Clinical and immunological profiles in 17 Japanese patients with drug-induced pemphigus studied at Kurume University

Yoshimura et al. set out to characterize the clinical and immunological profiles of patients with drug-induced pemphigus. They studied 17 Japanese patients with drug-induced pemphigus diagnosed between 1997 and 2012. They recorded clinical and histopathological manifestations, responsible drugs, immunofluorescence findings, enzyme-linked immunosorbent assay (ELISA) and immunoblotting (IB) results and clinical outcome. Eight of the 17 patients with drug-induced pemphigus showed pemphigus foliaceus-like appearance, three showed pemphigus herpetiformis-like appearance and six showed atypical bullous lesions. The drugs implicated were thiol containing in 16 patients and nonthiol containing in one patient. By ELISA and/ or IB analyses, nine patients reacted only with desmoglein (Dsg)1, four reacted with Dsg1 and Dsg3, and four showed no specific reactivity. Four patients with no detectable malignancy showed positive reactivity to Dsg1, and paraneoplastic pemphigus-like reactivity with the 210-kDa envoplakin and 190-kDa periplakin. Eleven patients were reported to have recovered following discontinuation of the causative drugs. However, six patients had a very protracted or intractable disease course. The authors concluded that the majority of their cases showed a phenotype resembling pemphigus foliaceus, with anti-Dsg1 autoantibodies caused by thiol-containing drugs. Br J Dermatol 2014; 171: 544–553.

Evaluating ex vivo fluorescence confocal microscopy images of basal cell carcinomas in Mohs excised tissue

Longo et al. state that fluorescence confocal microscopy (FCM) is an emerging technology for rapid imaging of excised tissue, which removes the need for frozen- or fixed-section processing. They explain that basal cell carcinomas (BCCs) can be detected in Mohs excisions and highlight that few studies have described the major BCC findings as seen on FCM. Their aim in this study was to describe the major BCC findings of excised tissue during Mohs surgery and to correlate them with histopathology. To achieve this they analysed freshly excised tumours and frozen–thawed discarded tissue of BCC from Mohs surgery by means of FCM. A side-by-side correlation between FCM images and histological sections was employed. The authors also described the FCM features of overlying skin and adnexal structures. Sixty-four BCC cases were analysed in this study. An excellent correlation was found between FCM and histological findings (Cohen’s k = 0.9). In six cases, the presence of sebaceous glands and intense stroma reaction represented possible confounders. They conclude that FCM is a rapid new imaging technique that allows excellent visualization of skin structures and BCC findings during Mohs surgery. Br J Dermatol 2014; 171: 561–570.

Influence of smoking on disease severity and antimalarial therapy in cutaneous lupus erythematosus: analysis of 1002 patients from the EUSCLE database

Kuhn et al. start this paper by highlighting the controversy concerning the possible relationship between smoking, disease activity of cutaneous lupus erythematosus (CLE) and the efficacy of antimalarial agents. They set out to investigate the influence of smoking on disease severity and antimalarial treatment in patients with CLE using the Core Set Questionnaire of the European Society of Cutaneous Lupus Erythematosus (EUSCLE). In a cross-sectional study design, they recruited 1002 patients (768 female, 234 male) with different CLE subtypes in 14 different countries. Smoking behaviour was assessed by the EUSCLE Set Questionnaire and statistically analysed using an SPSS database. The results were correlated with the Cutaneous Lupus Erythematosus Disease Area and Severity Index (CLASI) and the efficacy of antimalarial treatment. The authors showed that a high percentage (87.2%) of the 499 patients with CLE who have ever smoked had already smoked by the date of their first diagnosis. Patients with intermittent CLE smoked significantly more often than patients with subacute CLE (P < 0.05) and chronic CLE (P < 0.05). The total CLASI activity and damage score of patients with CLE were 6.6 ± 7.1 and 2.6 ± 4.3, respectively, and were higher in patients who had ever smoked than in nonsmokers. Antimalarial treatment was successful in 84.3% of cases, with a significantly higher efficacy in nonsmokers than in patients who had ever smoked (P < 0.05). The total CLASI activity score was lower in patients with CLE treated with antimalarials at the time point of the evaluation compared with untreated patients. The authors concluded by stating that their study confirms that smoking influences CLE disease severity and the efficacy of antimalarial treatment. Br J Dermatol 2014; 171: 571–579.