

Table 1 Baseline characteristics and follow-up data of 15 elderly patients with chronic eczematous eruption treated with methotrexate

Patient No./gender/age (year)	Duration of the eruption before treatment (month)	Dose used to obtain complete response* (mg/week)	Delay to obtain complete response* (month)	Treatment withdrawal	Relapse after treatment withdrawal (month)	Total treatment duration (month)	Treatment Side-effects	Topical corticosteroid withdrawal
1/M/80	10	5	2	Yes	No	2	–	Yes
2/M/79	84	15	1	No	–	12	Lymphopenia	Yes
3/F/72	10	–	–	No	–	7	–	No
4/M/78	20	–	–	No	–	5	Renal insufficiency	No
5/M/86	8	–	–	Yes	No	3	Stomach aches	No
6/M/85	120	10	2	No	–	17	–	Yes
7/M/79	6	15	3	No	–	33	Stomach aches	Yes
8/F/94	10	2.5	1	Yes	Yes (1)	6	–	Yes
9/M/70	60	10	3	No	–	8	–	Yes
10/M/74	12	10	3	Yes	No	16	Malaise	Yes
11/M/76	240	15	3	No	–	26	–	Yes
12/F/77	6	–	–	Yes	Yes (2)	16	–	No
13/F/75	15	10	3	No	–	8	–	Yes
14/M/79	120	10	2	Yes	Yes (1)	17	–	Yes
15/M/72	12	5	3	No	–	3	–	Yes

*Complete response was defined as the disappearance of all cutaneous lesions and absence of itching in patients who did not receive topical CS for at least 3 months.

CS, corticosteroids.

Acknowledgement

The authors are grateful to Richard Medeiros, Rouen University Hospital Medical Editor, for editing the manuscript.

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DOI: 10.1111/j.1468-3083.2010.03921.x

The Tzanck smear: an auspicious return to the past

Editor

I read with great interest the work by Eleonora Ruocco *et al.* on the use of cytological tests for diagnosis in dermatology.¹ In fact, the topic is one of the focal research interests of the Neapolitan school: Prof. Vincenzo Ruocco was one of the authors pioneering a book

on dermatological cytology 30 years ago.² This book, which to my knowledge is unique in the literature, remains a 'vademecum' available for daily consultation by all the dermatologists.

In an Editorial in 1997, Mahé and Strobel were already speculating about the future of the Tzanck smear.³ The authors were rightly worried about the fact that clinical dermatologists tend to turn away from traditional direct, practical examinations in favour of more modern, sophisticated tests, although these are more costly and certainly less 'gratifying'.

Despite some limitations (sensitivity and specificity, in particular for some granulomatous diseases), there can be no doubt that the cytodiagnostic test devised by Arnault Tzanck in 1947⁴ is among the most important and useful tests made in clinical dermatology. Nevertheless, it has been estimated that nowadays this test is largely ignored or even entirely forgotten. There could be various reasons for this, some educational (to do with the training of clinical dermatologists) and others of a more practical nature. It is possible that during their residency period young doctors never see the cytodiagnostic test performed except in cases of some bullous autoimmune diseases (pemphigus and pemphigoid). This modest experience may not only leave the clinician 'unsure' of the interpretation of the findings but also be quickly forgotten in the whirl of professional activities. Moreover, it is possible that even a very experienced dermatologist may consider the cytodiagnostic test too laborious and time-consuming. Besides, how many dermatologists' consulting rooms are equipped with a microscope

and reactants for simple dyes (methylene blue and May-Grünwald-Giemsa)?

Clearly, one or other of these explanations must be the right one. In any case, it is up to teachers at medical schools to impart this type of manual diagnostic skills, which are highly satisfying, after all. In fact, the Tzanck smear is applicable in various skin diseases (some genetic diseases, infections of various types, autoimmune bullous diseases, neoplasias and other granulomatous diseases), yields immediate results (removal of the material to be analysed and application of the dye takes only a few minutes) and is particularly gratifying (the diagnosis was made by me not the laboratory!).

Other aspects of the issue should also be taken into account. First of all, the cost of a diagnostic test and in this sense, the Tzanck smear is really cheap. Of course, this test cannot replace histology when necessary, but can accompany it. The immediacy of the result is extremely advantageous for the patient and the clinician because it allows the rapid administration of 'targeted' therapy without 'watchful waiting' until the arrival of sophisticated laboratory tests that usually take several days. Finally, the full compliance of the patient is an important point, as the Tzanck smear is generally very well tolerated.

We must therefore be grateful to our Neapolitan colleagues for dwelling insistently on the many positive aspects of this cytodiagnostic test and also do our best to foster a wider use of this test to obtain a rapid, satisfying diagnosis, to the greater benefit of our patients.

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DOI: 10.1111/j.1468-3083.2011.04046.x