Stockholm County Council (2 million inhabitants) has been estimated to be 0.7/100,000 persons/year and for all SCLE 1.0/100,000 with an estimated prevalence of 8.9–20/100,000 persons. The incidence of SLE in Sweden is 4.8/100,000 persons/year. In a recent study, CLE incidence in Sweden was shown to be 4.0/100,000. More than 10% of the whole group of CLE, and >20% of SCLE patients, progressed to SLE within 1 year.

CLE can be treated with local treatments by using steroid or tacrolimus creams. Often oral treatment is needed, hydroxychloroquin in the first line but quinacrine can be added if available. Prednisolone can be combined especially in the beginning to get a more rapid response. Other possibilities are immune suppressive metotrexate, atsathioprine and mycophenolate mofetil or acitretin/isotretinoin and even thalidomide. In the most complicated cases of SLE can rituximab or belimumab be used both of which have also effect on the mucocutaneous symptoms.

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Pigmented Lesions and Melanoma

Olle Larkö: New Imaging Techniques in the Diagnosis of Melanoma. The incidence of malignant melanoma is increasing rapidly in the Nordic countries. Also, mortality is high. A dermatologist is better at diagnosing melanoma than doctors from other disciplines. However, even dermatologists miss a substantial fraction of possible melanomas. Hence, new imaging devices must be developed to facilitate diagnosis. So far we have relied on dermatoscopy, but more innovative devices are just around the corner. It includes SIASCOPY where monochromatic light is reflected from the tumour surface is reflected and image analysis carried out with a special algoritm. Also confocal microscopy adds value to the diagnostic process. Several apps for smartphones have been developed but their value and safety has yet to be established.

Carin Sandberg: Mobile Teledermoscopy for Fast Track Management of Skin Cancer. The skin cancer incidence is rising at an alarming rate. For malignant melanomas the only really effective treatment is early detection and excision. This means that the referral process is critical. New technologies have emerged with smartphones, etc. In a large project it has clearly been demonstrated that the use of modern IT technology speeds up the referral process. In this study, images of suspected tumours were photographed with an iPhone and sent by e-mail from general practitioners to dermatologic clinics. Compared to the ordinary process malignant melanomas at excision was 1 mm thinner. This means a major improvement in prognosis for the patient.

Olli Saksela: Risk of New Melanomas in Multinaevus Patients. Patients with many naevi run a greater risk for developing malignant melanoma. In the current lecture, handling of this dilemma was discussed. It is important that dermatologists see patients with suspected malignant melanomas due to the better sensitivity and specificity.

Olga Tatti: MT3-MMP Controls a Proteolytic Switch Between Blood Vascular and Lymphatic Invasion of Melanoma Cells. In the process of metastasis, tumour cells invade lymphatic vessels. It clearly correlates with poor prognosis. The author found that MT3-MMP (membrane-type-3 matrix metalloproteinase) was over-expressed in nodular malignant melanomas and lymph node metastases. It seems that MT3-MMP acts as a molecular switch of vascular invasion. MT3-MMP may impair blood vascular invasion.

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Non-melanoma Skin Cancer & Actinic Keratosis

Non-melanoma skin cancer (NMSC) includes all primary skin cancers except melanoma. The most frequent are basal cell (BCC) and squamous cell carcinomas (SCC) (Fig. 1), but actinic/solar keratosis (AK) is today considered to be an initial SCC; another term is keratinocyte intraepithelial neoplasia (KIN). About 40% of metastatic SCCs start as AK. The aetiology of NMSC is UV radiation, and the incidence is increasing.

Sari Koskenmies: Aetiology and Treatment Options for Non-Melanoma Skin Cancer & Actinic Keratosis. Aetiology and treatment options for non-melanoma skin cancer (NMSC) presented. In USA in 2006 an incidence of >2 million patients with over 3 million NMSC was estimated. 70–80% of all NMSC are BCCs and 20% SCC.The risk of developing NMSC is mainly related to UV irradiation exposure, but genetics and muta-

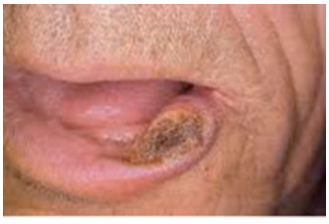

Fig. 1. Squamous cell carcinoma of the lip.