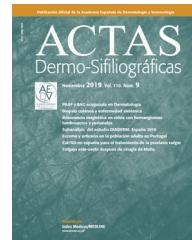




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COMMENTARIES

Phototherapy is Effective at all Ages[☆]



La fototerapia es eficaz en todas las edades

Treatment of pediatric patients is a challenge we face frequently in our daily practice. Phototherapy is a therapeutic modality of which we have much experience in adults, with very large studies and long-term follow-ups. Phototherapy data in children is far more scarce. The study published in this journal with 95 children and a variety of diseases shows that the treatment has similar efficacy to that found in adults, and with few adverse effects.¹ It is interesting to note that the children miss fewer treatment sessions than adults, despite the obligations of both the patients and those who accompany them that make it difficult for them to attend the phototherapy sessions. This adherence to treatment may be explained by the greater functional and esthetic repercussions of skin diseases in childhood. The study clearly shows the utility and cost-effectiveness of phototherapy in clearing guttate psoriasis, with remissions that may be very long-lasting. In other diseases, such as vitiligo,

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it would be necessary to evaluate whether the long duration of the treatments and the less marked improvements obtained, with probable relapses, justify its use. In the era of biological treatments, we should not close the door on other treatments that may be effective in many diseases.

Reference

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Contact Allergy to Paraphenylenediamine: A Persistent Problem That Needs Stricter Regulation[☆]



Alergia de contacto a parafenilendiamina. Un problema persistente que precisa medidas legislativas más estrictas

The retrospective multicenter observational study published in this issue of *Actas Dermo-sifiliográficas* by members of the Spanish Research Group on Contact Dermatitis and Skin Allergies (known by its Spanish acronym, GEIDAC) shows

that the frequency of sensitivity to *p*-phenylenediamine (PPD) among patch-tested patients is about 4%,¹ a figure that has held steady in recent years in spite of legislation to reduce the concentration of PPD in hair dyes. Although hair dyes are not the only source of exposure to PPD, they are the main culprits for both staff and customers of hair salons. Some have called for PPD to be removed from the Spanish standard series recommended by the GEIDAC because of the risk of sensitization through testing. However, such risk appears to be very low, and the high rate of sensitization detected in Spanish patch tests¹ fully justifies continuing to include this compound in the series.

Exposure to PPD through black henna preparations merits special mention, given the widespread use of this substance for temporary tattooing. The real frequency of PPD sensitization through this means is unknown, but nearly all dermatologists who treat contact dermatitis have diagnosed several cases traced to this source in recent years. Stricter control of temporary tattooing should be introduced, and

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the use of PPD in henna preparations should be prohibited, or at the very least, the concentration should be reduced. Efforts should also be made to raise public awareness of the risks posed by temporary tattooing.

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Is Herpes Simplex Virus Type 2 in Danger of Extinction?*



Herpes simple tipo 2: ¿en peligro de extinción?

Most of us finished medical school repeating the mantra “herpes simplex type 1 (HSV-1) = orolabial herpes; herpes simplex type 2 (HSV-2) = genital herpes”. However, the passage of time has taught us that this is not always the case and that HSV-1 is increasingly found in the anogenital area, as reported by Magdaleno et al.¹ In their observational study in a sexually transmitted infections unit in Valencia, the authors found that 47.3% of cases of genital herpes were caused by HSV-1 and that this type was even more frequent in women (59.3%). Furthermore, women with genital herpes caused by HSV-1 were younger than those with infection caused by HSV-2 (26 vs. 34 years, respectively; $P = .015$), and infections caused by HSV-2 were more associated with recurrences than those caused by HSV-1.

The most recent studies estimate that the overall seroprevalence of HSV-2 infection is < 10% in Europe, the eastern Mediterranean area, Southeast Asia, and parts of the western Pacific region. Moreover, it seems that this prevalence has been decreasing in our setting in recent years.² HSV-1, on the other hand, is currently confirmed as the most common cause of primary genital herpes infection in developed countries, especially in women and in men who have sex with men aged under 25 years.³ The reduced seroprevalence of HSV-1 has led us to consider a scenario in which adolescents and young adults first become exposed to HSV-1 at the onset

of sexual activity. Both this circumstance and the increasing frequency of unprotected oral-genital practices may help to explain why HSV-1 is more prevalent as the causal agent of genital herpes than HSV-2. The resulting implications affect not only the epidemiology of the disease, but also its prognosis, since it seems that HSV-1 is associated with a lower frequency of recurrences.

Reference

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