LITERATURE REVIEW

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ALLERGY AND IMMUNOLOGY

Atopic Dermatitis

1. Berth-Jones J, Damstra RJ, Golsch S, et al. Twice weekly fluticasone proprionate added to emollient maintenance treatment to reduce risk of relapse in atopic dermatitis: randomised, double blind, parallel group study. *BMJ* 2003;326:1367.
This was a large-scale, 20-week trial performed at six international centers, looking at the benefit in adults of twice weekly fluticasone proprionate (Cutivate). Two hundred ninety-five patients were enrolled in this maintenance phase trial. Patients on emollients alone were more than twice as likely to relapse and slightly less than half as likely to be clear. Cream was superior to ointment, with cream patients 5.8 and ointment patients 1.9 times less likely to flare than those on emollients alone.

2. Urbina F, Barrios M, Cristobal MC. Eczema coxsackium. *Rev Chil Dermatol* 2003;19:138–140.
Kaposi varicelliform eruption in a girl with atopic dermatitis who had previously had a typical eruption of hand-foot-and-mouth disease (eczema coxsackium) is reported. The lesions developed in the diaper area, superimposed on a preexisting dermatitis affecting that zone.

Other

1. Al-Mayouf SM, Al-Hemidan A. Ocular manifestations of systemic lupus erythematosus in children. Saudi Med J 2003;24:964–966.
The goal of the study was to determine the prevalence and spectrum of ocular manifestations in children with systemic lupus erythematosus (SLE). Fifty-two children (45 girls) with SLE completed the evaluation. The mean age of the patients was 11.3 years and the mean Systemic Lupus Erythematosus Disease Activity Index (SLEDAI) was 9.5. Thirty patients (57.7%) had the disease for more than 1 year. Eighteen patients (34.6%) had ocular manifestations. Seven patients had abnormal Schirmer test (two bilateral, five unilateral). Five patients had retinal vascular lesions (four unilateral, one bilateral). One patient had bilateral iridocyclitis. Three patients had unilateral optic neuropathy and 11 patients had visual field defects (4 bilateral, 7 unilateral). Fisher exact test revealed positive correlation between optic neuropathy and central nervous system (CNS) involvement. There was no correlation among other variables, probably due to the sample size. The conclusion of the study was that ocular manifestations, including sight threatening complications, are not rare in children with SLE. Optic neuropathy has a strong prediction for CNS lupus.

2. García-F-Villalta MJ, Torrelo A, Mediero IG, et al. Neonatal lupus erythematosus in twin sisters. *Actas Dermosifiliogr* 2003;94:313–315.
The authors present biamniotic, dichorial, clinically concordant twin sisters with neonatal lupus erythematosus (NLE) associated with anti-Ro antibodies. Both girls had similar cutaneous eruptions, mild anemia, and elevated liver enzymes that resolved with disappearance of anti-Ro antibodies in the first year of life. The mother was anti-Ro and anti-La positive, although she was asymptomatic. There are few cases of NLE described in twins, and these may present clinical concordance or, more frequently, discordance with each other, even with an identical human leukocyte antigen (HLA) haplotype. This fact reflects the complexity of this entity, in which immunologic, genetic, and other as yet unknown factors may be involved.

3. Schmugge M, Revel-Vilk S, Hiraki L, et al. Thrombocytopenia and thromboembolism in pediatric systemic lupus erythematosus. *J Pediatr* 2003;143:666–669.
One hundred six children with SLE were studied retrospectively. Thrombocytopenia was found in 50%, and moderate to severe thrombocytopenia in 34%. Thrombotic events were more common in children with thrombocytopenia and lupus anticoagulant, but not those with thrombocytopenia and anticardiolipin antibodies. This study did not confirm the association of thrombocytopenia and a poorer outcome, including the development of renal failure or the need for immunosuppressive therapy, as reported in adults.

4. Vera E, Bergón M, Lopéz de Ayala E, et al. Allergic contact dermatitis from pseudotattooing in children. Two case reports. *Med Cut Iber Lat Am* 2003;31:179–181.
The authors report two cases of allergic contact dermatitis from henna tattoos due to purified protein derivative (PPD) sensitization. The reaction appeared 15 days after the tattoos were applied. Patch tests were positive to PPD and azo dyes in both children. One of them developed marked hypopigmentation reproducing Mickey Mouse's face.

