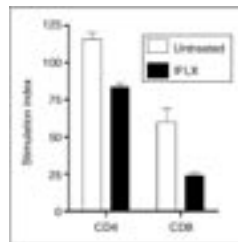
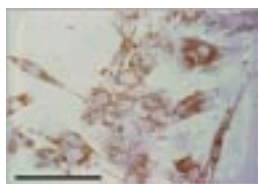


Antitumour necrosis factor- α chimeric antibody (infliximab) inhibits activation of skin-homing CD4+ and CD8+ T lymphocytes and impairs dendritic cell function

The tumour necrosis factor- α blocking agent infliximab has been shown to be an effective treatment for severe psoriasis and other immune-mediated diseases. Bedini *et al.* demonstrate that infliximab impairs the *in vitro* activation of T cells isolated from psoriatic plaques and decreases dendritic cell functions. Effects are more prominent on CD8+ T lymphocytes as compared with CD4+ T cells, and are augmented by the paucity of costimulatory signals, i.e. when immature dendritic cells are used as an antigen-presenting cell population. In addition, infliximab directly affects the differentiation of monocyte-derived dendritic cells, thus impairing their stimulatory properties. *Br J Dermatol* 2007; 157:249–58.



Long-term culture of multibacillary leprosy macrophages isolated from skin lesions: a new model to study *Mycobacterium leprae*–human cell interaction



One of the most characteristic aspects of lepromatous leprosy is the extensive accumulation of feathery, inactive, high bacillary load macrophages (Virchow cells) occupying extensive areas of the body. The inability to kill these

mycobacteria has been attributed to the absence of interferon- γ -activating properties as a result of the Th2 immune response. The authors were able to isolate and culture Virchow cells for long periods, demonstrating functional and morphological changes in these cells while eliminating the bacilli. During culture for 7 days, cytokine mRNA expression declined while nitrite levels increased significantly. *Br J Dermatol* 2007; 157:273–83.

Fragrance ingredient labelling in products on sale in the U.K.

The appropriate patch test allergens for detecting fragrance allergy change over time, as newer fragrances, e.g. hydroxy-

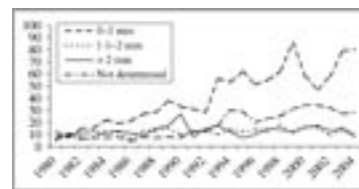
isohexyl-3-cyclohexene carboxaldehyde (LyrallTM), are added to consumer products. Buckley's survey of products on sale in the South of England in 2006 found that LyrallTM was labelled in 29% of products, that the well-known sensitizer oak moss absolute (*Evernia prunastri*) is present in new prestige perfumes, and that new dental products contain cinnamal. However, the most commonly labelled fragrances were limonene and linalool, which are not routinely patch tested in the U.K., are potent sensitizers in their oxidized state and are being reported as significant allergens in Europe. *Br J Dermatol* 2007; 157:295–300.

Fabry disease and the skin: data from FOS, the Fabry outcome survey

Fabry disease is an X-linked lysosomal storage disorder characterized by accumulation of globotriaosylceramide. A delay of up to 10 years between onset of symptoms and diagnosis is commonplace. Recent evidence suggests that both disease prevalence, and severity of symptoms in women, have been significantly underestimated. Orteu *et al.* have documented dermatological manifestations with reference to data from 714 patients (345 males, 369 females) registered on a multicentre European database. Overall, 78% of males and 50% of females had one or more dermatological abnormality. The authors demonstrate that the presence of cutaneous vascular lesions correlates with the severity of systemic manifestations (pain, renal failure, cardiac disease, premature cerebrovascular disease). *Br J Dermatol* 2007; 157:331–7.



Trends in melanoma epidemiology suggest three different types of melanoma



Temporal trends in melanoma epidemiology suggest the existence of three unrelated types of melanoma: type I, thick melanomas, with stable incidence, and a distribution that does not support intermittent sun exposure as being a risk factor; type II, slow-growing melanomas of the trunk with a steady increase in incidence; and type III, melanomas with a slower increase in incidence, occurring on continuously sun-exposed skin of older people. Type I melanomas are responsible for a great part of the mortality related to melanoma, but these tumours are neither accessible to prevention, as risk factors are yet not established, nor to early detection because of their very fast growth rate. *Br J Dermatol* 2007; 157:338–43.

Temporally, Type I melanomas are responsible for a great part of the mortality related to melanoma, but these tumours are neither accessible to prevention, as risk factors are yet not established, nor to early detection because of their very fast growth rate. *Br J Dermatol* 2007; 157:338–43.