
SEPTEMBER IOTADERMA (#319)

Truly devoted coffee drinkers will often rave about their favorite coffee bean. Where is the term **coffee bean** utilized in dermatology?

Robert I. Rudolph, MD, FACP

Answer will appear in the *JAAD* Online section of the October issue.

AUGUST IOTADERMA (#318)

Question: What is Secrétan disease?

Answer: Secrétan disease is an uncommonly encountered condition in which considerable edema and an unremitting deep severe pain are reported unilaterally in a hand or forearm, usually in females, after trauma of some kind.¹⁻⁴ Since its description in 1901 this affliction has been classified as being self-induced or factitial, based on the trauma histories and the often peculiar psychologic profile patients have exhibited.¹ Pathologic examination, however, reveals edema, many deep hematomas, and fibrosis, and recently magnetic resonance imaging (MRI) has shown significant soft tissue and tendon edema along with diffuse peritendinous fibrosis, often extending into the dorsal interosseous muscle fascia.² Over the past few years this diagnosis has come to be viewed as part of the spectrum of the Complex Regional Pain Syndrome.³ Other names for this process have included peritendinous fibrosis, posttraumatic hard edema, and factitious lymphedema. Treatments have been diverse and often ineffective, ranging from sympathectomies to prolonged physical therapy and systemic medications. Some sort of psychiatric intervention is often necessary.²⁻⁴

REFERENCES

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4. Collet S, Forli A, Carpentier PH, Laviolette F, Imbert B, Blaise S. Secrétan's syndrome: myth or pathomimia? *J Mal Vasc*. 2014;39(1):67-72.

Robert I. Rudolph, MD, FACP
