ABSTRACTS FROM CURRENT LITERATURE

Pemphigoid and ulcerative colitis, Barth J, Kelly S, Wojnarowska F et al : J Amer Acad Dermatol, 1988; 19 : 303-308.

The authors report 8 patients with ulcerative colitis and bullous pemphigoid. The colitis preceded pemphigoid by several (6 to 20) years in each case. Seven other cases with both the diseases and with a similar sequence have been reported in the literature. Further, ulcerative colitis and cicatrizing conjunctivitis have often been reported together. Laboratory investigations have shown that eye involvement may occur in about 50% of patients with bullous pemphigoid, and immunoglobulin has been detected on the conjunctival basement membrane zone in asymptomatic patients having bullous pemphigoid. This finding evokes the possibility that perhaps the previous reported cases of ulcerative colitis and cicatrizing conjunctivitis could in fact be cases of pemphigoid.

As the diseased colon is unusually permeable, it may act as a site of entry for the antigenic material which might then cross react with the skin antigens. Colitis can thus be an important etiologic factor for the development of pemphigoid in such cases.

P B Haribhakti and Rita Macwan

Pemphigoid like bullous eruption related to ibuprofen, Laing V, Sherertz E and Flowers F : J Amer Acad Dermatol, 1988; 19 : 91-94.

The authors report 2 patients who developed non-inflamed, non-scarring, tense bullous eruption over the sun-protected areas of the lower extremities following ibuprofen therapy. The lesions clinically resembled localised bullous pemphigoid. Immunofluorescence findings were negative for immunoglobulin and complement deposition. The lesions promptly resolved following discontinuation of ibuprofen.

Ibuprofen has been reported to produce various cutaneous drug eruptions such as pruritus, morbilliform rash, erythema multiforme, SJ syndrome, vesiculo-bullous as well as fixed drug eruptions but a reaction pattern resembling pemphigoid has not been reported, so far.

Other NSAIDS, chiefly piroxicam produce bullous eruptions which are mainly photosensitivity reactions. Naproxen produces a pseudo-porphyria like bullous reaction with skin fragility over the dorsa of the hands.

P B Haribhakti and Rita Macwan

Efficacy and safety of loratadine (10 mg once daily) in the management of idiopathic chronic urticaria, Monroe E, Fox R, Green A et al : J Amer Acad Dermatol, 1988; 19 : 138-139.

Loratadine is yet another latest addition to the group of newer non-sedating, long-acting antihistaminics claimed to be highly effective in patients with chronic idiopathic urticaria. It has no anticholinergic or CNS depressive effect and is effective in a convenient once daily dose of 10 mg. A 4-week double-blind parallel group randomized trial on 153 patients with chronic idiopathic urticaria comparing loratadine 10 mg once a day and placebo showed a greater symptomatic improvement with loratadine than in the placebo treated group. Complete or marked relief of symptoms was found in 59% of loratadine treated patients as compared to 37% of placebo treated patients at the end of the 4th week. The drug was well tolerated.

P B Haribhakti and Rita Macwan

Diphencyprone, Lane P and Hogan D : J Amer Acad Dermatol, 1988; 19 : 364-365.

Contact sensitization has been found effective for the treatment of alopecia areata and warts. So far, dinitrochlorobenzene (DNCB) and squaric acid dibutylester (SADBE) have been used as contact allergens. Diphencyprone (2, 3-diphenyl cyclopropenone-1) is another potent contact allergen useful in alopecia areata and warts. The authors used diphencyprone in 10 cases with intractable warts of the hands and feet and found successful clearance of the warts in all the 6 cases who completed the trial.

Contact allergy was initially induced by applying 0.15 ml of 2% diphencyprone in acetone over the arm. Diphencypr one (0.01% to 0.1%) was then applied to the wart s in a bland cream base either daily or once a week depending upon the reaction produced. A mild contact allergic dermatitis was constantly maintained over the sensitized site throughout the treatment period. Two patients developed a generalized itchy rash and urticaria, and had to stop the treatment, while 2 other patients stopped it on their own. In the rest, the warts cleared after a few months treatment. No adverse effect except a residual post-inflammatory pigmentation over the sensitized arm was noted in most patients.

