

In This Issue

A polarized view on comedogenesis

Acne involves primarily the pilosebaceous unit and usually begins with an accumulation of lipids and proteinaceous material in the follicular duct, a process known as comedogenesis. While there is general consensus that comedogenesis is precipitated by a combination of increased sebum secretion post-puberty and an abnormal retention of corneocytes in the follicular infundibulum (a presumed genetically determined trait), exactly how this process later converts into inflammatory acne is still not known. On p. 418 of this issue, Gonzalez-Serva and Kroumpouzou revitalizes an old theory based on their observation of polarizable crystals in 90% of comedonal extract from acne-prone individuals. These crystals (seboliths) are presumably composed of cholesterol esters or squalene and are located throughout the follicular canal often in association with *P. acnes*, suggesting that either seboliths attract lipophilic bacteria or *P. acnes* enhances the crystallization of sebum. The authors propose that seboliths in closed comedones may render the follicular lining susceptible to frictional trauma and rupture of the epithelium leading to perifollicular irritation and hence inflammatory acne. This hypothesis not only highlights the role of seboliths in comedogenesis, but may also lead to new therapeutic inventions. For example, finding a non-toxic chemical that penetrates the comedones and interferes with the crystallization process might lead to a new topical therapy for comedoacne.

Compliance is pivotal in dermatotherapy

It is well-known that in general medicine the patient adherence to drug prescriptions is often below 50% and that a poor compliance frequently explains treatment failure and adverse drug effects. However, surprisingly little is known about compliance in clinical dermatology especially when one considers our complicated treatment regimens, such as time-consuming applications of greasy ointments to large body areas. On p. 445 Kjellgren et al address this issue by interviewing focus groups consisting of patients with chronic dermatologic diseases and providers of pharmacologic treatment, including doctors, nurses and pharmacists. Their study emphasizes two domains: (i) adherence to treatment, and (ii) perception of communication about drug information. Clearly, health providers often grossly underestimate the level of adherence, because the patient when asked about these matters tends to generate answers that are biased to social desirability. The suggested way to increase adherence is to promote a shared decision-making process, i.e. to invite the patient to active participation in the choice of treatment to discuss unspoken fears of side effects. Furthermore it is

essential that the patient is provided with combined oral and written information, especially when prescribing a topical treatment. Kjellgren et al. did not aim at investigating the compliance among patients with more acute diseases, but this is probably worth a study of its own. Needless-to-say, if health care providers could improve their performance in explaining treatments, the number of patients suffering from suboptimal therapy and the cost of wasted drugs would diminish.

Anders Vahlquist
Editor-in-Chief

News from the Editorial Office

Due to an increasing number of good manuscripts submitted to *Acta Dermato-Venereologica*, we have decided to increase the size of our journal with 64 pages/volume from 2005. This will necessitate a small increase in the subscription fee.

From now on all accepted papers will be announced earlier on the net as a preview. As soon as a paper is accepted and the proof approved by the authors and corrected by the printer, it will be published on the net with a specific DOI number (digital object identifier). This version will then be searchable, readable and citable via this DOI number until it is finally published in a specific issue. The link to the Preview articles is found on <http://www.tandf.co.uk/journals/titles/00015555.asp>.

In our strive to improve the quality of reporting clinical trials we have recently adapted to the *CONSORT statement* (www.consort-statement.org). The CONSORT statement is a research tool that takes an evidence-based approach to improve the quality of reports of randomized trials. CONSORT comprises a checklist and flow diagram to help improve the quality of reports of randomized controlled trials. It offers a standard way for researchers to report trials. The checklist includes items, based on evidence, that need to be addressed in the report. The flow diagram provides readers with a clear picture of the progress of all participants in the trial, from the time they are randomized until the end of their involvement. The intent is to make the experimental process more clear, flawed or not, so that users of the data can more appropriately evaluate its validity for their purposes.

We hope you will find all these improvements of *Acta Dermato-Venereologica* of value.

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