INFECTIONS

Bacterial

1. Eggink BH, Richardson CJ, Rowen JL. *Gardnerella vaginalis* infected scalp hematoma associated with electrical fetal monitoring. *Pediatr Infect Dis J* 2004;23:276–277.
A newborn with infected scalp cephalohematoma is presented. Neonatal monitoring was felt to have led to the entry of the infective organism, *Gardnerella vaginalis*. A total of 90 cc of bloody fluid was eventually drained from the hematoma, and he was successfully treated with clindamycin. This occurrence has been reported just three times previously.

2. Lee MC, Rios AM, Aten MF, et al. Management and outcome of children with skin and soft tissue abscesses caused by community-acquired methicillin-resistant *Staphylococcus aureus*. *Pediatr Infect Dis J* 2004;23:123–127.
This is a retrospective review from Dallas, Texas, of a cohort of 69 children with culture-proved, community-acquired, methicillin-resistant *Staphylococcus aureus* (MRSA) skin and soft tissue abscesses. A significant predictor of hospitalization was having a lesion larger than 5 cm in size. The choice of antibiotic, even if ineffective against MRSA, was not predictive of hospitalization. Virtually all the children had their abscesses drained, and there was no difference in outcome based on whether they received an antibiotic effective against MRSA or not.

3. Rosenman MB, Mahon BE, Downs SM, et al. Oral prophylaxis vs. watchful waiting in caring for newborns exposed to *Chlamydia trachomatis*. *Arch Pediatr Adolesc Med* 2003;57:565–571.
The authors analyze the risk of pyloric stenosis from erythromycin versus the benefit of *Chlamydia trachomatis* prophylaxis and support the inexpensive, but effective use of erythromycin for prevention of pneumonitis.

Viral

1. Larralde M, Bialoschevsky A, Angles M. Molluscum contagiosum review. *Act Terap Dermatol (Argentina)* 2003;26:218–224.
Molluscum contagiosum, an infection caused by a DNA poxvirus, produces single or multiple, skin-colored, papular, umbilicated eruptions. Transmission requires direct contact or autoinoculation. Sexual transmission is also observed in adults. In children, the cutaneous lesions are located on the extremities, axillae, and popliteal fossae. In patients with dysregulation of the immune response, such as in atopic dermatitis or human immunodeficiency virus (HIV), it is usually difficult to treat. However, even though molluscum contagiosum does not develop latency, it is able to evade the immune response through various mechanisms such as the formation of a collagen/lipid membrane in the upper layers of the epidermis and production of diverse chemokines and chemokine binding proteins. In spite of its being a benign infection that will undergo spontaneous involution, extirpation of the lesions through curettage is the best method to avoid dissemination and prevent complications.

2. Wang CY, Lu FL, Wu MH, et al. Fatal coxsackievirus A16 infection. *Pediatr Infect Dis* 2004;23:275.
A 15-month-old boy from Taiwan developed loss of consciousness and seizures after a typical bout of hand-foot-and-mouth disease. Throat and rectal viral cultures confirmed coxsackievirus A16. He eventually died from suspected myocarditis. This common, usually benign condition of childhood can have a terrible outcome.

Parasitic

1. Castro-Grüber S, Zerpa-Rangel O, Rondon Lugo A. Leishmaniasis in childhood. *Med Cut Iber Lat Am* 2003;31:351–356.
Localized, chronic cutaneous, diffuse cutaneous, mucocutaneous, and angiolupoid forms of leishmaniasis are revisited. Diagnosis of cutaneous leishmaniasis is usually made by demonstration of the parasite in skin biopsy specimens or scrapings, although serologic studies may be useful. Indirect immunofluorescence is a sensitive technique and is useful to follow response to therapy, as titers become negative after treatment. False-positive results may occur. The treatment of choice is intravenous or intramuscular antimonials. The authors do not mention intralesional administration. Alternative therapies include amphotericin B and pentamidine. A new oral drug, miltefosine, is under phase III clinical trials and seems to be effective and well tolerated.

Syndromes and Hereditary Disorders

1. Bordel MT, Torrelo A, de Prada I, et al. Juvenile hyaline fibromatosis. *Actas Dermosifiliogr* 2004;95:54–57.
This is a case report of this rare autosomal recessive disorder that has been recently linked to mutations in the gene encoding capillary morphogenesis protein 2. A 15-month-old girl with severe flexion joint contractures since birth developed multiple violaceous, firm nodules on the perioral area and sacral region. There were also small pearly pink papules perinasally and on the nape of the neck. There was marked gingival hypertrophy, also characteristic of this syndrome.

