specialized centers. In Mohs micrographic surgery, the interpretation of the frozen sections by the pathologist can be very difficult and occasionally the wound must be left open while waiting for the results of examining paraffin-embedded sections.

The technique described in this paper, in which the initial step is to locate the margins, can be very useful in treatment centers where Mohs micrographic surgery is not available or in certain circumstances, such as recurrent tumors with poorly defined borders, older patients or patients living at a distance from the hospital, and lesions whose size means that a flap will be required to close the defect, thereby distorting the margins. The spaghetti technique has several advantages. Routine pathology processing systems can be used and the dermatologist needs no special training. No wounds are left open (meaning that the patient can be discharged without the need for special measures), and there is time to design the reconstruction technique according to the histological findings and the size of the defect, both of which will be known before the final procedure. One of the limitations of this technique is that foci of invasive malignant melanoma cells may be present within the LM, and the excision must therefore reach a deep plane. Another problem is that the complete excision of the lesion will be delayed by days or weeks, and the reason for this must be explained to the patient.

References

1. Bosbous MW, Dzwierzynski WW, Neuburg M. Staged excision of lentigo maligna and lentigo maligna melanoma: a 10-year experience. Plast Reconstr Surg. 2009;124:1947–55.
2. Huilgol SC, Selva D, Chen C, Hill DC, James CL, Gramp A, et al. Surgical margins for lentigo maligna and lentigo maligna melanoma. The technique of mapped serial excision. Arch Dermatol. 2004;140:1087–92.
3. Hazan C, Dusza SW, Delgado R, Busam KJ, Halpern AC, Nehal KS. Staged excision for lentigo maligna and lentigo maligna melanoma: A retrospective analysis of 117 cases. J Am Acad Dermatol. 2008;58:142–8.
4. Bub JL, Berg D, Slee A, Odland PB. Management of lentigo maligna and lentigo maligna melanoma with staged excision. A 5-year follow-up. Arch Dermatol. 2004;140:552–8.
5. Moehrle M, Dietz K, Garbe C, Breuninger H. Conventional histology vs. three-dimensional histology in lentigo maligna melanoma. BJM. 2006;154:453–9.
6. Johnson TM, Headington JT, Baker SR, Lowe L. Usefulness of the staged excisión for lentigo maligna and lentigo maligna melanoma: the Square procedure. J Am Acad Dermatol. 1997;37:758–64.
7. Mahoney MH, Joseph M, Temple CLF. The perimeter technique for lentigo maligna: an alternative to mohs micrographic surgery. J Surg Oncol. 2005;91:120–5.
8. Möller MG, Pappas-Politis E, Zager JS, Santiago LA, Yu D, Prakash A, et al. Surgical management of melanoma-in situ using a staged marginal and central excision technique. Ann Surg Oncol. 2009;152:1526–36.
9. Gaudy-Marqueste C, Perchenet AS, Taséi AM, Madjlessi N, Magalon G, Richard MA, et al. The spaghetti technique: an alternative to mohs surgery or staged surgery for problematic lentiginous melanoma (lentigo maligna and acral lentiginous melanoma). J Am Acad Dermatol. 2011;64:113–8.
10. Temple CLF, Arlette JP. Mohs micrographic surgery in the treatment of lentigo maligna and melanoma. J Surg Oncol. 2006;94:287–92.

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Contact Urticaria Induced by Hydrolyzed Wheat Protein in Cosmetic Cream☆

Urticaria de contacto a proteína hidrolizada de trigo contenida en crema cosmética

To the Editor:

Wheat flour proteins are composed of a complex mix of soluble proteins (albumin and globulin) and insoluble structural proteins. The latter are divided into gliadins, which are monomeric, and glutenins, which are polymeric. Gluten is composed of both these types of protein and is widely used in both modified and unmodified forms in industry. The most important modification of gluten is hydrolysis.[1]

Hydrolyzed wheat protein is used in cosmetic products for its hydrating properties.[2] Cosmetics containing this protein can lead to infrequent—but occasionally severe—allergic reactions, and both urticaria[1,3–7] and allergic contact eczema[2,8–10] have been reported.

