the middle ear, the sella turcica, the parathyroid glands, the mediastinum, and the rectum. Although rare, bilateral presentation is also possible. Histology shows mucous and/or serous salivary gland structures, often with an associated ductal component (dilated, collapsed, or absent) and chronic periductal inflammation. Its association with other congenital anomalies is very rare.

Surgical treatment is indicated for diagnostic purposes and to prevent inflammatory processes and potential neoplastic degeneration. In fact, in the largest series available in the literature, with 24 cases of salivary gland heterotopia, associated malignant tumors were found in 6 cases (3 mucoepidermoid tumors, 2 acinar cell carcinomas, and 1 adenocarcinoma). While malignancy in a heterotopic area must be considered in cases of salivary gland carcinoma outside the salivary glands, metastatic dissemination should also be ruled out. While no data exist in the literature, ultrasound may be particularly useful in the differential diagnosis with other more common diseases and in preoperative planning. Based on our case and the literature, in the event of a nodular lesion in a typical location, with secretion and with ultrasound showing no characteristics of a cystic lesion, we must include salivary gland heterotopia in the differential diagnosis.

Conflicts of Interest
The authors declare that they have no conflicts of interest.

References

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Comet Sign in Dermatitis Due to Pyemotes Species

Signo de la cometa en la dermatitis por Pyemotes

To the Editor:

The presence of linear or serpiginous tracks is a characteristic cutaneous sign of certain parasitic conditions. Although autochthonous cases of cutaneous larva migrans have been described in Spain, most cases are diagnosed in travelers from tropical regions. However, in patients who have not traveled to tropical areas this finding entails a broader differential diagnosis, which should include comet sign. We describe the presence of this clinical sign in 2 adult patients with dermatitis caused by Pyemotes species.

A 25-year-old woman with no relevant dermatological history consulted in May due to the presence of pruritic lesions on the legs that had appeared 72 hours earlier. She had no extracutaneous signs and had not applied any topical preparations. Physical examination revealed several polygonal macules, from which painless erythematous tracks originated (Fig. 1). The patient reported having spent several hours in a rural accommodation in Segovia that was rarely visited during the rest of the year. Most of the furniture was wooden and the patient had noticed small holes in the wood accompanied by sawdust, signs of woodworm infestation. Dermoscopy revealed a microvesicle at the center of each polygonal macule (Fig. 2). Skin biopsy showed a dermal infiltrate composed of eosinophils and lymphocytes. No epidermal changes were evident. Betamethasone cream was indicated as a symptomatic treatment, and resulted in lesion resolution after 72 hours (Fig. 3).

Figure 1. Multiple lesions exhibiting the comet sign on the leg of Patient 1.
barley, peas, and other crops.\textsuperscript{2,3} Skin lesions develop after contact with the mite (approximately 24 h), without signs of epidermal penetration, resulting in a consequent inflammatory reaction. Because completion of the life cycle of \textit{Pyemotes} species requires warm temperatures (25 °C), most cases published in the literature occurred during the months of May to October.\textsuperscript{4} This epidemiological detail can help orient the diagnosis.

Clinically, \textit{Pyemotes} dermatitis can manifest with erythematous, edematous papules with a central dot or vesicle, similar to those caused by other arthropod bites, although the comet sign is a key characteristic.\textsuperscript{5} Described by Del Giudice et al. in 2007,\textsuperscript{6} this sign is considered a unique feature of \textit{Pyemotes} dermatitis. The initial lesion consists of an erythematous macule, from which a linear or serpiginous track emerges after 12 to 24 hours. In contrast to bacterial lymphangitis, the track is painless and does not follow a defined lymphatic path to the corresponding drainage node. The differential diagnosis also includes cutaneous larva migrans syndrome, in which the cutaneous tracks cause alterations in the skin surface, a consequence of the movement of the larvae through the epidermis; and larva currens (caused by \textit{Strongyloides stercoralis}), in which the tracks progress rapidly at a speed of approximately 10 cm per hour. Treatment is symptomatic: this condition self-resolves once contact with the mite ceases. Topical steroids and emollients can help control itching, which is the main symptom reported by patients.

### References


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