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# ARCHIVES

OF

# Dermatology

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## STUDIES

### The Use of Immunohistologic Analysis in Differentiating Cutaneous T-cell Lymphoma From Psoriasis and Dermatitis 1503

Marco Verga, MD, Irwin M. Braverman, MD, New Haven, Conn

- CD1, CD2, and HLA-DR-positive cells in the epidermis are more frequent in mycosis fungoides than in psoriasis or dermatitis.

### Prognostic Clinicopathologic Factors in Cutaneous T-cell Lymphoma 1511

Rosa M. Martí, MD; Teresa Estrach MD;  
Juan C. Reverter MD; José M. Mascaró, MD, Barcelona, Spain

- The type of cutaneous lesion, the serum level of lactodehydrogenase, and the thickness of the cutaneous infiltrate of the thickest lesion are all independent predictors for survival in cutaneous T-cell lymphoma.

### Histologic Evaluation of Nail Clippings for Diagnosing Onychomycosis 1517

Sylvia M. Suarez, MD; David N. Silvers, MD; Richard K. Scher, MD;  
Hillard H. Pearlstein, MD; Robert Auerbach, MD, New York, NY

- Histologic examinations of nail plate clippings were compared with fungal culture results of the same affected nail in patients suspected of having onychomycosis. Positive periodic acid-Schiff staining and positive fungal cultures were significantly associated.

### Benign Cutaneous Polyarteritis Nodosa: Relationship to Systemic Polyarteritis Nodosa and to Hepatitis B Infection 1520

Gerald Minkowitz, MD; Bruce R. Smoller, MD;  
N. Scott McNutt, MD, New York, NY

- After review of nine cases, we conclude that reliably distinguishing between systemic classical polyarteritis nodosa and benign cutaneous polyarteritis nodosa is not feasible. These two forms of polyarteritis appear to be closely related to each other.

### HLA and Epidermolysis Bullosa: Association Between the HLA Complex and Recessive Dystrophic Epidermolysis Bullosa 1524

Smita Vaidya, PhD, Stephen K. Tyring, MD, PhD, Galveston, Tex;  
Lorraine B. Johnson, ScD, Jo-David Fine, MD, Chapel Hill, NC

- Data from 28 patients and their family members demonstrate that susceptibility to develop recessive dystrophic epidermolysis bullosa may be associated with HLA-DR4 and HLA-DQW3 genes, and HLA-BW60, DR4, DQW3, and HLA-BW62, DR4, DQW3 haplotypes.

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Kowichi Jimbow, MD, PhD, FRCPC, Edmonton, Alberta

- This phenolic thioether is moderately effective in the management of melasma.

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