P B Haribhakti and Rita Macwan

Do oral carotenoids protect human skin against ultraviolet erythema, psoralen phototoxicity and ultraviolet induced DNA damage? Wolf C, Steiner A and Honigsman H : J Invest Dermatol, 1988; 90 : 55-57.

Carotenoids are known to be avid quenchers of reactive oxygen species, such as singlet exited oxygen, free radicals and triplet sensitizers. They inhibit the elicitation of harmful reactions in cellular systems by deactivating these reactive groups. While the efficacy of betacarotenoids and other carotenoids for the treatment of erythropoietic protoporphyria is well established, the results in some other photosensitivity diseases like polymorphous light eruption, hydroa vacciniforme, and actinic reticuloid are controversial and need further investigation. This study was undertaken to assess the magnitude of a possible protective effect of oral carotenoids on UVB, UVA, and PUVA-induced erythema in human skin, and to evaluate whether the reported prevention of UVB induced skin cancer by dietary carotenoids is possibly based on a reduction of UVB-induced DNA damage.

Twenty three healthy volunteers received oral carotenoids (150 mg/day) for 4 weeks. Serum levels were quantitated and ranged from 390 to 1710 microgram/dl. Before and after the administration of carotenoid, the UVA and UVB MEDs and the PUVA-MPD were determined. DNA damage was assessed by autoradiographical measurement of unscheduled DNA synthesis following UVB exposure before and after the treatment. No statistically significant carotenoid dependent protection was found against UVA, UVB and PUVA erythema. There was no indication of a protective effect on DNA. The authors concluded that carotenoid protection against UVB-induced carcinogenesis does not operate by reducing the number of mutagenic lesions in DNA and reactive oxygen species may not be involved in PUVA-erythema production.

K Pavithran

T6 positive cells in the peripheral blood of burn patients : are they Langerhan's cells precursors, Gothelf Y, Hanau D, Tsur H et al : J Invest Dermatol, 1988; 90 : 142-148.

Langerhan's cells are bone-marrow derived epidermal dendritic cells that carry receptors for the Fc portion of IgG. These cells represent the major immune recognition system of the skin, and are evenly distributed throughout the surface of the body. The authors studied the peripheral

blood mononuclear cells of 14 patients suffering from thermal injury. These cells were separated by affinity chromatography on peanut agglutinin coupled to sepharose macrobeads. The resulting PNA positive subset was 14% of the total mononuclear population. In comparison, the PNA positive subset from the normal blood donors (about 5% of total mononuclear cells) contained mature monocytes that were found to be T6 negative. Electron microscopic examination of T6 positive cells from the peripheral blood of burn patients showed a slight labeling of the cell membrane, dispersed or clusterd at the base of the lamellipodes. These cells appeared to be slightly smaller than monocyte macrophages, but larger than lymphocytes. They differed from lymphocytes in the size of their cytoplasm and mitochondria and in the shape of their nucleus. They lacked large vacuoles characteristic of macrophages and did not contain the specific polymorphonuclear granules. They resembled the Langerhan's cells in that they had a convoluted nucleus and a clear cytoplasm with many vesicles and vacuoles. But the Birbeck granules usually seen in Langerhan's cells were absent. The significance of these cells in the blood of patients with burns is not fully understood. These patients with extensive damage of the epidermis require fast renewal of all skin elements, including Langerhan's cells, to restore their immune defences. These cells identified in their peripheral blood are probably precursors of the Langerhan's cells of the skin en route from bone marrow to the epidermis.

K Pavithran

Studies of developing human hair shaft cells in vitro, Jones LN, Fowler KJ, Marshall RC et al : J Invest Dermatol, 1988; 90 : 58-64.

