Detection of myxovirus resistance protein A in lichen planus lesions and its relationship to hepatitis C virus

Type I interferons (IFNs) stimulate the production of several IFN-induced proteins including myxovirus resistance protein A (MxA protein). The association of lichen planus (LP) and chronic hepatitis C is well established, with variable prevalence rates among different populations. Many authors have considered hepatitis C virus (HCV) as a possible antigen for inducing cytotoxic immune response in LP. This study included 33 skin biopsies from patients with LP and 10 control biopsies. MxA mRNA was detected by RT-PCR. HCV-specific antibodies were detected in patient sera by ELISA. Analysis revealed a significantly higher level of MxA protein in all the LP skin biopsies compared with controls. The expression was significantly higher in HCV-positive patients than in HCV-negative patients. Type I IFNs probably play a major role in the pathogenesis of LP, and HCV could induce LP through increasing the production of type I IFNs. Br J Dermatol 2009; 160:980–3.

Imiquimod and lichen planus: a search for prognostic features in a clinicopathological study with long-term follow-up

Although surgical excision is the treatment of choice for lichen planus, this may not be desirable or feasible for large lesions at functionally or cosmetically important sites. Forty-eight patients were treated with imiquimod. There were 37 responders and 11 treatment failures (of whom two were ‘partial responders’). Of the 37 responders, 31 showed a clinical inflammatory response to imiquimod. One patient in whom treatment failed subsequently developed invasive disease. The mean follow-up duration was 49 months. Histological features of prognostic significance could not be identified. However, the ability to develop an inflammatory reaction to imiquimod was a strong predictor of therapeutic benefit. Br J Dermatol 2009; 160:994–8.

Treatment of infraorbital dark circles by autologous fat transplantation: a pilot study

This study was conducted to clarify the nature of dark circles under the eyes and to determine the efficacy of autologous fat transplantation. Ten patients with dark circles due to increased vascularity and translucency of the skin were included. They received at least one autologous fat transplantation and follow-up evaluations were conducted at least 3 months after the last treatment. A mean of 1-6 autologous fat transplantations was carried out in both infraorbital areas. Patients showed a mean of 78% improvement (mean grading scale: 2-6 out of 4). Most of the patients showed improvement in the infraorbital darkening and contour of the lower eyelids. Br J Dermatol 2009; 160:1022–5.

Epidemiology and clinical pattern of psoriatic arthritis in Germany: a prospective interdisciplinary epidemiological study of 1511 patients with plaque-type psoriasis

Reich et al. investigated the prevalence and clinical pattern of psoriatic arthritis (PsA) in a daily practice population of patients with psoriasis. Among 1511 patients 20-6% had PsA; in 85% of the cases PsA was newly diagnosed. Of these patients more than 95% had active arthritis and 53-0% had five or more joints affected. Polyarthritis (38-7%) was the most common manifestation pattern. Distal interphalangeal involvement was present in 41-0% of the patients. Compared with patients without arthritis, patients with PsA had more severe skin symptoms (mean PASI 14-3 vs. 11-5), a lower quality of life (mean DLQI 11-6 vs. 7-7) and greater impairment of productivity parameters. The findings are consistent with a high prevalence of undiagnosed cases of active PsA among patients with psoriasis seen by dermatologists. Br J Dermatol 2009; 160:1040–7.

The Birmingham Epidermolysis Bullosa Severity score: development and validation

The purpose of this study was to develop a severity score covering all subtypes of epidermolysis bullosa (EB) at all ages that is simple, valid, sensitive and reliable. Score items and weightings were generated by expert consensus, and refined for content and face validity. The Birmingham EB Severity (BEBS) score was tested on 97 patients aged 0–64 years. Eleven items were scored: area of damaged skin, involvement of nails, mouth, eyes, larynx and oesophagus, scarring of hands, skin cancer, chronic wounds, alopecia and nutritional compromise. Area was allocated 50 points, and the 10 other items 5 points each, giving a maximum score of 100. Lowest BEBS scores occurred in Weber–Cockayne EB simplex (median 1-0; range 0-1–3-0; n = 12), highest scores in generalized non-Herlitz junctional EB (28-5; 5-0–62-0; n = 7), Happleau–Siemens recessive dystrophic EB (HS-RDEB) (22-9; 4-3–69-0; n = 23) and Herlitz junctional EB (H-JEB) (14-4; 2-5–49-3; n = 9), and intermediate scores in dominant dystrophic EB (5-3; 0-5–15-9; n = 19), Dowling–Meara EB simplex (DM-EBS) (6-3; 2-8–22-5; n = 16) and non-Happleau–Siemens recessive dystrophic EB (7-8; 2-8–27-8; n = 11). Intra- and interobserver correlations were high. With age, scores increased for H-JEB (r = 0-9; P = 0-001) and HS-RDEB (r = 0-73; P = 0-001) and decreased for DM-EBS (r = –0-62; P = 0-01), with positive but nonsignificant correlations for the other types. Br J Dermatol 2009; 160:1057–65.