



Figure 2 Skin prick testing positive for dimethyl fumarate after 96 hours.

the patient presented positive results in the contact tests carried out using dimethyl fumarate, whereas the controls were negative. We also ruled out other, more common allergens by using the standard series and the footwear series in the test, with negative results. Although some authors propose dilutions of up to 0.001%, based on our findings and those of other authors, we feel that the use of 0.01% dimethyl fumarate in petroleum jelly is suitable for testing in these cases, provided that sufficient controls are carried out in healthy subjects. The use of this allergen in standard testing for allergic dermatitis related to footwear should also be considered.

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**The Spanish Dermatopathology Group—
30 Years On**

**30 años del Grupo Español
de Dermatopatología**

To the Editor:

Looking back from today’s perspective, it is difficult to imagine our initial group meeting of dermatologists and pathologists on 9 November 1979 leading to the united, well-known, and much expanded group of today with its present impact and prominence.

The spark that ignited the process came in a meeting with Dr. J.Maria de Moragas in the Hospital San Pablo, where he proposed we form a working group on dermatologic pathology similar to the contact group. The idea was promptly put into action and we organized the first scientific meeting at Hospital del Sagrado Corazon, where I was working. The meeting was attended by the other 7 founding members: Doctors Adolfo Aliaga, José Luis Díaz,

Table 1 Secretaries of the Spanish Dermatopathology Group

Years	Secretary
1979-1981	Dr. Pablo Umbert
1981-1983	Dr. Pablo Umbert
1983-1985	Dr. José María de Moragas
1985-1987	Dr. Adolfo Aliaga
1987-1989	Dr. Félix Contreras
1989-1991	Dr. Evaristo Sánchez Yus
1991-1993	Dr. Abelardo Moreno
1993-1995	Dr. Luis Requena
1995-1997	Dr. Luis Requena
1997-1999	Dr. José María Conde Zurita
1999-2001	Dr. María Asunción Barnadas
2001-2003	Dr. José Luis Rodríguez Peralto
2003-2004	Dr. Jordi Peyrí
2005-2007	Dr. Jesús Cuevas
2007-2009	Dr. Luis Puig

Table 2 Meetings of the Spanish Dermatopathology Group

November 9, 1979. Foundation of the Group
 I Meeting of Group: Hospital Universitario Sagrado Corazón. Barcelona
 Dr. Pablo Umbert

II Meeting. Madrid
 Organizer: Dr. José Cabré.
 Suspended

III Meeting: November 15, 1980
 Hospital Provincial de Valencia. Dr. Adolfo Aliaga
 Secretary: Dr. Pablo Umbert
 Organizer: Dr. Adolfo Aliaga

IV Meeting: April 10, 1981
 Secretary: Dr. Pablo Umbert
 Organizer: Dr. Pablo Umbert. Colegio de Médicos de Barcelona
 Seminario de Dermatopatología

V Meeting: Madrid, October 29, 1981
 Secretary: Dr. Pablo Umbert
 Dr. Evaristo Sánchez Yus: Ciudad Sanitaria 1 de Octubre

VI Meeting: Palma de Mallorca, May 8, 1982
 Secretary: Dr. Pablo Umbert
 Organizers: Dr. Antonio Montis and Dr. Pablo Umbert

VII Meeting: Bilbao, November 1982
 Secretary: Dr. Pablo Umbert
 Organizer: Dr. J.L. Díaz. Hospital de Cruces

VIII Meeting: Logroño, October 28-29, 1983
 Group joins the Spanish Academy of Dermatology and Venereology (AEDV)
 Secretary: Dr. J.M. Moragas (83-85)
 Organizer: Dr. Miguel Aizpún

IX Meeting: Tenerife, April 1984
 Secretary: Dr. J.M. Moragas
 Organizer: Dr. Montelongo

X Meeting: Andorra, February 14-16, 1985
 Secretary: Dr. Adolfo Aliaga
 Organizers: Dr. Jordi Peyrí and Dr. Abelardo Moreno

XI Meeting: Salamanca, November 1985
 Secretary: Dr. Adolfo Aliaga
 Organizer: Dr. Miguel Armijo

XII Meeting: Valencia, November 7, 1986
 Secretary: Dr. Adolfo Aliaga (86-88).
 Hospital Provincial de Valencia: Dr. A. Aliaga

XIII Meeting: Segovia, November 13-14, 1987
 Secretary: Dr. Félix Contreras
 Organizer: Dr. Evaristo Sánchez Yus

Table 2 (continuation)

XIV Meeting: Seville, May 13-14, 1988
 Secretary: Dr. Félix Contreras
 Organizer: Dr. Francisco Camacho

XV Meeting: Alicante, October 27-28, 1989
 Secretary: Dr. Evaristo Sánchez Yus
 Organizer: Dr. Botella

XVI Meeting: Granada, November 2-3, 1990
 Secretary: Dr. Evaristo Sánchez Yus
 Organizer: Dr. R. Naranjo

