

LETTER TO EDITOR

Immunoglobulins in Psoriasis Skin Lesions

Ullman et al. in their recent short report (4) stated that we had demonstrated immunoglobulin at the dermal-epidermal junction in psoriasis (1). In the next sentence the authors (4) stated that C3 had also been found at this site in pustular psoriasis, thus creating the impression that the dermal-epidermal junctional fluorescence we had reported in psoriasis represented a specific band like that in lupus erythematosus (LE) (1). The purpose of this communication is to correct this impression and to stress that the fluorescence at the dermal-epidermal junction reported by us in psoriasis and in other dermatoses (1) does not represent a true specific band like the LE band.

In our original report of the LE band (1) we described a poorly demarcated band at the dermal-epidermal junction in psoriasis and other dermatoses. We pointed out that this was "quite different due to its indistinct outline from the well demarcated band seen in lupus erythematosus, and was sometimes continuous with localized areas of similar fluorescence immediately beneath it" (1). Subsequently, we felt this was merely an artifact, the "fibrillar pseudoband" (2, 3), probably associated with edema and/or dilated blood vessels in the upper dermis (3). We suggested that "the band-like effect is produced either by compression of the brightly fluorescent dermal components against the

dermal-epidermal junction or by the edema and/or dilated blood vessels merely forming a non-fluorescent space in the dermis just below the dermal-epidermal junction" (3).

The immunoglobulin that we had demonstrated at the dermal-epidermal junction in psoriasis and other dermatoses (1) therefore merely represented the "fibrillar pseudoband", an artifact, that must not be confused with the specific, well demarcated true bands seen in LE (3).

REFERENCES

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