Topical Nitrogen Mustard in the Management of Mycosis Fungoides
Update of the Stanford Experience

Nitrogen mustard is an effective topical therapy for early mycosis fungoides (MF), the most common form of cutaneous T-cell lymphoma. In this extensive update of the long-term results in patients with MF who were treated with topical nitrogen mustard as initial therapy, Kim et al suggest that topical nitrogen mustard monotherapy should be considered primary treatment for patients with T1/T2 disease and should also be considered an effective salvage therapy for disease relapse.

See page 165

Late Recurrence of Inflammatory First-Stage Lesions in Incontinentia Pigmenti
An Unusual Phenomenon and a Fascinating Pathologic Mechanism

Incontinentia pigmenti is an X-linked genodermatosis that typically manifests as an orderly progression of lesions from the neonatal inflammatory vesicles localized along the lines of Blaschko that clear spontaneously, to be subsequently replaced by hyperpigmented macules and verrucous and keratotic lesions. In this case series, Bodak et al report on 5 cases of children who experienced episodes of late recurrences of first-stage inflammatory lesions. They offer hypotheses as to the role of infections and proinflammatory cytokines such as tumor necrosis factor α as triggers in this rare clinical situation.

See page 201

9-cis-Retinoic Acid Capsules in the Treatment of AIDS-Related Kaposi Sarcoma
Results of a Phase 2 Multicenter Clinical Trial

Retinoids have been examined as a potential new modality for treating Kaposi sarcoma (KS) related to acquired immunodeficiency syndrome, and topical 9-cis-retinoic acid gel has been shown to have moderate response rates in previous trials. In this study, Aboulafia et al demonstrate that systemic 9-cis-retinoic acid therapy may have moderate activity against KS and that it provides a durable therapeutic response. However, there are important dose-related toxic effects that may limit the usefulness of this therapy.

See page 178

A Prospective Evaluation of the Incidence of Complications Associated With Mohs Micrographic Surgery

It is a generally held belief that dermatologic outpatient surgery is relatively safe, yet there has been little published data on which to base this belief. In this outcome-based prospective analysis, Cook and Perone substantiate these beliefs with respect to Mohs micrographic surgery and reconstruction. When Mohs surgery is performed by appropriately trained physicians, the overall complication rate of 1.64% for the surgery and reconstruction was equal to or lower than the published complication rates from specialists in other surgical fields.

See page 143