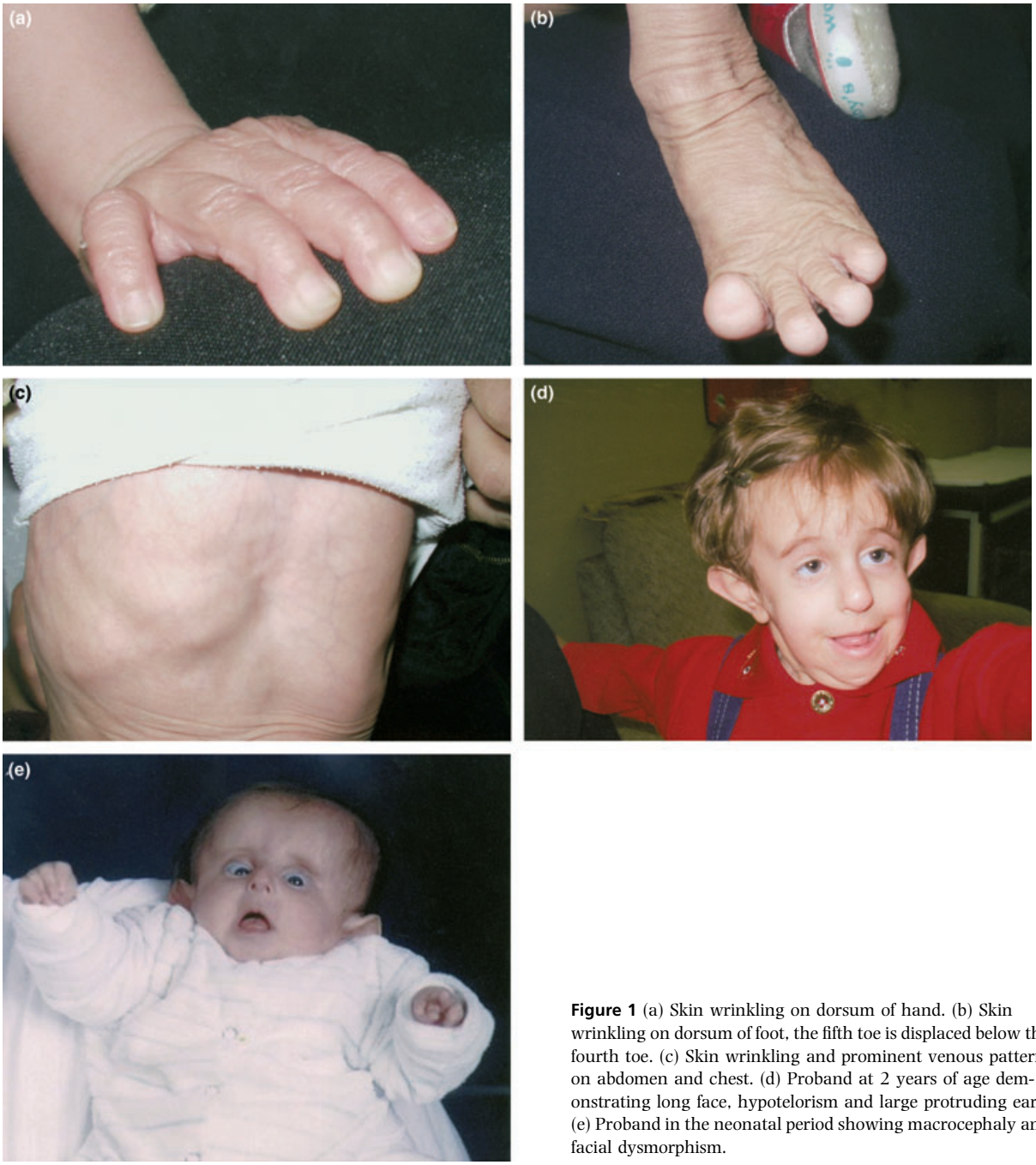

Figure 1 (a) Skin wrinkling on dorsum of hand. (b) Skin wrinkling on dorsum of foot, the fifth toe is displaced below the fourth toe. (c) Skin wrinkling and prominent venous pattern on abdomen and chest. (d) Proband at 2 years of age demonstrating long face, hypotelorism and large protruding ears. (e) Proband in the neonatal period showing macrocephaly and facial dysmorphism.

hands and feet. She had a triangular senile-looking face with hypotelorism, a prominent bulbous nose, large protruding ears and brachycephaly (Fig. 1d). At 2 years of age, she has just started to walk and can say a few words. Her parents are of Palestinian origin and are cross first cousins (the proband's maternal grandfather and paternal grandmother are siblings). Electrophysiology and nerve conduction studies revealed prolonged visual evoked potentials and mild left conductive hearing impairment. Chromosome analysis revealed a normal 46XX female karyotype. Magnetic resonance imaging of the brain showed agenesis of the corpus callosum with resulting absence of the cingulate gyrus and sulcus, and a high third ventricle with colpocephaly.