To date, no suitable in vitro model system has been described for monitoring mammalian hair shaft growth. Histologic complexity and relatively small size of mammalian hair follicle are the obvious limitations for cell culture studies. The authors used a cell separation technique before establishing the culture. Plucked anagen follicles were dissected free of the surrounding tissues—the inner and the outer root sheaths. The presumptive hair shaft cells, including the germinal epithelia were cultured directly on mammalian fibroblasts or in a medium preconditioned by fibroblasts. After using these culture systems, the evidence for maintenance of the cellular function was obtained. This evidence was based on demonstrating the in vitro synthesis and assembly of the hair keratin proteins. Trypsinized whole tissue specimens in culture were sometimes observed to form increased bulk, while dispersed cells appeared to elongate and form larger colonies. In the sections of these colonies, intracellular hard keratin intermediate filaments together with intermediate filament-matrix hard keratin complexes were observed. Monoclonal antibodies directed against hair keratin intermediate filament components were used in Western transfers and immunofluorescent studies to help assess the specificity of the protein synthesized in culture. This culture system presents a new approach to avoid the problems encountered in previous attempts to develop model systems for the hair growth. Demonstration of the specific synthesis and assembly of hard keratin proteins indicates their success in maintenance of the cell function.

K Pavithran

Solar urticaria : treatment with terfenadine, Rajatanavin N and Bernhard JD : J Amer Acad Dermatol, 1988; 18 : 574.

Solar urticaria is a therapeutic problem. The drugs used for its treatment include different types of antihistamines, PUVA, plasmapheresis, sunscreens and beta-carotene. The authors report a patient with treatment resistant solar urticaria, who obtained marked improvement by preexposure use of oral terfenadine. The

patient was a 35-year-old woman who had solar urticaria of 10 years' duration. She was sensitive to UVA and visible radiation. She did not respond to PUVA and UVA phototherapy and various combinations of antihistamines. But terfenadine, 60 mg by mouth twice daily seemed to delay and reduce the development of pruritus. The patient was then instructed to empirically increase the dose of terfenadine and she found that 180 mg daily, half-an-hour before going outdoors prevented the development of oedema and itching, although blotchy macular erythema still persisted. She did not experience any side effect from terfenadine therapy. The persistence of blotchy erythema implies that an initial photochemical event leading to erythema can be separated from the subsequent events involving histamine release and/or action. Drowsiness is a common problem with antihistamines. Terfenadine has no such side effect. An empirical trial of terfenadine at more than the conventional dosage may be warranted in patients with solar urticaria.

K Pavithran

Severe stress and psoriasis, Walter J : Austral J Dermatol, 1987; 28 : 135-136.

Acute inflammatory dermatoses such as psoriasis, acne rosacea and acute eczema are directly influenced by the psyche. The psychological mechanisms of these conditions are very poorly understood by dermatologists. The most difficult thing which any human does in his life-time is to confront his own feelings – fear, rejection, sadness, anger, despair and helplessness, jealousy, guilt and remorse. The author illustrated a case in which anger and sadness exacerbated psoriasis. After release of this anger, his psoriasis remitted. If a person has anger or other emotional stresses, it should be let out. If this energy of anger is blocked or does not flow it has to go somewhere, and one pathway is to lead to inflammation in various parts of the body, depending on the person's genetic make up. The pituitary adrenal axis is affected in emotional stresses such as anger, with alterations in the circulating corticosteroid levels, affecting adenyl cyclase enzyme system and exacerbating psoriasis. According to the author, substance 'P' and other neuropeptides also take part in this. The immune system also has been shown to be affected by unresolved emotional stress with far reaching consequences. The energy of unexpressed anger can also be directed inwards and lead to excoriations and other forms of self abuse. The two emotions most frequently associated with skin disease are fear and anger.

K Pavithran

Management of solar keratoses (editorial), White AD : Austral J Dermatol, 1987; 28 : 97.

Chronic sun damage, skin cancer and precancer are common in white Australasians as they age. So Australasian doctors in general and dermatologists in particular have considerable experience in the natural history and management of such sun-induced skin disease. The malignant potential of solar keratoses has always been a subject of debate and has never been quantified. About 25.9% of the keratoses, when these are left untreated and followed-up, have been observed to undergo spontaneous remission. This relatively benign nature of actinic keratoses led to the conclusion that keratoses generally warrant observation but not treatment. But the author is of the view that non-treatment is not a logical response merely because this risk is low. We have no way of identifying which lesion will remit spontaneously and which will progress to squamous cell carcinoma. One should always treat the patient and not the disease. No opportunity should be missed to educate the patient and urge all preventive measures. Individual judgement in treating these cases is important. Though there are

patients with lesions where no treatment is indicated, elderly or immunosuppressed patients with sun-ravaged skin should be advised treatment. In general, the author strongly feels that these keratoses should be treated.

