**Alcohol Intake and Risk of Incident Psoriasis in US Women**

Psoriasis is a common immune-mediated skin disease. The association between alcohol consumption and increased risk of psoriasis onset and worsening has long been suspected. Alcohol may induce psoriasis via multiple mechanisms, including immunologic changes, increased infection risk, and risk of mechanical trauma. In this prospective study of female nurses, Qureshi et al demonstrate that nonlight beer intake is associated with an increased risk of developing psoriasis among women. Other alcoholic beverages did not increase the risk of psoriasis in this study, suggesting that certain nonalcoholic components of beer may play a role in new-onset psoriasis.

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**Drug Reaction With Eosinophilia and Systemic Symptoms**

Drug reaction with eosinophilia and systemic symptoms (DRESS) was first described as an exfoliative dermatitis following sulfanilamide treatment. Also called drug-induced hypersensitivity syndrome, DRESS has subsequently been observed with many other medications. In this case series and retrospective analysis, Chen et al demonstrate that the most common culprit drugs were allopurinol, phenytoin, and dapsone. Allopurinol-induced DRESS was characterized by preceding chronic renal insufficiency and frequent renal involvement. Pancytopenia indicated a poor prognosis. DRESS may be a heterogeneous syndrome, but early and prompt discontinuation of offending drug regimens is essential.

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**Pulmonary Arterial Hypertension in Patients With Slow-Flow Vascular Malformations**

Slow-flow vascular malformations are divided into venous, lymphatic, and combined malformations such as Klippel-Trenaunay syndrome (KTS), which is characterized by venous, lymphatic, and capillary malformations; skeletal hypertrophy; and increased soft tissue in 1 or more limbs. Associated coagulation disorders may produce hemorrhage and thrombosis. Significant complications of KTS include thrombophlebitis and thromboembolic events, which may cause chronic thromboembolic pulmonary hypertension (CTEPH). In this case-control study, Rodriguez-Manero et al demonstrate that pulmonary arterial hypertension in patients with extensive slow-flow vascular malformations is relatively frequent, and that levels of D-dimer correlate with pulmonary artery systolic pressure. A serious process, CTEPH leads to right ventricular insufficiency and can cause death. An echocardiogram should be performed on all patients diagnosed as having an extensive slow-flow vascular malformation.

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**Increased Programmed Death-1 Expression on CD4+ T Cells in Cutaneous T-Cell Lymphoma**

Cutaneous T-cell lymphomas (CTCLs) are a group of CD4+ lymphoproliferative disorders. Sézary syndrome (SS) is a leukemic variant characterized by a CD4+CD26− phenotype. In this study, Samimi et al demonstrate that programmed death-1 (PD-1) expression was significantly increased on CD4+ cells from patients with SS compared with those from patients with mycosis fungoides or healthy volunteers. A major function of PD-1 may be to attenuate the immune response. These data suggest that increased PD-1 expression in SS may play a role in attenuating the immune response and provide further insight into the immunosuppressive nature of CD4+ T cells in SS.

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