The wrinkly skin syndrome (WSS) is a rare autosomal recessive syndrome first reported in 1973 by Gazit *et al.*[1] in

three affected siblings born to consanguineous Iraqi-Jewish parents. In the last 30 years, 14 additional cases were reported, mostly from the Middle East.[2–4] A chromosomal anomaly was detected in only one family where the affected mother and her two affected children showed a del(2q).[3]

The clinical features of two other syndromes, gerodermia osteodysplastica (GO) and cutis laxa with developmental delay, are very similar to the wrinkly skin syndrome. Al-Gazali *et al.*[4] compared the clinical features in the three syndromes and suggested that GO and WSS could represent the same syndrome. Alternatively, Zlotogora[5] suggested that WSS and the syndrome of cutis laxa with developmental delay represent the same syndrome.

Corpus callosum agenesis was reported in two siblings with WSS from a Syrian family.[4] The presence of corpus callosum agenesis in our patient represents the second instance of this anomaly being associated with the WSS, and may point to corpus callosum agenesis being a major finding in WSS. There are no reports of corpus callosum agenesis in GO or in cutis laxa with developmental delay.

To our knowledge, the gene locus for the WSS has not yet been defined. The delineation of the three syndromes: WSS, GO and cutis laxa with developmental delay will be settled when the basic molecular defects become established.

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A role for tubular compression in the management of psoriasis

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This 69-year-old man with chronic plaque psoriasis on the extensor surfaces of his knees and elbows for over 20 years received a course of narrowband UVB phototherapy in 2001. This resulted in complete resolution of his plaques and he remained in remission for the subsequent 2 years. Two years ago he developed osteoarthritis of his right knee for which he wears a Tubigrip® bandage (SSL International,Oldham, UK) daily on this knee only. No other topical treatment was applied to this limb. He reports, over the last 12 months, recurrence of his psoriatic plaques on his limbs except for on his right knee (Figs 1 and 2).

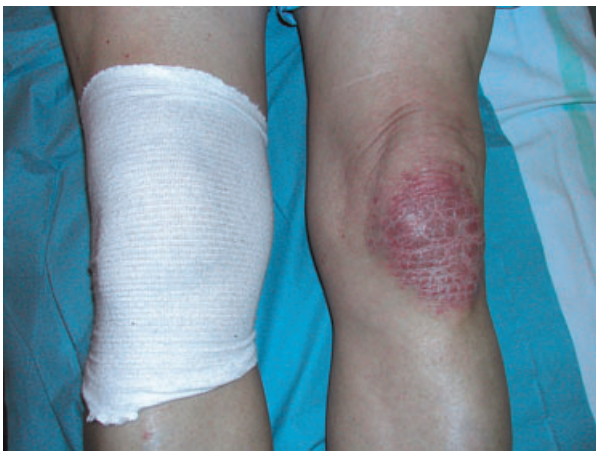

Figure 1 The Tubigrip® dressing in place providing support for osteoarthritis.

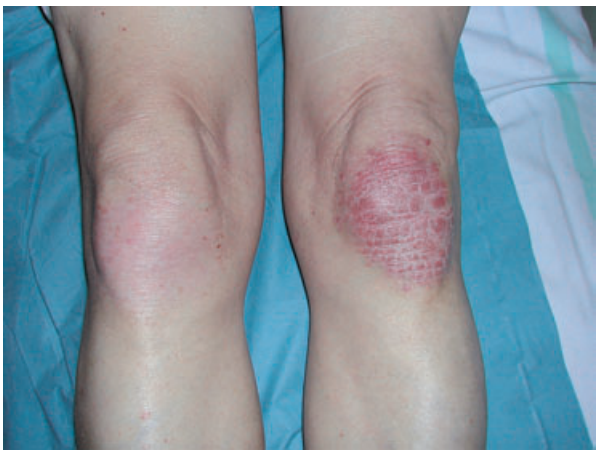

Figure 2 No recurrence of psoriatic plaque on the right knee extensor surface.