K Pavithran

Adverse reactions to isotretinoin, Bigby M and Stern RS : J Amer Acad Dermatol, 1988; 18 : 543-552.

Isotretinoin is an oral retinoid used widely for the treatment of acne especially the nodulocystic variety. The Adverse Drug Reaction Reporting system of the American Academy of Dermatology received 123 reports of suspected adverse reactions to isotretinoin, which the authors have reported in this article. Adverse reactions involved the skin and mucous membranes (29 reports), central nervous system (23), musculo-skeletal system (12), pregnancy (11) and the eyes (8). The central nervous system reactions included headache mostly by pseudotumour cerebri, depression and disulfiram-like reaction with severe headache. One patient had oculogyric crisis. Antabuse-like action and oculogyric crisis after isotretinoin had not been reported previously. Muco-cutaneous side effects included paronychia, extremely scarring varicella-zoster infection, erythema nodosum, erythema multiforme, urticaria and onycholysis. Other adverse reactions included a papular rash simulating pityriasis rubra pilaris, exacerbation of chloasmal pigmentation and fixed drug eruption. Among 11 women who took this drug during pregnancy, abortion in the first trimester occurred in 3. Congenital anomalies such as absence of ear pinnae, cardiac murmur and hydrocephalus also occurred in a few.

K Pavithran

Evidence for the tumour necrosis factor cachectin production in cancer, Fine RM : Internat J Dermatol, 1988; 27 : 379-380.

Biological response modifiers (BRM) are naturally occurring cytokines produced by lymphocytes or monocytes that are synthesized in response to malignancies. Interferon, interleukin-2, transforming growth factor beta, various colony-stimulating factors and tumour necrosis factor (TNF) are some of the familiar BMR. The TNF was initially defined by its ability to cause necrosis of well-established tumours in mice. Tumour necrosis factor, like other BRM exerts a profound effect in up-regulating many parameters of the immune system. But its action of producing haemorrhagic necrosis of tumour cells does not depend on an immune response per se. The TNF is currently undergoing clinical trials in the humans. The cachexia associated with malignancy has been attributed to the circulating cachectin, a polypeptide in cancer patients. Recently, it has been shown that cachectin is identical to TNF. Excessively high levels of circulating TNF may be detrimental to the patient. It is hoped that TNF may be beneficial in future in treating cancer just like other naturally occurring BRM, like interferons, interleukin-2 and interleukin-2-activated cells.

K Pavithran

Long-term efficacy of topical minoxidil in male pattern baldness, Katz HI, Hien NT, Prawer SE et al : J Amer Acad Dermatol, 1987; 16 : 711-718.

Minoxidil is now popular as a topical agent for the treatment of androgenetic alopecia. The authors describe the results of a 24-month, double-blind, randomized, initially placebo-controlled trial of topical minoxidil solution for the treatment of male pattern baldness in 153 patients. After 4 months the patients using placebo were switched to 3% minoxidil solution.

At 12 months, there was a statistically significant increase in the terminal hair growth within a 1-inch target area in those treated with 2% or 3% minoxidil solution, in comparison with baseline counts. At 12 and 24-months intervals, progressive regression or stabilization of the size of the bald area was noted in a majority of the patients. Data on hair counts suggested that the 2% minoxidil solution was equal to or more efficacious than the 3% minoxidil solution.

There were no significant side effects. Eighty three patients reported 152 medical events. Most of them were minor infectious illnesses. Others included headache, transient substernal chest pain, transient dyspnoea and minor dermatologic scalp complaints. In this study, minimal systemic absorption of topical minoxidil has been shown to occur. At month 12, the mean minoxidil blood level for the 3% group was 1.59 ng/ml, whereas the mean for 2% minoxidil group was 0.90 ng/ml.

