

The etiology of TAD is unknown. Actinic exposure, initially thought to be a causal link to TAD,<sup>5</sup> has no proven relationship with the development of TAD. Excessive body heat and sweating may precipitate pruritus and TAD.<sup>6</sup> Horn and associates<sup>7</sup> reported four cases of TAD in febrile, neutropenic patients who were immunocompromised by malignant neoplasms or chemotherapy.

Myelodysplastic (dysmyelopoietic) syndromes are a heterogeneous group of stem cell dyscrasias characterized by less than 30% type I and II myeloblasts in the bone marrow and a decrease in one or more formed elements of the blood.<sup>8</sup> The syndromes can present with anemia, neutropenia (with or without monocytosis), and thrombocytopenia, alone or in various combinations. The syndromes represent a preleukemic stage of

variable duration between isolated cytopenia and acute leukemia.

In contrast to the multitude of nonspecific cutaneous diseases associated with leukemic states, acute febrile neutrophilic dermatosis (Sweet's syndrome) and pernio are the only specific cutaneous diseases associated with preleukemic states. Cooper and associates<sup>9</sup> described two patients with Sweet's syndrome and preleukemic pancytopenia. There have been five case reports of pernio associated with idiopathic myelodysplasia.<sup>10</sup>

This is the first reported case of TAD associated with myelodysplasia. It is not clear whether this association is coincidental or represents a definite relationship. We encourage physicians to report additional cases in order to clarify this issue.

# REFERENCES

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# Errata

In the June 1990 (Volume 57) issue, there are two errors in the article "Pacemaker and defibrillator combination therapy for recurrent ventricular tachycardia," by Martin Masterson, MB, BCh, and associates. On page 331, the second sentence of the first paragraph of the section, "Patient population," should read: "These patients had been referred to our institution because of

hypotensive VTs or sudden cardiac death that was refractory to conventional antiarrhythmic therapy."

On page 335, the last sentence of the section, "Complications," should read: "This was managed by reprogramming the lower rate or inactivating the antibradycardia backup function."