

## SHORT COMMUNICATIONS

### Eccrine Nevus of the Forearm Controlled With Topical Glycopyrrolate

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#### INTRODUCTION

Eccrine nevus is a rare skin hamartoma with limited representation in literature. Most commonly, it presents in childhood or early adolescence, but few cases have been reported presenting in late adulthood.<sup>1</sup> The lesion is identified pathologically with a characteristic increased number and/or size of eccrine glands with a preserved morphology of the gland.<sup>2-3</sup>

The presentation of eccrine nevus can vary, with most presenting with localized hyperhidrosis without associated skin abnormalities, and others presenting with varied overlying skin changes in the absence of hyperhidrosis.<sup>4-5</sup> These lesions occur equally in males and females and are most commonly found on the forearm.<sup>2</sup> There are reports of successful treatment by surgical excision, topical aluminum chloride, systemic and topical anticholinergic agents, and botulinum toxin injection.<sup>2,4,6</sup>

#### CASE REPORT

A man in his 30s presented with a 21-year history of intermittent excessive perspiration localized to his left forearm. He had no

significant past medical or surgical history. Previously he tried using topical aluminum chloride products without improvement in his sweating and had a side effect of skin irritation and dryness. His focal hyperhidrosis lead to physical discomfort and embarrassment, especially since it interfered with the use of a computer keyboard at work.

Subjectively, he perceived his sweating as severe, with a grade of 4, on the Hyperhidrosis Disease Severity Scale (HDSS). On physical examination, the patient had no visible cutaneous abnormalities. A Minor starch iodine test was performed, which demonstrated a well-defined patch of hyperhidrosis on the patient's left forearm (Figure 1). Based on the severity of his symptoms and negative effect on quality of life, several treatment options were offered, including botulinum toxin type A injections or compounded 1% glycopyrrolate cream, which he elected to try first.

He applied the cream once daily for approximately 2 weeks to gain control of his symptoms. His sweating remains controlled after 2 years with once weekly maintenance application and without reported adverse effects as demonstrated by a post-treatment minor starch iodine test (Figure 2).

**Figure 1:** Left forearm after a Minor starch iodine test highlighting localized hyperhidrosis.



**Figure 2:** Minor starch iodine test after two-year long maintenance therapy with topical glycopyrrolate - this figure shows significant improvement in hyperhidrosis severity.



## DISCUSSION

Our patient presented with classic symptoms and location of an eccrine nevus and without other clinical exam findings. Although a biopsy was offered, it is not required, and a starch iodine test is very helpful in making the diagnosis. Management should be conservative. Symptomatic focal hyperhidrosis of eccrine nevi can be successfully controlled with cost-effective, topical, anticholinergic therapy, as our patient demonstrates. We propose that it should be offered as first line treatment and can be used long term for maintenance therapy. Topical antiperspirants are often ineffective at controlling symptoms and can also frequently cause irritation. Topical anticholinergic therapy is well tolerated, easy to use, and minimizes the systemic side effects of oral anticholinergic use.

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