Use of the ophthalmoscope in the clinical diagnosis of cutaneous pigmented lesions

To the Editor: Early detection and surgical excision of malignant melanoma can constitute a cure for this otherwise lethal condition. Morphological features are of importance in the clinical recognition of pigmented lesions. Epiluminescent microscopy has been utilized to a limited extent to visualize detailed morphological structures of pigmented lesions.

I read with great interest the article by Pehamberger, Steiner, and Wolff (J Am Acad Dermatol 1987; 17:571-83) in which they report pattern analysis of 3000 pigmented lesions with in vivo epiluminescent microscope with oil immersion. The advantages of this important method are self-evident. Most dermatologists in private offices and many major medical centers, however, do not have access to this apparatus.

I would like to share with the readers of the Journal an alternative method that can be easily used in any private office to enhance morphological features of skin lesions. Every pigmented lesion is examined with an ophthalmoscope with magnifications of +8 to +14 with oil immersion while a glass slide is applied with slight pressure on the skin. I have found this simple method to be an extremely valuable aid in observing morphological details of cutaneous pigmented lesions, especially those of dysplastic nevi. Epiluminescent microscopy, however, retains the advantage of detailed photography of skin lesions at the time of examination.

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Reply

To the Editor: We thank Dr. Soltani for his interest in our work and his constructive comments. We do appreciate his suggestion to use an ophthalmoscope as a simple valuable method to examine morphological details of cutaneous pigmented skin lesions. Indeed, this point was addressed by us in our article (J Am Acad Dermatol 1987; 17:584-91) when we proposed the development of a "...small, handy and less expensive microscope."

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Examination of the male genitalia with an ophthalmoscope: A rapid and simple approach to the detection of penile venereal warts

To the Editor: In an interesting and informative recent article, Comite and Castadot (J Am Acad Dermatol 1988;18:1274-8) described a young man with recalcitrant venereal warts that were eventually treated with carbon dioxide laser therapy under colposcopic guidance. The authors suggested that colposcopic examination "be routine in all men with condyloma acuminatum and in those whose sexual partners have tested positive for human papillomavirus." As discussed by Comite and Castadot, in addition to the high magnifying capability (a magnification of ×15 with a Leisegang 3BD colposcope) of colposcopy, the colposcopic evaluation is painless and noninvasive. The disadvantages of colposcopic evaluation of genital warts and the adjuvant soaking of the area in 5% acetic acid before examination were also reviewed.

Although colposcopy can be performed as an office procedure, it is time-consuming and may require additional training for the dermatologist to become proficient in its use. In addition, a colposcope is an expensive instrument. Nevertheless, there is a possible advantage to examining skin areas with suspected genital warts under high-power magnification, an inexpensive, rapid, simple, and convenient method would be helpful. Examination of the male genitalia with an ophthalmoscope meets these criteria and may prove to be useful as a diagnostic tool for the evaluation of penile condylomata acuminata.

Using an ophthalmoscope to examine the male genitalia is a new application of nail-fold capillary microscopy using a conventional hand-held ophthalmoscope, a previously described diagnostic technique.1,2 It is a simple technique that can be performed rapidly in the office. The procedure is convenient and inexpensive for both the patient and the physician. After a few drops of either immersion oil or mineral oil are placed on the skin of the penis shaft or glans, the skin is examined with an ophthalmoscope set at +40 (a magnification of ×10 with a Leisegang 3BD colposcope) of colposcopy, the colposcopic evaluation is painless and noninvasive. Grossly invisible, biopsy-proven penile condylomata have been noted in men whose sexual partners had histopathologic evidence of human papillomavirus infection.3 As previously mentioned, Comite and Castadot recommend that not only these individuals but all men with genital warts undergo a colposcopic examination. Examination of the male genitalia with an ophthalmoscope may provide the dermatologist with a rapid and simple alternative way to evaluate penile skin for macroscopically nonapparent condylomata acuminata.

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Psoriasis: Neutrophil chemotaxis and microbial factors

To the Editor: It was with great interest and attention that I read the commentary, "The Koebner Phenomenon and the Microbial Basis of Psoriasis" by Drs. Rosenberg and Noah (J AM ACAD DERMATOL 1988;18:151-8). The observation that psoriasis can be induced or exacerbated by bacterial or yeast infections is well documented. Furthermore, exacerbations of psoriasis can be induced by the inoculation of skin-test quantities of different bacterial antigens. I completely agree with the authors' opinion that the role of bacterial infection in the pathogenesis of psoriasis is unique and that it is not just another form of the Koebner phenomenon.

In this context I would like to draw attention to a possible mechanism through which microbial infection can induce psoriatic flares. Patients with active bacterial infection are known to have hyperactive chemotactic responses of circulating neutrophils, which appear to be an early and a sensitive event in the inflammatory cycle stimulated by infection. Furthermore, preincubation of normal leukocytes in vitro with bacterial endotoxin causes a brisk and significant increase in their chemotactic activity. Increased chemotactic activity has been implicated in the initiation and perpetuation of the psoriatic lesion. Lithium carbonate increases migration of polymorphonuclear leukocytes, and lithium carbonate (Editorial). Arch Dermatol 1979;115:1183-4.

Tornowitz T. Monocyte and neutrophil chemotaxis in psoriasis. J AM ACAD DERMATOL 1986;15:1191-9. The observation that psoriasis can be induced or exacerbated by bacterial or yeast infections is well documented. Furthermore, exacerbations of psoriasis can be induced by the inoculation of skin-test quantities of different bacterial antigens. I completely agree with the authors' opinion that the role of bacterial infection in the pathogenesis of psoriasis is unique and that it is not just another form of the Koebner phenomenon.

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Melanocytic nevus counts and melanoma

To the Editor: We found very interesting the report by Dr. Holly and associates (J AM ACAD DERMATOL 1987;17:459-68) on the relationship between melanocytic nevus counts and cutaneous melanoma. The authors' findings agree with results from other studies, in some of which less extensive nevus data were obtained by examination of the arms or by interview with the subjects themselves; in others data were from "whole-body" nevus counts by dermatologists or other trained health personnel. It is clearly important to explore the relationship further, and clarification of the relationship between the site of nevi and the site of melanoma will require data on large numbers of subjects. Also, however, given the substantial and growing evidence for an association, it appears appropriate now to consider whether and how attempts should be made to identify persons in the highest risk groups and what supervisory action or advice should be offered to them.