Table I. The Results of Keratinocyte Grafting

Grafting with	n	Improved Epithelialization
Keratinocytes in fibrin net	10	8
Keratinocytes in PBS	5	1
Beriplast (control)	5	0

PBS = 0.05 M phosphate buffer, pH 7.2, and 0.1 M sodium chloride.

sodium chloride) and resuspended in the fibrinogen component of a highly concentrated fibrinogen preparation for tissue sticking (Beriplast, Behring). Such suspensions contained 70–80% viable keratinocytes. Finally, the keratinocyte-fibrinogen suspension (1–8 $\times$ 10^6 cells/ml) was activated by the Ca^{++} and thrombin components of Beriplast to form a fibrin net on the granulation tissue of the recipient surface.

When KG was used, complete epithelialization was observed within 2 weeks in 8 of 10 patients suffering from chronic skin defects. Keratinocytes in PBS or fibrinogen (Beriplast) failed to improve epithelialization (Table I).

As compared with transplantation with cultured skin equivalents, the KG method has some advantages. (1) Multiplication of keratinocytes in vitro is not necessary if the surface area of the wound is smaller than 5 cm^2. (2) A sufficient number of cells can be obtained for transplantation in a shorter time. (3) In the near future it will be possible to set up keratinocyte cell banks of deep-frozen HLA typed cultured keratinocytes. Accordingly, we believe that the KG method might be an important step toward the autotransplantation of large body surfaces with in vitro cultured keratinocytes.

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Announcement of the National Epidermolysis Bullosa Registry

To the Editor:

The Laboratory for Investigative Dermatology at The Rockefeller University was recently awarded a 5-year contract by the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), to establish a National Epidermolysis Bullosa (EB) Registry. The Registry, which is headed by D. Martin Carter, M.D., comprises a Data Coordinating Center (DCC), which is based at The Rockefeller University Hospital, four geographically dispersed Clinical Centers, and a Steering Committee. The DCC is responsible for the overall operations of the Registry. The Clinical Centers are headed by Drs. E. A. Bauer at the Washington University School of Medicine in St. Louis, J. D. Fine at the University of Alabama in Birmingham, V.P. Sybert at the University of Washington School of Medicine in Seattle, and D. M. Carter in New York. These Clinical Centers are responsible for patient enrollment in their cachement areas, patient examinations, and transmitting information to the DCC. The Steering Committee will serve in an advisory capacity and will include scientists, clinicians, and laypersons. The Dystrophic Epidermolysis Bullosa Research Association of America (DEBRA), a nonprofit voluntary organization that promotes EB research and provides information and support to afflicted patients and their families, will also participate in Registry activities.

The Registry will collect appropriate epidemiologic information about EB, provide statistical and genetic information, and assess the economic and social impact of EB, while developing a roster of well-characterized patients who are willing to participate in various research projects.

We are committed to developing a first-rate Registry, one that will attract the interest and participation of patients, scientists, and clinicians around the world. We ask all of our colleagues in dermatology to assist in the Registry. Correspondence from physicians and scientists who are aware of patients with EB is invited.

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