XVII Meeting: Pamplona, November 8-9, 1991
 Secretary: Dr. Abelardo Moreno
 Organizer: Dr. F. Quintallina

XVIII Meeting: Valencia, November 1992
 Secretary: Dr. Abelardo Moreno
 Organizer: Dr. Adolfo Aliaga

XIX Meeting: Madrid, November 5-6, 1993
 Secretary: Dr. Luis Requena
 Organizers: Dr. Luis Iglesias and Dr. Gil Martín

XX Meeting: S'Agaró (Gerona), October 28-29, 1994
 Secretary: Dr. Luis Requena
 Organizers: Dr. J. Peyrí and Dr. A. Moreno

XXI Meeting: Santiago de Compostela, November 3-4, 1995
 Secretary: Dr. Luis Requena
 Organizers: Drs. H. Vázquez Veiga and Dr. Del Río de la Torre
 Complejo Hospitalario Universitario de Santiago.
 Servicio de Dermatología, Hospital Conxo

XXII Meeting: Granada, October 25-26, 1996
 Secretary: Dr. Luis Requena
 Organizers: Dr. Naranjo and Dr. A. Buendía
 Servicio de Dermatología, Hospital San Cecilio, Granada

XXIII Meeting: Sigüenza, October 31 and November 1, 1997
 Group joins the Spanish Society of Pathological Anatomy (SEAP)
 Secretary: Dr. Luis Requena
 Organizers: Dr. J. Cuevas and Dr. Pedro Jaén Olasolo

XXIV Joint Meeting of the Ibero-Latin American Dermatopathology Society. Madrid, November 4, 1998
 19th Colloquium of the International Society of Dermatopathology
 Secretary: Dr. Luis Requena
 Organizers: Dr. Luis Requena and Dr. E. Sánchez Yus.
 Fundación Jiménez Díaz and Hospital Clínico San Carlos

XXV Meeting "25 years of the Group" Barcelona, November 12-13, 1999
 Secretary: Dr. J.M. Conde Zurita
 Organizer: Dr. Pablo Umbert. Hospital Universitario Sagrado Corazón

Table 2 (continuation)

XXVI Meeting: Bilbao, November 24-25, 2000 Hospital de Cruces, Bilbao Secretary: Dr. María Barnadas Organizer: Dr. J.L. Díaz
XXVII Meeting: Sevilla, November 9-10, 2001 Secretary: Dr. M. Barnadas Organizers: Dr. Julián Sánchez Conejo-Mir, Dr. Águeda Pulpillo, and Dr. Carlos Hernández, Hospital Virgen del Rocío
XXVIII Meeting: Valencia, November 8-9, 2002 In memory of Adolfo Aliaga Secretary: Dr. María Barnadas November 8-9, 2002. Organizers: Dr. M. Fortea, Dr. Onofre Sanmartín, Dr. R. Botella, and Dr. Víctor Alegre
XXIX Meeting: Malaga, November 21-22, 2003 Secretary: Dr. J. Peyrí Organizer: Dr. Enrique Herrera Hospital Universitario de Málaga
XXX Meeting: Alicante, November 5-6, 2004 Secretary: Dr. J. Peyrí Organizers: Dr. Botella, Dr. M. Moragón, Dr. J. Bañuls, and J. Onrubia. Hospital Universitario de Alicante and Hospital Clínico de Alicante
XXXI Meeting: Cadiz, November 2005 Secretary: Dr. J. Peyrí Organizer: Dr. Gerardo Jaqueti
XXXII Meeting: Malaga, November 9-11, 2006 IV Meeting of the Ibero-Latin American Dermatopathology Society Secretary: Dr. J. Cuevas Organizer: Dr. Enrique Herrera
XXXIII Meeting: Barcelona and IX Course in Dermatologic Pathology, Barcelona, November 8-10, 2007 Secretary: Dr. Luis Puig Hospital de Can Rutí and Hospital Sagrado Corazón de Barcelona. Organizers: Dr. Maite Fernández and Dr. Pablo Umbert
XXXIV Meeting: Salamanca, November 7-8, 2008 Secretary: Dr. Luis Puig Organizer: Dr. Unamuno
XXXV Meeting: Pamplona, November 20-21, 2009 Secretary: Dr. María Teresa Fernández-Figueras Organizer: Dr. Miguel Ángel Idoate

Luis Olmos, José María Conde, Félix Contreras, Abelardo Moreno, and Evaristo Sánchez Yus. In addition to the scientific session, the initial statutes were drawn up and I was asked to lead the group as the first secretary. A year later, Doctors José Mascaró Ballester, Jordi Peyrí and Antonio Rocamora joined the group.

Although our members formed a balanced group of dermatologists and pathologists, we faced certain administrative problems in our applications to join the Academy of Dermatology and the General Pathology Society.