2. Della Giovanna P, Favier M, Gracia MA, et al. Methylmalonic acidaemia with acrodermatitis enteropathic-like presentation. *Dermatol Pediatr Lat* 2003;1:46–48.
The authors report a 20-month-old girl who was admitted for evaluation of fever and vomiting. Associated findings included failure to thrive and skin and mucosal pallor. Her medical history revealed recurrent infections and a previous diagnosis of methylmalonic acidemia. The skin examination showed localized dermatitis around the mouth, neck, ear, arms, armpit, proximal legs, and intergluteal area. The lesions had variable morphology, from areas that were erythematous and erosive to others that were annular, hyperkeratotic, and crusted. Other findings included fissured cheilitis as well as short and brittle, thin hair. She also complained of intense generalized pruritus. After 10 days of hospitalization, and despite all the therapeutic measures, the child died in the pediatric intensive care unit.

3. Gershoni-Baruch R, Broza Y, Brik R. Prevalence and significance of mutations in the familial Mediterranean fever gene in Henoch-Schönlein purpura. *J Pediatr* 2003;143:658–661.
Henoch-Schönlein purpura (HSP) occurs in about 5% of those with familial Mediterranean fever. Fifty-two pediatric patients from Israel with a past history of HSP were identified and blood collected for genetic analysis. Fourteen patients carried the familial Mediterranean fever gene (MEFV) and five of these were homozygous for the abnormality. This is significantly higher than the figure for the local population. Since pyrin, the protein encoded by the MEFV gene, may be involved with neutrophil activation and migration, mutations may result in uncontrolled neutrophil activity and vasculitis.

4. Larralde M, Santos A, Kien C. Michelin baby: a case report. *Dermatol Pediatr Lat* 2003;1:42–45.
Michelin baby is an uncommon syndrome characterized by generalized folds of redundant skin. These features can be present alone or with other phenotypic alterations. An 8-month-old girl with increased skin folds, predominantly on the trunk and extremities, is described. The patient also had low weight and mild growth retardation. Laboratory alterations included increased numbers of platelets and increased levels of somatostatin, as well as diminished levels of somatomedin. Her karyotype was normal and other studies showed no significant abnormalities. The histopathologic findings included a normal epidermis, thinning of the reticular dermis, and abundant mature adipose tissue around follicles and eccrine sweat glands. Those features are considered characteristic of nevus lipomatosus. At 2 years of age, the patient has diminished skin folds, weight gain, and maturation appropriate for her age.

5. Pascual JC, Betlloc I, Vergara G, et al. EEC syndrome. *Actas Dermosifiliogr* 2003;94:255–257.
These authors report a girl with cleft palate and lip, 2/3 syndactyly, and 4/5 brachydactyly of her feet. Her fingers were small with onychodysplasia and her teeth were hypoplastic. She had a broad nasal tip and sparse, thin scalp hair which was brown in color. There were no lacrimal duct abnormalities. Mental development was normal. In a following letter (*Actas Dermosifiliogr* 2004;95:64), Happle discusses the possibility of oro-facial-digital syndrome (OFD) as an alternative diagnosis, because of the absence of ectrodactyly and lack of light-colored hair. However, some characteristic features of OFD, such as lobulated tongue with hamartomas and aberrant hyperplastic oral frenula, were not present.

6. Peramiquel L, Baselga L, Krauel J, et al. Systematized bilateral lichen striatus. *Actas Dermosifiliogr* 2004;95:126–128.
The authors report a 7-month-old infant who developed bilateral and extensive lichen striatus that raised other diagnostic possibilities such as incontinentia pigmenti and epidermal nevus. Histopathologic examination of a skin biopsy specimen was consistent with lichen striatus, and the lesions resolved after a few months, with transitory hypopigmentation.

7. Pérez-Pastor G, Larrea M, Lloret A, et al. Cutaneous manifestations of Hunter syndrome. *Actas Dermosifiliogr* 2004;95:129–132.
A 7-year-old boy with Hunter syndrome who developed the characteristic ivory-colored papules of this syndrome over the external aspect of the arms and legs is reported.