Cutaneous contact reactions to proteins are clinically relevant disorders of which the dermatologist should be aware, since, in some cases, they can indicate occupational disease, especially in individuals who handle food.[11]

A 23-year-old man with no history of atopy was referred from the allergology department with a rash that started immediately after application of Contrôle-Jeunesse face cream (Kiotis). The rash involved highly pruritic wheals affecting the face and neck accompanied by bilateral palpebral edema (Fig. 1). Labial edema and systemic symptoms did not develop. He attended the emergency department, where he was prescribed oral cetirizine (10 mg); symptoms resolved completely in 24 hours. The patient reported having experienced a similar reaction the previous summer after using a house brand sunscreen, although he did not

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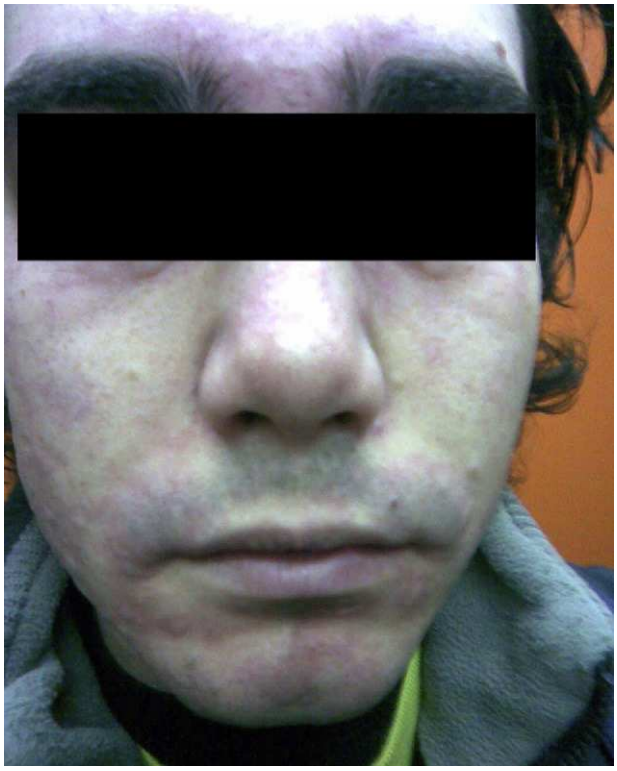

Figure 1 Wheals and bilateral palpebral edema.

consult for it. He did not report food-induced symptoms or intolerance.

The result of a nonblinded skin test with his cream was negative. Patch testing was then performed with the True Test panel, a cosmetics panel (Chemotechnique Diagnostics), and the patient's own products. Readings were positive (++) to the patient's own Contrôle-Jeunesse cream at 48 hours and 96 hours; all other readings were negative. The results of patch testing with the individual components of the cream (supplied by the manufacturer) were positive (++) for hydrolyzed wheat protein at 1% in water at 48 and 96 hours (Fig. 2). We performed 10 tests on controls using hydrolyzed protein at 1%; all the results were negative. The patient was referred back to the allergology department, where he underwent prick tests with flours and cereals (Leti, Diater, Stallergènes, and Aristegui). The results were as follows: malt, positive (5×4 mm); cereal mix, positive (7×5 mm); oats, positive (5×5 mm); hydrolyzed wheat extract (18×14 mm) (Fig. 3). Total immunoglobulin (Ig) E was 136 U/mL (reference range, 1-100 U/mL); the results of specific IgE testing with buckwheat, rice, oats, barley, rye, corn, common millet, soy, and wheat were negative.

