

## EDITORIAL

In this issue of *Acta Dermato-Venereologica* there is a predominance of papers in three fields of research: skin tumours, atopic dermatitis and infectious diseases.

### *Skin tumours*

Malignant melanoma and cutaneous mastocytosis, the latter a benign condition which may or may not progress to malignancy, are discussed in two papers from Germany: Kroiss et al. (p. 242) investigate a possible role of microsatellite instability in advanced stages of malignant melanomas, and Heide et al. describe a new clinical scoring system for mastocytosis (SCORMA), a system which could prove useful, among other things, in monitoring the effects of symptomatic therapy in this disease.

The many diagnostic pitfalls in dermatologic oncology are exemplified by Haustein (p. 307), who presents a case of malignant granular cell tumour with generalized metastasis and symptoms mimicking polymyositis, and by Virigili et al. (p. 306), who present a readily misdiagnosed tumour of the nail bed, squamous cell carcinoma, which may not be so rare in this location after all.

In two Scandinavian papers, the two most common skin tumours (basal cell carcinoma and squamous cell carcinoma) are discussed in terms of improved diagnostic techniques (Na et al., p. 246) and increased frequency (Wassberg et al., p. 268). Na et al. show that autofluorescence can be used efficiently and simply to demarcate basal cell carcinoma from normal skin, thus obviating more complicated use of the ALA application and protoporphyrin detection. Wassberg et al. show that the incidence of squamous cell carcinoma has risen considerably in Sweden over the last 30 years, especially in UV-exposed skin (ears, neck and face) in elderly men.

### *Atopic dermatitis*

Various aspects of atopic dermatitis continue to be a major issue in *Acta Dermato-Venereologica*. The pathogenetic role of T-lymphocytes, with special regard to specific immunologic subsets, is further penetrated in two papers from the Aarhus group. First, Ellingsen et al. (p. 258) show that the number of lymphocytes in the skin is increased by a factor of 6.8 in active eczema compared to healthy control skin, and by a factor of 1.8 in normal-appearing skin of the patients. The total number of lymphocytes in the skin of a patient with moderate atopic eczema can be calculated to be about  $3 \times 10^{10}$ , an amazingly high figure! In a second paper, Higashi et al. (p. 263) supply new evidence that signalling via the CD43 epitope is increased in blood monocytes from patients with atopic eczema.

Numerous environmental and alimentary factors are known to trigger atopic dermatitis, but now at least one factor can be excluded from the list of precipitating factors, namely alimentary sugar! (Ehlers et al., p. 282). Although pruritus

is central in the pathogenesis of atopic eczema, good experimental models are lacking. Thomsen et al. (p. 250) describe a new animal model for scratching which involves serotonin injections and should be useful in testing new antipruritic drugs.

Concluding the issue of atopic dermatitis, Olesen et al. (p. 277) validate a modified Danish questionnaire for diagnosing this disease, and Granlund et al. (p. 314) describe the efficacious treatment of lichenified atopic eczema with topical tacrolimus.

### *Infectious diseases*

Bacterial and viral infections are central to many dermatological and venereological diseases. Nagore et al. (p. 291) describe the successful treatment of an unusual mycobacterial skin infection using a triple drug regimen. Importantly, the infections were contracted via iatrogenic injections of the skin. Furthermore, in two separate papers the unusual but very instructive mucocutaneous symptoms of giardiasis intestinalis are discussed (Vassallo et al., p. 309; Lammintausta et al., p. 310).

Beginning on p. 285, Hjelm et al. compare cervical, urine and vaginal specimens in the detection of chlamydia trachomatis by ligase chain reaction, an improved method for diagnosing venereal infections. The urine specimens show the lowest sensitivity but the highest specificity when detecting the infection. The viral end of the infectious spectrum in dermatovenereology is illustrated in three papers dealing with the HPV and herpes groups of viruses. The possible role of herpes virus 6 and 7 in pityriasis rosea is again refuted, this time in a prospective case control study (Chuh et al., p. 289). On the other hand, human papillomavirus is discussed, both as a possible triggering factor in epidermal hyperproliferation and various autoimmune phenomena (Majewski et al., p. 312) and as target in the topical treatment of warts with imiquimod in HIV patients (Gilbert et al., p. 301).

### *Other topics*

Of course there are many other topics also covered in this issue, including an interesting case of angioneurotic oedema associated with leukocytoclastic vasculitis (Farkas et al., p. 298) and a paper on the effects of iloprost infusion therapy on serum cytokine and soluble adhesion molecule levels in systemic sclerosis-related Raynaud's phenomenon (Mittag et al., p. 294).

I hope that these and other interesting articles in recent and forthcoming issues of *Acta Dermato-Venereologica* will further increase the ISI impact factor of our journal which has again risen from 1,433 in 1999 to 1,549 in 2000.

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Editor-in-Chief