Editors’ Message

One of the most exciting and fascinating features in Dermatology is the various presentation of color, distribution, morphology, pattern, and clinical course of the skin lesions. In this coming issue, we have a diversity of article themes addressing issues regarding the science of melanocytes from basic research to clinical settings.

In India, light complexion is always equated with beauty, racial superiority, and power, which strongly influences marital prospects, employment, income and social status. On the other hand, no treatment of vitiligo produces predictably good results. Needling with topical 5-fluorouracil seems promising. As for congenital melanocytic nevi among infants in Turkey, the dermoscopic patterns are more often characterized by a globular pattern and dot structure. Although the evaluation of sentinel lymph node improves the prognostic accuracy in patients with clinical stage I/II melanoma, it should be reconsidered in the melanoma patient with Anthracosis [1-3].

In regarding psoriasis vulgaris, the generally considered differential diagnoses are nummular eczema, mycosis fungoides, pityriasis rubra pilaris, dermatitis herpetiformis, and Bowen’s disease. The pattern of ADAMTS15 expression in psoriasis lesions is very similar to the infiltrating pattern of T cells and dendritic cells, which implicating its potential role as an activating antigen for IL-17-producing T cells [4-6].

As we all know, HSV-1 can infect many types of cells, especially keratinocytes. It is the first time that we realize HSV-1 can also infect melanocytes and induce melanocytes apoptosis. Finally, for treatment of the lateral upper part of the cheeks with fillers, the blunt-tip cannula is considered elegant and preferable equipment [7,8].

I believe all of these articles in this issue of the Journal of Pigmentary Disorders will provide the clinical insights as well as basic knowledge about the pigment related issues.

References