With time, the prestige and broad outlook of Professors José M. Mascaró and Félix Contreras helped wear down official reluctance and the group gained membership of the Spanish Academy of Dermatology and Venereology (AEDV) in 1983 and the Spanish Society of Pathological Anatomy (SEAP) in 1997. Since then, both society logos have appeared on the programs for our annual meetings.

The dynamism of the group has always been rooted in its role as a forum for discussion, initially on the basis of abstracts and cases for diagnosis. The concept of leadership roles was eliminated from the outset and the appointment of post-holders was avoided beyond choosing a secretary responsible for basic group operation, and an individual willing to organize the annual meeting. The post of secretary worked on a two-year rotation alternating between pathologists and dermatologists as far as possible (Table 1).

The greatest burden, however, was borne by the organizers of the successive meetings (Table 2).

The meetings were characterized by the active participation of 2 groups of participants: working pathologists who read slides for a living—mostly members of the group—and Dermatopathology enthusiasts and academics. Their numbers were gradually swollen by most of the residents in the 2 specialties, and their numerous contributions led to the creation of a poster section at the meetings. There are currently 60 members of the group.

Today, we look at the scene with both satisfaction and optimism, seeing how the small group of enthusiastic dermatologists and pathologists of 1979 has earned wide acceptance in both dermatology and pathology and now holds meetings of high scientific content often attended by upwards of 200 professionals.

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Cutaneous Alternariosis in a Heart Transplant Recipient

Alternariosis cutánea múltiple en un paciente receptor de trasplante cardíaco

To the Editor:

Alternaria is a dematiaceous (pigmented) fungus found in the atmosphere and is pathogenic to plants. It is an opportunistic fungus and usually infects immunocompromised patients.^{1,2} We describe the case of a heart transplant recipient with cutaneous alternariosis due to infection with *Alternaria* species who developed multiple lesions on the upper and lower limbs.

The patient was a 63-year-old man from a rural area whose hobby was gathering snails. He had received a heart transplant 6 months earlier and had been receiving mycophenolate mofetil (500 mg/12 h), tacrolimus (1.5 mg/24 h), and prednisone (15 mg/24 h) since transplantation, in addition to his usual antihypertensive and lipid-lowering medication and gastric protection.

He was referred to the dermatology department by his regular cardiologist due to multiple nodular lesions on the upper and lower limbs that had appeared several weeks earlier. The patient reported no other systemic symptoms.

Physical examination revealed multiple, hard, erythematous-violaceous nodules of different sizes on both the upper (Figure 1A) and lower (Figure 1B) limbs, some of them ulcerated with an overlying crust.

A skin biopsy was taken from one of these lesions for histopathological and microbiological studies. Histopathological study revealed a hyperplastic epidermis with crater-like invaginations, with a keratotic center and pseudoepitheliomatous hyperplasia. In the dermis there was an inflammatory infiltrate composed of histiocytes, some of them multinucleated giant cells which, focally, were seen to contain round encapsulated bodies with a fungus-like appearance (Figure 2A). These giant cells formed granulomas with central abscesses. Silver methenamine staining demonstrated these round bodies in greater detail, showing peripheral enhancement (Figure 2B).

Tissue culture on Sabouraud agar showed that the fungal structures observed were of the genus *Alternaria*, but the species could not be identified.

A chest radiograph, requested to rule out lung involvement, was normal, as was the blood test (complete blood count and general biochemistry).

The patient was treated with oral itraconazole (200 mg/d for 6 months) and topical ketoconazole cream (twice daily for the same period). At the same time, the patient received 12 sessions of cryotherapy (one session every 2 weeks) beginning 1 month after starting the oral and topical therapy. At the present time the patient is asymptomatic, with no active lesions. Only some hypopigmented and hyperpigmented scars at some of the sites treated with cryotherapy remain (Figure 3).

Cutaneous alternariosis can no longer be considered an uncommon fungal infection. A recent review of the literature found 89 cases that met both the microbiological

and histopathological criteria for this entity.³ Most of the patients affected are immunocompromised; transplant recipients in particular form a group in which this infection has increased considerably.^{2,4}

It is believed that the disease can be acquired in one of 2 ways: the most common is by direct inoculation from plants, although some cases have been reported of infection by inhalation of fungal conidia with subsequent systemic spread, mainly affecting the lungs, paranasal sinuses, or brain.¹ Our patient was infected by direct inoculation from plants, as his hobby is gathering snails, for which purpose he wears a short-sleeved T-shirt and shorts.

Clinically, the lesions usually present as isolated nodules, plaques, or ulcers; multiple lesions, as in our patient, are rare.³ The lesions can persist for years.

Histopathology shows a granulomatous infiltrate in the dermis with the presence of multinucleated giant cells and fungal hyphae that can be visualized with hematoxylin-



Figure 1 A, Hard, erythematous-violaceous tumor on the left forearm. B, Papules and nodules with an ulcerated, crusted surface on the anterior aspect of the left leg.