K Pavithran

Topical minoxidil solution (1% and 5%) in the treatment of alopecia areata, Fiedler-Weiss VC : J Amer Acad Dermatol, 1987; 16 : 745-748.

Topical minoxidil used for the treatment of androgenetic alopecia has been found to be effective in treating alopecia areata also. The authors compared 48 patients with alopecia areata treated with 1% minoxidil, and 47 patients treated with 5% minoxidil. A dose-response effect was demonstrated. A response rate of 38% only was got in the 1% minoxidil group, compared to 81% response rate in the 5% minoxidil group. The response was not related to the sex of the patient, duration of alopecia or presence of associated autoimmune disease or atopy. But pre-treatment increased T cell blastogenesis may predict the response. The mean time to response was 2 to 3 months in both studies. Cosmetically acceptable hair regrowth was more likely to be found in those with patchy alopecia areata than in those with severe scalp hair loss. The authors observed that occlusion was critical to the achievement and maintenance of maximum hair regrowth especially in severely affected patients. Because occlusion appears to be necessary to achieve maximum results, and because a dose-response effect could be demonstrated in this study, the authors suggest that it is worthwhile to explore alternative dosing and vehicles to increase penetration efficacy.

K Pavithran

Save the prepuce. Painless separation of prepucial adhesions in the out-patient clinic, Mackinlay GA : Brit Med J, 1988; 297 : 590-591.

A non-retractable prepuce is not always truely due to phimosis. In many cases, there is only a separable adhesion between the glans and the inner surface of the prepuce. Separation of the prepuce in the human penis is due to keratinisation of the subprepucial epithelium, a process not complete at birth but accomplished during early childhood. A fibrous phimosis with scarring undoubtedly necessitates surgery. A simple technique for separation of the prepuce, using Emla Cream (eutectic mixture of lignocaine and pilocarpine) has been devised by the author which allows the adhesions to be separated painlessly in the out-patient clinic. The cream was applied under an occlusive dressing and left for 60 minutes and then the adhesions were separated using a probe and a gauze swab. This procedure was used on 39 boys aged 2 to 12 years. In 32 of them, the procedure was completely painless. The technique is effective, simple and cheap.

K Pavithran

Fluorescent lights, ultraviolet lamps, and risk of cutaneous melanoma, Swerdlow AJ, English J Sc, MacKie RM et al : Brit Med J, 1989; 4 : 773-776.

Exposure to solar radiation is associated with a risk of cutaneous melanoma. A causal

relation between fluorescent lighting and risk of melanoma is of serious concern because of the widespread use of such lights in modern societies. Artificial ultraviolet light has been used for many years to treat a range of skin conditions. The authors have assessed the risk of cutaneous melanoma associated with some artificial light sources by studying 180 cases of primary cutaneous malignant melanoma. The risk was only slightly raised for exposure to fluorescent lights at home or at work. The significant risk was of superficial spreading melanoma. The use of ultraviolet lamps and sunbeds was associated with a significantly increased risk of about 21%, the control showing only an 8% risk. This was significantly related to the duration of use. The risk of malignant melanoma was particularly raised among the people who had first used ultraviolet beds or lamps at least five years before presentation. It was significantly related to the cumulative hours of exposure. None of the previous studies have presented data on the relation of risk to the time since exposure and so the authors' observation needs reinvestigation.

K Anitha

Urticarial vasculitis, Berg RE, Kantor GR and Bergfeld WF : Internat J Dermatol, 1988; 27 : 468-472.

