DISCUSSION

It has been reported that mast cell numbers are increased in human alopecia areata (1), and also in mice during a period of the telogen stage to the early anagen stage of the hair cycle (4). The present study showed that the mast cells increased markedly in the bald area of mice but not significantly in human alopecia areata. The reason might be that the 6 humans had alopecia of both short and long duration. Since W/W^v mice lacking mast cells developed alopecia lesions, it seems that mast cells are not involved in the onset of alopecia, but could be involved when the lesions regrow.

REFERENCES


Macromelanosomes in X-Linked Ocular Albinism (XLOA)

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A case of X-linked ocular albinism is reported. Characteristic Masson-Fontana positive and Dopa positive giant melanin granules were found in keratinocytes, melanocytes and upper dermis. Ultrastructurally the macromelanosome was composed of a dense core and a less dense surrounding mantle. (Received July 17, 1984.)

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The classical form of X-linked ocular albinism (XLOA) reveals symptoms and manifestations mainly limited to the eyes, such as reduced visual acuity, translucent irides, congenital nystagmus, photophobia, hypopigmentation of the fundi with absent foveal reflexes, and a high incidence of strabismus. Although XLOA frequently involves skin lesions such as hypopigmented macules or patches, this condition was until recently considered to be confined to the eyes. After the documentation of giant melanosomes (macromelanosomes) within the epidermis (1), skin biopsy has become a relatively easy procedure in order to define the diagnosis of XLOA. This is of the same importance as steroid sulfatase assay for dermatologists in the definitive diagnosis of X-linked ichthyosis.

Dermatologists rarely have a chance to see patients with XLOA due to the fact that the symptoms are usually limited to the eyes. Therefore, to our knowledge, this disorder has not yet been reported in journals of dermatology. However, dermatologists will certainly become more involved with this disorder due to probable consultations from ophthalmologists. We report here briefly on a typical case of XLOA.
PATIENT AND METHOD
A 25-year-old male had squint and nystagmus since his early childhood. Visual acuity was reduced in both eyes, which had typical albinotic fundi (Fig. 1). A biopsy of his skin was examined by light and electron microscopy. HE stain, Masson-Fontana stain and Dopa reaction were performed for light microscopy.

RESULTS
Skin specimens showed Masson-Fontana stained and Dopa positive giant melanin granules up to 5 µm both in keratinocytes and melanocytes, and in the upper dermis (Fig. 2). Electron microscopy revealed that the giant melanin granules, which corresponded to those observed by light microscopy, had a variably dense core with a surrounding mantle consisting of slightly less dense material (Fig. 3).

DISCUSSION
Macromelanosomes have been demonstrated in the epidermis (1–5), retinal pigment epithelium and uveal tract (1) of patients with XLOA and their heterozygotes. It is now known that XLOA is a widespread melanosomal disorder, and detection of macromelanosomes by skin biopsy is essential for the diagnosis of XLOA. Therefore, it would be practical if dermatologists became familiar with this structural abnormality of melanosomes, even though complaints from patients with XLOA do not involve the skin.

Besides the skin and eyes of patients with XLOA, macromelanosomes occur most frequently in the café-au-lait spots of neurofibromatosis and in the pigmented macules of xeroderma pigmentosa. Although the significance of macromelanosomes in those lesions is still unclear, Jimbow et al. (6) suggested, through electron microscopic study, that macromelanosomes in the above genetic disorders were not formed solely by autophagic degradation of melanosomes as has been proposed in studies of the lentigo simplex (7), but by genetically coded aberrant melanogenesis.
Fig. 2. Giant pigment granules of various sizes (arrows) in epidermis (original magnification ×200).

Fig. 3. Large dense granules at the center and smaller, less dense granules at the periphery of macromelanosome (bar: 0.5 µm).
Retinoid Dermatitis Mimicking Progression in Mycosis Fungoides: A Report from the Scandinavian Mycosis Fungoides Group

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A dermatitis occurring during the treatment of mycosis fungoides with A vitamin analogues (13-cis-retinoic acid and etretinate) and mimicking a progression of the disease is described. It is considered to be a skin reaction due to the treatment. Its benign nature is revealed by histology showing a lymphocytic infiltrate without any atypical sign. Key words: Mycosis fungoides; Retinoid; Retinoid dermatitis. (Received July 24, 1984.)

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The therapeutic value of retinoids in mycosis fungoides is at present in a process of being established, in particular regarding 13-cis-retinoic acid, Roaccutan® (1, 2, 3), but also etretinate, Tigason® (4, 5). When using these A vitamin analogues side effects such as skin erythema, dryness and scaling are well-known. During the treatment of a series of mycosis fungoides patients we have encountered a skin reaction, which might be misinterpreted as a progression of the disease and thus result in erroneous withdrawal of treatment.

CASES

Eight cases with histologically verified mycosis fungoides plaque stage (age 46 to 85 years of age, four females and four males) are presented. Seven were treated with 13-cis-retinoic acid (Roaccutan®) 1 to 2 mg per kg body weight, and one with etretinate (Tigason®) 1 mg per kg body weight. After 4 to 8