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Dermoscopy Can Indicate the Grade of Actinic Keratoses[☆]



La dermatoscopia sugiere el estado evolutivo de las queratosis actínicas

The introduction of dermoscopy revolutionized the paradigm for the early diagnosis of melanoma. Today, its usefulness in this setting is indisputable and has been demonstrated by several meta-analyses. In clinical practice, the dermoscope has become an indispensable tool for any dermatologist assessing a pigmented lesion. It is, moreover, a noninvasive, relatively inexpensive, and easy-to-learn technique which facilitates the assessment of epidermal and dermal structures that are not visible to the naked eye. Dermoscopy has also been shown to be useful in the diagnosis and study of other diseases (inflammatory and infectious conditions, and tumors), which in many cases are included in the differential diagnosis for melanoma.

In their article in this issue, Kelati et al.¹ report on the dermoscopic features of a large series of pigmented

actinic keratoses and correlate them with the clinical characteristics and staging of the lesions. It is important to note that some of the perifollicular features of pigmented actinic keratosis lesions (rhomboidal structures and an annular-granular pattern) are also seen in lentigo maligna. Furthermore, certain dermoscopic features (for example, the star-like appearance at the periphery of the lesion) are associated with more advanced or hypertrophic actinic keratosis, and therefore have implications for both prognosis and treatment.

One conclusion that may be drawn from this study is that dermoscopy is not only useful in the diagnosis of pigmented actinic keratoses but also for staging these lesions.

Reference

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Psoriasis Protects Against a Low Minimal Erythema Dose[☆]



La psoriasis protege frente a una dosis eritemática mínima patológica

Phototherapy is one of the main treatments for psoriasis. The most widely used modality today is narrowband UV-B radiation. In most dermatology departments, phototherapy is initiated based on the skin phototype; however, the

authors of this study calculate the minimal erythema dose (MED), which often enables therapy to be initiated at higher doses and clinical results to be obtained sooner. Another advantage of calculating the MED before phototherapy is the possibility of identifying systemic photosensitivity.¹ What is remarkable in this study is that patients treated with photosensitizing drugs did not have low MED values (according to the standardized values published by the Spanish Photobiology Group [Grupo Español de Fotobiología], which served as guidelines for the authors).² Also noteworthy is the finding that patients with psoriasis were less likely to have a low MED. Given that psoriasis is the disease in which phototherapy is most widely used, calculation of baseline MED to reduce the number of light treatments would be recommendable and beneficial for a large number of patients with this disease.

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