Mc Duffie et al in 1973 described a syndrome in which urticaria was the sole cutaneous manifestation of leukocytoclastic vasculitis. Skin lesions of urticarial vasculitis are erythematous papules or plaques with central clearing. It generally persists for longer periods, and resolves with skin changes such as purpura or hyperpigmentation. The patient may show systemic involvement like arthralgia, arthritis, renal, gastro-intestinal or pulmonary disease. Pseudotumour cerberi may be the presentation of neurologic involvement. Fever, adenopathy, uveitis and cold sensitivity are other manifestations. Histopathologically, classic features of leukocytoclastic vasculitis are present. Direct immunofluorescence reveals immunoglobulins and complement in the vessel walls of the skin lesions. Serologic findings include elevated sedimentation rate, hypocomplementemia and circulating immune complexes. It follows a chronic but benign course. Etiology is unknown. It is associated with collagen vascular disorders, myeloma and serum hepatitis. It has been reported following cimetidine therapy and sun exposure. It is thought to be an immune complex disease, similar to cutaneous vasculitis. Antihistamines, indomethacin, hydroxychloroquine, dapsone, systemic corticosteroids, azathioprine and colchicine are used in the treatment. Authors propose a treatment regimen in which antihistamines and indomethacin are used as the first line of therapy; in unresponsive cases colchicine, dapsone and hydroxychloroquine are tried and systemic corticosteroid alone or with azathioprine is tried as a final resort.

N Sasi

Topical camptothecine in treatment of psoriasis, Xiran L and Tian H : Internat J Dermatol, 1988; 27 : 475-476.

Camptothecine (CPT) is a major component of the camptotheca alkaloids, obtained from the fruits of a Chinese herb called *Camptotheca acuminata*. It is an inhibitor of DNA synthesis and possesses anticancer activity. Systemic CPT was reported effective in psoriasis, but due to serious side effects, only topical CPT is considered reasonable. It can be used as 3-8% crude CPT solution, 1 : 500 dimethyl sulphoxide solution, 0.03% CPT cream or 0.03% CPT in DMSO-ethanol. Since 1970, a number of studies have been conducted with topical CPT and most of them show good results. The most troublesome side effect of the therapy is a local pigmentation, but it gradually fades after treat-

ment. Authors think the topical use of CPT would be introduced as an available therapy in the treatment of psoriasis.

N Sasi

Chronic mucocutaneous candidosis, Ro BI : Internat J Dermatol, 1988; 27 : 457-462.

Chronic muco-cutaneous candidosis (CMC) is a general term used to denote a complex group of disorders characterized by recurrent and persistent infections of skin, mucosa and nails with candida. It is a yeast-like fungus, may exist in three morphologic states, blastospore, mycelial and chlamydospore. Stratum corneum, skin surface lipids and humoral factors help in the defence against candida infection. CMC develops in infancy or during early childhood. Oral lesions or a papular diaper dermatitis appear first, which then spread to other parts of the skin, mucosa and nails. Cutaneous lesions are red, raised, serpiginous, scaly and often hyperkeratotic. Dystrophic nail changes and scalp involvement are seen. A number of medical conditions associated with CMC, include autoimmune endocrinopathies, abnormalities of iron metabolism, thymoma, malabsorption, dental enamel dysplasia, hepatitis and kerato-conjunctivitis. Immune failure is the most fundamental factor in CMC and may be primarily restricted to profound deficiencies of the cellular immune system, with or without involvement of the humoral system. A specific inability to respond to the antigens of *Candida albicans* is the major immunologic defect. Additional non-lethal immunodeficiencies may be associated, like defective chemotaxis of leukocytes, abnormal complement and macrophage functions. Ketoconazole, 5-fluorocytosine, amphotericin B, immune enhancers etc are used for the treatment of CMC.

N Sasi

Improvement of psoriasis vulgaris after intralesional injections of 15-hydroxyeicosatetraenoic acid (15-HETE), Fogh K, Sogaard H, Herlin T et al : J Amer Acad Dermatol, 1988; 18 : 279-285.

Psoriatic skin lesions are characterized by elevated levels of 5 and 12 lipoxygenase products which can stimulate epidermal proliferation and induce skin inflammation. 15-HETE, which is a 15-lipoxygenase product, lacks the pro-inflammatory properties and can inhibit 5 and 12 lipoxygenase activities. It is also found to inhibit helper-T cells and to stimulate suppressor T cells. These properties of 15-HETE are useful for the treatment of psoriasis. In the present study, 13 patients took part. Plaques with a diameter of 1cm were injected with 0.1 ml of 10 m mol/l of 15-HETE, 0.1 ml of 1 m mol/l 15 HETE or 0.1 ml of saline weekly for 3 weeks. The plaques injected with 10 m mol/l 15-HETE showed complete clearance both clinically and histopathologically in 4 patients and considerable improvement in seven. Other 2 patients did not show significant changes. Plaques injected with 1 m mol/115-HETE did not show much of an improvement and no change was observed in the saline injected plaques. This shows that there is a dose dependent mechanism in the action of 15-HETE. The lack of equal effectiveness of 15-HETE injections may be because of the variation in the contents of lipoxygenase products in the psoriatic plaques.

