Gender and pruritus

In this retrospective study of 1037 patients (54.8% women), gender-specific differences were found not only in the quality, localization and triggering of chronic pruritus (CP) but also in the underlying disease and scratching behaviour. Men were significantly older ($P < 0.001$) than women, with more cardiovascular ($P < 0.001$) and urogenital ($P < 0.0001$) comorbidities. Women had more neuropathic and psychosomatic diseases underlying the CP. Women were more likely to report localized itching occurring in attacks, with stinging, warmth and painful qualities ($P < 0.05$). Women had chronic scratch lesions and prurigo nodularis ($P = 0.001$), in contrast to men who more frequently had CP on noninflamed skin ($P = 0.004$). Further research is needed to achieve gender-specific and gender-adapted diagnostics and treatment of CP. Br J Dermatol 2013; 168: 1273–80.

Multiple primary melanomas: do they look the same?

This multicentre observational study concludes that multiple primary melanomas in a given patient have almost the same chance of looking dermoscopically similar or different. However, a subset of elderly patients with sun-damaged skin may present multiple, similar, thin melanomas characterized by pigment-network and regression structures. Br J Dermatol 2013; 168: 1267–72.

Long-term study of infliximab for plaque psoriasis (RESTORE2)

This study evaluated the efficacy and safety of continuous vs. intermittent infliximab maintenance therapy. A total of 222 patients were randomised to receive continuous therapy, and 219 to intermittent therapy. More serious infusion-related reactions occurred with intermittent therapy (8/219 patients, 4%) than with continuous therapy (1/222 patients, < 1%), leading the sponsor to terminate the study. Although no formal efficacy analyses were conducted, continuous therapy led to greater PASI 75 at week 52 in the continuous group (81/101, 80%) than in the intermittent group (39/83, 47%). The incidence of serious infusion-related reactions in the intermittent group suggests that clinicians should avoid intermittent therapy in this population. Br J Dermatol 2013; 168: 1325–34.

Balance of Treg vs. T-helper cells in psoriasis

This study lends support for a critical role of the balance of regulatory T cells (Treg) vs. T-helper (Th) cells in the transition from symptomless to lesional psoriatic skin. Biopsies from nine patients with chronic plaque psoriasis and 10 controls were analysed. In the transition from symptomless to lesional skin, a significant increase of CD3+, CD4+ and Foxp3+ cells was found. In seven of nine patients the ratio of Treg (Foxp3+) vs. CD4+ T cells was higher in the distant uninvolved skin than in the perilesional and lesional skin. The Foxp3/CD4 ratio in the distant uninvolved skin was higher than in the controls. Interleukin-17 expression was not related to CD4+ cells, but to mast cells. The relatively high Foxp3/CD4 ratio in symptomless skin of patients with psoriasis suggests an active immune controlling mechanism distant from the psoriatic plaque. Br J Dermatol 2013; 168: 1294–1302.