

We investigated the expression of C3d, IgG, IgM, IgA, IgE in formalin-fixed, paraffin-embedded tissue of patients with bullous pemphigoid (BP).

Methods: In a retrospective study, the immunohistochemical expression of C3d, IgG, IgM, IgA, IgE on formalin-fixed tissue from patients with BP (n = 51) was studied. When available, we compared these analyses with the results of immunofluorescence.

Results: About 50% of our cases showed immunohistochemically a positivity of C3d along the basement membrane. Only few cases showed a positivity for IgG, IgM, IgA, IgE.

Conclusions: C3d, IgG, IgM, IgA, IgE immunohistochemistry is currently not yet a valuable tool in the diagnosis of BP. The best sensitivity of 50% has been reached with C3d, but remains too low to recommend substitution of DIF with immunohistochemical analyses. Our results are in contrast with data from other authors found in the literature where sensitivity up to 97% has been found.

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Definition of terms describing histopathological characteristics of stromal changes. What are exactly scar, fibrosis, fibroplasia, sclerosis, regression, desmoplasia. Do we mean all the same? Do we see all the same things?

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Background: Terminology in description of stromal changes is widely and daily used by most dermatopathologists, but unifying concepts and clear cut definitions of differences between some terms are lacking.

Objective: To find out if in most important dermatopathology books and in literature definitions of scar, fibrosis, fibroplasia, sclerosis, regression, desmoplasia are present. To look for relevant differences between authors describing/using the same word.

Methods: Most important pathology and dermatopathology books, and many articles in the literature has been analysed.

Results: Many pathology and dermatopathology books does not contain/contain only some clear cut definitions of scar, fibrosis, fibroplasia, sclerosis, regression, desmoplasia. Most clear cut definitions are found in the literature. Different authors use the same word with different meanings.

Comments: The great lack of clear cut definitions of above mentioned stromal changes and dissimilar interpretations of them by different authors well reflect the subjectivity within the field of morphology as important element of dermatopathology. Nevertheless, especially for terms that are used in description of malignant conditions where prognosis depends from them (as example differentiation between regression, fibrosis and desmoplasia in melanoma and their influence on Breslow's tumor thickness), better definitions of terms would be of great help.

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Histological review of skin cancers in persons with albinism living in Tanzania: A 10 year retrospective study.

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Background: Skin cancer is the most common malignancy among Caucasians but is not frequent in dark African skin. Lack of melanin in persons with albinism (PA) increases the risk of developing skin cancer by 1000 fold compared with general African population.

Objective: The aim of this study was to determine the spectrum of skin cancers on biopsies and excisions from PA.

Materials and Methods: This retrospective study was conducted at the RDTC at KCMC in Moshi, Tanzania. All skin biopsies and excisions (n=134) of PA for a period of 10 years (2002 to 2011) were reviewed.

Results: Squamous Cell Carcinoma (SCC) was the most common tumor (53.7%), followed by basal cell carcinoma (BCC) (45.5%), we found only one melanoma. Most frequent locations were head and neck (56%), trunk (29.9%), and extremities (14.1%).

Discussion: NMSC are the overwhelmingly predominant skin cancer among PA. We saw more SCC than BCC, a phenomenon also observed by other authors. In persons with albinism social discrimination and poor eyesight from childhood lead to poverty and illiteracy and contribute to delay in seeking medical care in case of illness.

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Chemical-induced malar rash mimicking lupus erythematosus: a case report and review of the literature.

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Malar rash occurs in many local and systemic diseases, such as rosacea, seborrheic dermatitis, erysipelas, cellulitis, systemic lupus erythematosus and sarcoidosis. As morbidity and mortality vary widely between these conditions, appropriate diagnosis is imperative.

We report a case of a 23-year-old Congolese man with a 3 weeks history of malar butterfly rash sparing the nasolabial folds. No clinical features of lupus erythematosus were found. The patient reported the appearance of the rash upon a recent application of a bleaching product. Discontinuation of the bleaching product led to a rapid resolution of the rash. Based on this, the diagnosis of chemical-induced malar rash was established.

The cosmetic use of skin bleaching products has become increasingly common among black Africans. The active ingredients include hydroquinone, mercury, highly potent fluorinated topical corticosteroids