K Anitha

Basal cell carcinoma; response to systemic chemotherapy for lung carcinoma, Kautman D, Gralla R and Myskowski PL : J Amer Acad Dermatol, 1988; 18 : 306-310.

Basal cell carcinoma is a common skin cancer that is usually controlled by surgery, curettage and electro-dessication or radiation therapy. The locally advanced, metastatic or recurrent types may have a fatal outcome. In these cases, various systemic chemothera-

peutic agents have been tried. The authors have reported 2 cases of basal cell carcinoma which showed considerable improvement while being treated for adenocarcinoma of the lung. One was treated with vindesine, cisplatin and bleomycin IV and the other with vinblastin, mitomycin C and cisplatin IV. Even though these drugs are found to be effective in basal cell carcinoma, because of their potential toxicity they should be reserved for tumours refractory to standard treatment methods.

K Anitha

Langerhan's cells and sub-types of human papilloma-virus in cervical intraepithelial neoplasia, Howthorn RJS, Murdoch JB, Mac Lean AB et al : Brit Med J, 1989; 4 : 777-780.

Human papilloma-virus is found to be a cofactor for the development of cervical neoplasia. Systemic immunosuppression has also been implicated. The authors have undertaken a study to examine the relation between the subtypes of human papillomavirus and the local immunocompetent cells in the cervix. Twenty three patients were included in the study. Colposcopically directed punch biopsy specimens were taken from the normal cervix and from the histopathologically proved cervical intraepithelial neoplasia for immunohistochemical studies. Human papilloma virus genome probing was performed on the abnormal specimens. The number of Langerhan's cells was found to be decreased in the presence of human papilloma virus types 16 and 18. Morphological abnormality like stunted dendrites was also noted in the Langerhan's cells. In the specimens with no evidence of the virus, an increase in Langerhan's cell numbers was detected. These findings suggest that the proposed oncogenic potential of human papillomavirus types 16 and 18 may be mediated by a specific effect on the afferent of the immune response.

K Anitha

Taurodontism in dermatologic diseases, Ogden GR : Internat J Dermatol, 1988; 27 : 360-364.

In ectodermal dysplasias, much of the literature concentrates on manifestations on the skin, hair and nails even though one other structure of ectodermal origin which may be affected is the tooth enamel, the detailed examination of which is often overlooked. In this article, the taurodontal trait, its historical overviews, etiopathogenesis, prevalence and associated developmental abnormalities are described. Taurodontal trait in humans is described as enlargement of the pulp cavity at the expense of the root structure. In taurodont tooth, there is a lack of the usual cervical constriction, increased pulp chamber and more inferiorly placed tooth bifurcation. This trait can be diagnosed from a radiograph of a permanent or deciduous molar. A high incidence of this trait is seen in the remains of neanderthal man, and the enlarged pulp chamber is supposed to be a primitive hominid character which reduced in size as tooth became smaller. Even though delayed calcification of the pulp floor, unusual development pattern, odontoblast deficiency are described in the pathogenesis, failure of invagination of the cells of Hertwig's root sheath at the usual level is the generally accepted hypothesis. The developmental anomalies associated with the taurodontal trait are Apert's syndrome, Down syndrome, Klinefelters syndrome, tricho-dento-osseous syndrome, epidermolysis bullosa, dyskeratosis congenita, hypohidrotic ectodermal dysplasia, tricho-onycho-dental syndrome, dental oculo-cutaneous syndrome, otodental dysplasia and orofacial digital II syndrome. Thus, taurodontism may be important for both the detection and the diagnosis of the above-mentioned disorders

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