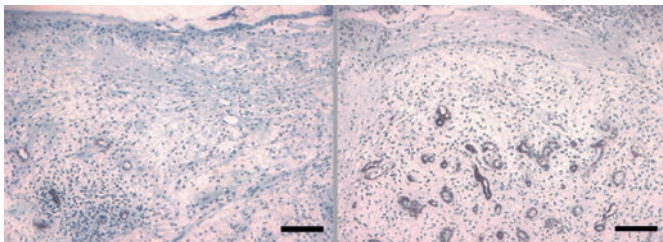


### GM-CSF proangiogenic activity in chronic venous ulcers

GM-CSF administration has been shown to induce healing of skin ulcers unresponsive to conventional treatments. Cianfarani and colleagues show an increased vascularization of the ulcer bed in a group of 8 patients with chronic venous ulcers treated with intradermal GM-CSF injection. De novo transcription of the angiogenic factor VEGF by monocytes/macrophages and other cell types in the ulcer bed may mediate such effect. Differentiated monocytes respond in vitro to GM-CSF treatment by upregulating VEGF. These findings indicate that VEGF may act as an angiogenic mediator of the healing effect of GM-CSF in skin ulcers. *Br J Dermatol* 2006; 154: 34–41.



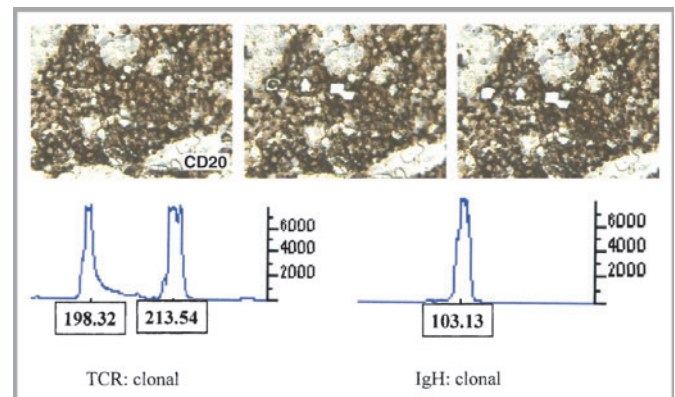
### Stimulation of cell-mediated immunity in the treatment of actinic keratosis

It is well known that chronic exposure to ultraviolet radiation (UV) can suppress cutaneous immune surveillance. This suppression in the immune response, in addition to the cumulative genetic damage caused by UV, likely explains the observation that patients with actinic keratoses, develop additional lesions over time. Barnetson and colleagues show that treatment of actinic keratosis lesions with imiquimod stimulates a cell-mediated immune response against these lesions. These findings confirm that the immune response appears to play an important role in the clearance of these dysplastic lesions and suggests that reversing the immune suppression associated with UV exposure may be possible. *Br J Dermatol* 2006; 154: 72–78

### Diagnostic usefulness of laser capture microdissection in clonality assessment

Atypical mixed B- and T-cell cutaneous lymphoid infiltrates may rarely disclose a simultaneous IgH and TCR genes mono-

clonal rearrangements. In such instances, genotypic analysis from the whole-tissue sample does not permit to distinguish lineage infidelity from a true composite lymphoma. Genotypic analysis from laser assisted-microdissected B- (dual genotype) and T-cell populations (T polyclonal/ B germline) enabled us to establish the definite diagnosis of a cutaneous B-cell lymphoma showing dual B- and T-cell genotype. This description illustrates and expands the diagnostic usefulness of laser capture microdissection in cutaneous lymphomas. *Br J Dermatol* 2006; 154: 162–166.



### Bullous pemphigoid antigen II (BP180) and its soluble extracellular domains are major autoantigens in mucous membrane pemphigoid: the pathogenesis relevance to HLA class II alleles and disease severity

Mucous membrane pemphigoid (MMP), formerly referred to as cicatricial pemphigoid, is an acquired autoimmune blistering condition. Because of the heterogeneity in clinical presentation (tendency of scarring) and tissue-specificity (predominant mucous membrane lesions), the pathogenic contribution of MMP autoantibodies is unclear. Oyama *et al.* report circulating antibody profiles of a large cohort of MMP patients' sera (n=124) by immunoblotting using several tissue antigens from human skin and placental amnion, and precisely determined the relationship between distribution of antibody reactivity, which might be relevant to the initiation and perpetuation of the disease, and HLA class II alleles or clinical characteristics of individual patients. *Br J Dermatol* 2006; 154: 90–98.