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CDKN2A mutations in Scottish families with cutaneous melanoma: results from 32 newly identified families

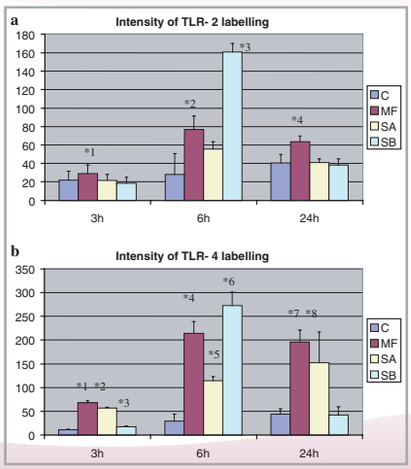
Thirty two newly identified families in Scotland with melanoma in two or more first-degree relatives were investigate for mutations in the CDKN2A gene. Seven of the 32 melanoma families (22%) have *CDKN2A* mutations. One mutation, H83N, not previously described in melanoma families, has been found in one family. Two families have R112G mutations, one family has a G67R mutation one has an exon 1α −24 base pair duplication and two families have M53I mutations, bringing the total of known Scottish families with the M53I mutation to six strongly suggesting that the M53I mutation originated in Scotland. Work of this type may help clarify gene environment interaction in the aetiology of melanoma.

Rona M MacKie, Julie Lang et al. CDKN2A mutations in Scottish families with cutaneous melanoma: results from 32 newly identified families. Br J Dermatol 2005; **153:** 1121–1125.

Effect of sentinel node biopsy on the prognosis of melanoma patients

Sentinel lymph node biopsy (SLNB) in melanoma provides important prognostic information but it is unclear if SLNB influences the prognosis. 673 melanoma patients with a primary melanoma were retrospectively studied. In 377 patients the melanoma was removed without SLNB (preSLNB-group), in 296 patients the melanoma was removed with SLNB (SLNB-group). Melanoma related overall survival was comparable in both groups. However, recurrence free survival was increased in the SLNB-group due to significantly fewer regional lymph node metastases, whereas frequencies of loco-regional cutaneous and distant metastases were comparable in both groups. Thus, there is no prognostic benefit from SLNB in the majority of melanoma patients.

Gutzmer R, Al Ghazal M, et al. Sentinel node biopsy in melanoma delays recurrence but does not change melanoma-related survival – a retrospective analysis of 673 patients. Br J Dermatol 2005; **153:** 1137–1141.



Induction of toll-like receptors by *proprionibacterium acnes*

Acne is a chronic disease of the pilosebaceous follicle. *Propionibacterium acnes* is a key therapeutic target in acne, yet this bacterium has become resistant to systemic and topical antibiotics. The authors' work shows that extracts of *P.acnes* are able *in vitro* both to stimulate keratinocytes proliferation and TLR2, TLR4 and MMP9 expression by keratinocytes. These facts suggest that *P.acnes* could play a role in the initial phase of acne as well as in the induction and the maintenance of the inflammatory phase of acne. This in vivo and in vitro study opens the way for new therapeutic approaches to acne with development of molecules against TLR2 and TLR4 signalization.

B Dreno, V Jarousse, et al. Induction of toll-like receptors by *proprionibacterium acnes*. Br J Dermatol 2005; **153:** 1105–1113.