

## BOOK REVIEWS

*Epidermal Cells. Methods and Protocols. Methods in Molecular Biology*, Vol 289, edited by Turksen K. ISBN: 1-58829-267-3. Price \$135.00, hardcover; \$85.00, paperback. Humana Press, Totowa, NJ, USA, 2005.

The demand for well structured and reliable methods and protocols for keratinocyte biology is steadily increasing and this book, edited by Kursad Turksen, will definitely fulfil many researchers' needs. Several well-recognized researchers in the fields of keratinocyte biology and molecular biology provide the reader with concise and useful protocols and methods. The book is divided into five parts covering: i) keratinocyte biology and organ cultures, ii) epidermal stem cells, iii) analysis of epidermal differentiation, iv) methods and approaches for the analysis for epidermal function, and v) transplantation and gene therapy. Each chapter in the different parts consists of a short introduction followed by detailed description of a related method or protocol. The chapters are easy to read and the descriptions are easy to follow. Also, each chapter contains detailed information regarding materials and chemicals used, which increases the probability of reproducing each protocol with success.

For anyone who is planning or is already practically involved in experimental dermatological research, this impressive book is a must in the laboratory.

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*An Illustrated Guide to Skin Lymphoma*, by L. Cerroni, K. Gatter and H. Kerl. 192 pages, 307 figs. Price £85.00.

This book describes in 20 chapters cutaneous lymphomas of all types – including pseudolymphomas. It is a good book, well structured with small 'summary boxes'. Each chapter can be read individually, which makes it a very handy book for a quick summary or introduction to an interesting aspect of dermatology. It illustrates this complex area of dermatology, which was actually first classified 100 years ago in 1905 by Brocq, who in a still interesting article tried to group diseases, which we now put under the heading 'cutaneous lymphoma'.

Cutaneous lymphomas are rare and for the dermatologist in private practice, the book will only be helpful if you have a specific interest in the topic. But – for all dermatological departments and for doctors in training in dermatology – it is a very good, instructive and helpful book. The illustrations are magnificent – almost like an art-book – with the many clinical and histological pictures. However, knowing Professor Helmut Kerl, you know

that he would never publish illustrations that were less than 'impeccable'.

Any disappointments? Well, a very relevant question is: What investigations are needed, when you have a patient with cutaneous lymphoma? I do not believe that CT scans and bone marrow biopsies are necessary in all patients – only if you have extensive disease and certain subtypes of lymphoma. CT scans expose the patients to a lot of X-ray irradiation and abdominal ultrasound should be enough. Also, why do the authors require 'surgical specimens' for histological examinations? Isn't this the 'old fight' between the dermatologist and the pathologist – the latter wanting as much skin as possible, the first (and the patient) being happy with a 4-mm punch biopsy? Also, the 'histopathology of mycosis fungoides' (pp. 15–16): 'Epidermotropism of solitary lymphocytes is usually found, but Darier's nests (Pautrier's microabscesses) are rare. Useful diagnostic clues are the presence of epidermotropic lymphocytes with nuclei slightly larger than those of lymphocytes within the upper dermis and/or the presence of lymphocytes aligned along the basal layer of the epidermis'. At the University of Aarhus Dr Helmer Søgård only diagnosed mycosis fungoides if he saw a Pautrier's microabscess. 'Epidermotropic lymphocytes with nuclei slightly larger than those of ...' is not a specific and easy tool. Very often patients have used topical steroids and before taking biopsies you have to tell the patient not to use any treatment for a couple of weeks. It is my general feeling that over the three decades in which I have participated in diagnosing and treating patients with mycosis fungoides, the dermatopathological diagnosis has – unfortunately – slipped somewhat. 'Parapsoriasis' was a useful diagnostic option, avoiding the term 'lymphoma' and much more acceptable for the patients. Finally, I have a special interest in the 'pre-Sezary syndrome patients' – now called 'erythrodermic mycosis fungoides – or CTCL' (p. 26). Only 15 lines (!) – and absolutely no references to several important articles – including our own study on 36 patients published in the *Journal of the American Academy of Dermatology* in 1988 – and the Dutch and Spanish studies published recently. That's a pity. And – the treatment of choice for lymphomatoid papulosis is methotrexate 15 mg per week. Not UV light therapy, etc.

But – it doesn't change my conclusion on this book: very readable, fantastic illustrations – both clinically and histologically – and also stressing the many unknown features around a clinically rare, but important dermatological disorder. Its structure and its short chapters on the different disease entities make it a very useful book.

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