The weight-bearing areas are most commonly infected by the organisms (1). In 1931 Acton & McGuire (5) showed five clinical forms of PK among bare-footed people in Bengal, including pitted, keratolytic, fissured, paronychial and cracked types. Besides these major types, they referred to another type of lesion, in which the non-weight-bearing areas, the arch and the instep, were involved. There has been no other report concerning these forms of the disease. The instep lesion of Case 2 had a characteristic clinical appearance, consisting of "ringed keratolysis" with a delicate collarette of scale at the periphery (6, 7).

It is still unknown why PK lesions develop on weight-bearing areas of the foot much more frequently than on non-weight-bearing areas. It may be suggested that the non-weight-bearing areas are likely to be infected with the organisms following infection of the weight-bearing areas.

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Somatostatin and Psoriasis

Sir,

It was with great interest that I read the recent article on somatostatin-immunoreactivity in dendritic cells of psoriatic skin by Talme et al. (1), who observed an increased number of such cells in psoriatic lesions and a colocalization with HLA-DR. In addition, they found some epidermal cells positive for both HLA-DR and somatostatin. These cells seemed to be localized in the basal and parabasal cell layers. This is particularly interesting since we observed an increased number of epidermal Merkel cells in psoriatic lesions vs. normal skin per cm^2 of skin surface (2, 3). We also observed that immunostaining with antibodies against a broader range of neuropeptides disclosed that the Merkel cells in psoriatic skin expressed or co-expressed immunoreactivity for neuropeptides in a higher percentage than in normal human skin (2) (Table I). The findings support an "activation" of epidermal Merkel cells in psoriasis.

Table I. *Expression of neuropeptides by epidermal Merkel cells*

	Percentage of Merkel cells positive in	
Neuropeptide	Psoriatic skin	Normal skin
Somatostatin	7.0	0.0
Synaptophysin	21.7	0.0
Pancreatic polypeptide	14.8	0.0
Chromogranin A	<3.0	<3.0

Since keratinocytes do not show receptors for somatostatin (3), they are unlikely to be the target for somatostatin released by epidermal Merkel cells and HLA-DR-positive dendritic cells. Somatostatin receptors can be found on T-lymphocytes and monocytes. An increase of somatostatin-like immunoreactivity in the lesional epidermis of human skin, however, may suggest a hitherto unexpected role of Merkel cells in T-cell regulation.

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