



PERIPHERAL T-LYMPHOCYTE COUNTS IN SEBORRHOEIC KERATOSIS

RR Mittal, Jindal Sonal

One hundred and forty-eight cases of clinically diagnosed seborrhoeic keratoses and 12 of stuccokeratoses were selected from Dermato Venereology department of Rajendra Hospital, Patiala, during a period of 15 months. Histopathology confirmed that 123 out of 148 cases were of seborrhoeic keratosis and 8 out of 12 were of stuccokeratosis. T-Lymphocyte counts in histopathologically confirmed cases were done by Thomson's E-rosette method (1977). Peripheral T-Lymphocyte counts were statistically significantly increased in both seborrhoeic keratosis and stucco keratosis, thus revealing important role of cell mediated immunity in seborrhoeic keratosis.

Key Words: T Lymphocytes, Cell-mediated immunity, Seborrhoeic keratosis

Introduction

Prominent role of T-lymphocytes or cell-mediated immunity in seborrhoeic keratosis (SK) has been revealed by different studies. Ultra structural studies revealed increase in number of Langerhans cells in SK.¹ It was confirmed later when significant increase in density of Langerhan cells within hyperplastic epithelium of SK was reported.² In seborrhoeic keratosis, predominant cytokines produced by T-Lymphocytes were interleukin-2 (IL2) and IFN- γ .³ As limited facilities are available, we just studied peripheral T-Iymphocyte counts in SK although that is not sufficient to evaluate the role of CMI.

Materials and Methods

One hundred and forty-eight cases of seborrhoeic keratoses and 12 of stuccokeratoses were selected from Dermato-Venereology out patients of Rajendra Hospital, Patiala. Clinical diagnosis was confirmed histopathologically. Perpheral T-lymphocyte counts were done by Thomson's technique of 1977.

Results

Histopathologically 123 out of 148 cases were of SK and 3 were of melanoacanthoma i.e.a variant of SK. 8 out of 12 cases of stuccokeratoses were confirmed histopathologically. Results of peripheral T-lymphocyte counts in 134 cases are given in table I .

From the Department of Dermatovenereology, Govt. Medical College & Rajendra Hospital, Patiala - 147001, Punjab.

Adress correspondence to:

Sr.R.R. Mittal,

#97, New Lal Bagh, Patiala- 147 001.

Discussion

Prominent role of cell-mediated immunity (CMI) depicting host resistance pattern was reported, as raised level of cytokines IL-2 and INF γ were observed.³ Increase in number of Langerhans cells and infiltration of dermis by helper T-Xymphocytes also confirmed active participation of CMI. In the present study, statistically significantly raised levels of peripheral

Table I. Ststistical analysis of comparison of perripheral T Lymphccyte counts in seborrhoeic keratosis and its variants.

Study Group	Range	Mean \pm Sd	t Value	p Value	Significance
Normal Controls(10)	51-63	56.42 \pm 4.49			
SK (123)	51-69	64.38 \pm 2.69	8.4	<0.01	Significant
St K (8)	61-69	64.75 \pm 94	4.51	<0.01	Significant
MA (3)	55-60	58.33 \pm 2.35	0.69	<0.05	Non-significant

T-lymphocytes in both SK and stuccokeratoses also point towards important role of CMI in SK and its variants. Peripheral T-Iymphocyte counts were within normal range in melanoacanthoma and it could be due to inadequate number of patients.

References

1. Wilborn WH, Carrington SG, Monter LF. A tridimensional view of seborrhoeic keratosis.Scanning electron microscopy 1980;3:485-894.
2. Chen HD, Zhao, Sun G, et al. Occurrence of Langerhans cells expression of class-II antigens in keratinocytes in malignant and benign epithelial tumors of skin.J Am Acad Dermatol 1989;20:1007-1014.
3. Yamamura M, Madline R, Ohman J, et al. Local expression of antiinflammatory cytokines in cancer. J Clin Invest 1993; 91:1005-1010.