Hydrolyzed proteins are added to cosmetic products for their emollient properties. After the bovine spongiform encephalopathy epidemic, animal proteins such as collagen, keratin, and elastin began to be replaced by vegetable proteins such as almond, wheat, and soy.[4]

Contact urticaria induced by cosmetics is uncommon, although reports of cases caused by the proteins contained in cosmetics are increasing in frequency. The first cases were reported in 1998 and involved hairdressers affected by contact urticaria induced by hair conditioners. The

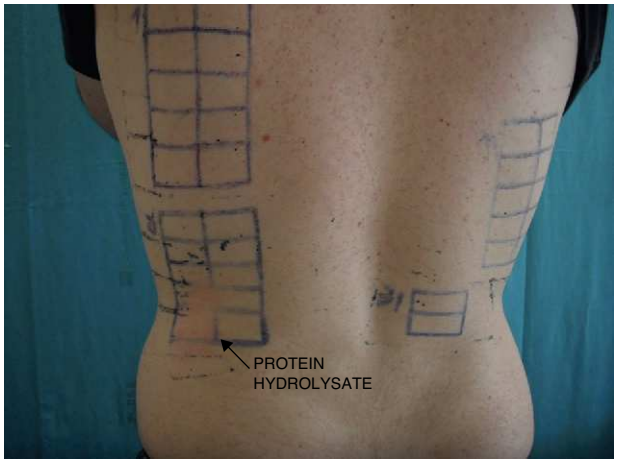

Figure 2 Reading at 96 hours showing a positive reaction to hydrolyzed wheat protein.

culprit allergen was hydrolyzed collagen protein.[6] These reports were followed by new cases involving reactions to hydrolyzed wheat protein, presenting as dermatitis[2,8–10] or contact urticaria.[1,3,5–7] The mechanism by which the same agent can cause one type of reaction or another is unknown. Contact urticaria is usually localized, although some cases involve more severe symptoms such as angioedema, generalized urticaria, bronchospasm, or even anaphylaxis.[1,6] It should be noted that most of these patients were able to tolerate wheat-derived foods, as in our case, although some

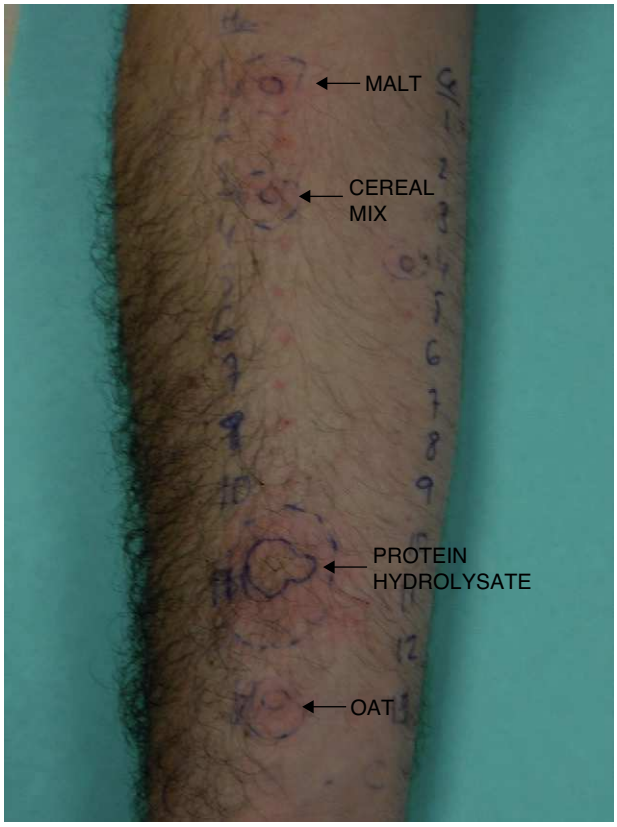

Figure 3 Result of prick test with cereals.

patients reacted to foods containing the hydrolyzed protein. The reason for this finding seems to be that hydrolysis entails the appearance of new epitopes, which are responsible for the allergic reaction.[1]

We present a new case in order to make this disease more widely known and to help direct the patient towards appropriate diagnostic tests.

We stress the importance of performing patch tests using the patient's own products, since in cases such as ours, tests using standard panels could yield false-negative results. Diagnostic testing in patients with contact urticaria should be performed with the utmost caution and in a specialized center with full resuscitation facilities. The product should be applied first in an open test; if the result is negative, a prick test should be performed before the closed patch tests. Ours is the first reported case in which both patch tests and the prick test were positive, indicating that the same agent could cause both immediate and delayed hypersensitivity, thus explaining the occurrence of eczema and contact urticaria in the same patient.

Collaboration with the allergology department is important in order to detect sensitization or cross-reactivity with other cereals and thus prevent reactions to foods.

References

1. Laurière M, Pecquet C, Bouchez-Mahiout I, Snègaroff J, Bayrou O, Raison-Peyron N, et al. Hydrolysed wheat proteins present in cosmetics can induce immediate hypersensitivities. Contact Dermatitis. 2006;54:283–9.
2. Sánchez-Pérez J, Sanz T, Carcía-Díez A. Allergic contact dermatitis from hydrolyzed wheat protein in cosmetic cream. Contact Dermatitis. 2000;42:360.
3. Olaiwan A, Pecquet C, Mathelier-Fusade P, Francès C. Contact urticaria induced by hydrolyzed wheat proteins in cosmetics. Ann Dermatol Venereol. 2010;137:281–4.
4. Pecquet C, Bayrou O, Vigan M, Raison N, Lauriere M. Hydrolysed wheat protein: a new allergen in cosmetics and food. Contact Dermatitis. 2004;50:182–3.
5. Varjonen E, Petman L, Mäkinen-Kiljuken S. Immediate contact allergy from hydrolyzed wheat in cosmetic cream. Allergy. 2000;55:294–6.
6. Niinimäki A, Niinimäki M, Mäkinen-Kiljunen Hannuksela M. Contact urticaria from protein hydrolysates in hair conditioners. Allergy. 1998;53:1078–82.
7. Pecquet C, Lauriere M, Huet S, Leynadier F. Is the application of cosmetics containing protein-derived products safe? Contact Dermatitis. 2002;46:123.
8. Livideanu C, Giordano-Labadie F, Paul C. Contact dermatitis to hydrolyzed wheat protein. Contact Dermatitis. 2007;57:283–4.
9. Hann S, Hughes M, Stone N. Allergic contact dermatitis to hydrolyzed wheat protein in a cosmetic cream. Contact Dermatitis. 2007;56:119–20.
10. Bordalo O. Allergic contact dermatitis from hydrolyzed wheat protein. Contact Dermatitis. 2004;50:183–4.
11. Hernández-Bel P, De la Cuadra J, García R, Alegre V. Dermatitis de contacto por proteínas. Revisión de 27 casos. Actas Dermosifiliogr. 2011;102:336–43.

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Lack of High-Quality Evidence On the Value of Sentinel Node Biopsy in Melanoma☆

Falta de evidencia de calidad sobre el valor de la biopsia del ganglio centinela en melanoma

To the Editor:

It was with great interest that we read the very sound and relevant opinion article published in a recent issue of *Actas Dermo-Sifiliográficas* on sentinel node biopsy (SNB) in malignant melanoma.[1] We believe that SNB may have a minor impact on overall survival, but that such an impact has yet to be demonstrated. Currently, however, there is no high-quality evidence to determine whether this is indeed the case.

The results of the only randomized clinical trial to analyze the therapeutic value of SNB in malignant melanoma, the Multicenter Selective Lymphadenectomy Trial (MSLT-I),[2] were clear: there were no differences in overall survival between the SNB group and the observation group ($P = .59$). Since the randomization of patients is what minimized the differences between the 2 groups and allowed them to be compared, the postrandomization analysis through which the authors attempt to reach the statistical significance that their study lacks introduces a classification bias that invalidates its conclusions. All patients with clinical and radiologic evidence of disease recurrence in the observation group had evident lymph node disease. This was not the case in the group with tumor-positive sentinel nodes (SNs), in which perhaps as many as 25% of patients may have been false positives. The existence of this 25% of false positives can be demonstrated through simple mathematical analysis[3]: there was a higher incidence of lymph node disease in the SNB group than in the observation group. It has been argued that there were cases of late recurrence in the observation group,[4] but this was the case in the SNB group as well (20% were false negatives). Furthermore, the fourth interim analysis of the MSLT-I indicated that the rate of late recurrence had slowed down and that it was practically impossible for

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