8. van Steensel MA, Jonkman MF, van Geel M. Clouston syndrome can mimic pachyonychia congenita. *J Invest Dermatol* 2003;121:1035–1038.
Hidrotic ectodermal dysplasia (Clouston syndrome) is an autosomal dominant, ectodermal dysplasia characterized by generalized hypotrichosis, dystrophic nails, and palmoplantar hyperkeratosis. Clinically it is not possible to distinguish the Clouston syndrome nail dystrophy from that associated with pachyonychia congenital (PC). This article presents three families with nail abnormalities that had been previously diagnosed as variant types of PC. The first presented with thickening

of the nails and universal hypotrichosis. The second showed only nail changes. The third family phenotype consisted of nail deformities, mild focal keratoderma, and scarcity of eyebrows and eyelashes. However, mutation analysis did not show any evidence of mutation in differentiation-specific keratins, which has been shown to be associated with PC. DNA analysis revealed a connexin 30 gene mutation, which is specific for Clouston syndrome. Therefore these patients were considered as a phenotypic variant of Clouston syndrome. As mutation screening for connexin 30 is straightforward and inexpensive, the authors suggest that it should be considered as part of the mutation screening protocol for patients with PC with or without hair abnormalities.

9. Vormoor J, Ehlert K, Groll AH, et al. Successful hematopoietic stem cell transplantation in Farber disease. *J Pediatr* 2004;144:132–134.
Farber disease is a lysosomal storage disorder caused by deficiency of acidic ceramidase. Formation of subcutaneous and periarticular nodules and painful swellings are characteristics. Usually patients die of progressive neurologic deterioration. Two patients are described who had very successful outcomes with bone marrow transplantation. One of them is 2.5-years posttransplant.

Tumors

1. Cordisco M, Larralde M, Castro C, et al. Glomangiomas: description of 9 cases. *Dermatol Pediatr Lat* 2003;1:14–17.
Glomangiomas, or glomic venous malformations, are benign vascular cutaneous lesions characterized by the presence of modified smooth muscle cells (glomic cells) with tortuous venous channels. They present clinically as multiple nodular lesions or as a bluish or purple-red plaque. They should be differentiated from other vascular malformations. They are present at birth or appear during the first years of life. There are three clinical variants: single, multiple nodular, and multifocal or plaque type. Some of the multiple nodular type have a pattern of autosomal dominant inheritance. The gene responsible has been located in the chromosome 1p21–22. In the plaque type, the existence of genetic mosaicism has been postulated. The authors described nine patients with glomangiomas and classified them according their clinical characteristics and family history. They also described the differential diagnosis of this entity.

2. Donadieu J, Rolon MA, Thomas C, et al. Endocrine involvement in pediatric onset Langerhans' cell histiocytosis: a population-based study. *J Pediatr* 2004;144:344–350.
A retrospective, multicenter study of a cohort of 589 patients with pediatric-onset Langerhans cell histiocytosis was carried out. One hundred forty-eight had endocrine dysfunction, with most having pituitary dysfunction and diabetes insipidus. The median age at diagnosis of the various endocrinologic abnormalities was as follows: 3.9 years for diabetes insipidus, 7.7 years for growth hormone deficiency, 9.7 years for hypothyroidism, 11.7 years for corticotropin deficiency, and 16 years for gonadotropin deficiency. Involvement of the skull and facial bones was significantly associated with the risk of pituitary involvement. Neurodegenerative Langerhans cell histiocytosis was far more common in patients with pituitary involvement (14 of 145) than those without pituitary involvement (1 of 444) and usually occurred after the onset of pituitary involvement. This may represent a common biologic cause or perhaps a side effect of intensive treatment with vinblastine and radiotherapy.

3. Fernández-Canedo MI, Fernández-López E, Blázquez N, et al. Inguinal giant cell fibroblastoma. *Actas Dermosifiliogr* 2003;94:559–562.
The authors report a 6-year-old boy who developed a local recurrence after excision of a giant cell fibroblastoma at 1 year of age. Two months after complete excision there was a second recurrence mimicking a keloid, which was again excised. At 2-years follow-up, the patient has no evidence of relapse. Giant cell fibroblastoma is a rare CD34-positive mesenchymal neoplasm of unknown origin, occurring mostly in the first two decades of life. Although it often pursues a locally recurrent course, there has been no confirmation of metastatic capability. The authors consider this tumor a benign variety of dermatofibrosarcoma protuberans based on clinical appearance, CD34 positivity, and similar molecular defect.

4. Pierini AM. Giant melanocytic nevi: 176 cases. *Med Infant* 2003;10:30–37.
Melanocytic nevi originate from neural crest cells and can be present from birth (1% of newborns) or appear later in childhood. Congenital melanocytic nevi are classified according to size as small, medium, or giant. This work uses the criteria for giant congenital melanocytic nevus (GCMN) that considers as diagnostic a diameter greater than 20 cm, or larger than the child's palm if located on the head and neck, or covering more 5% of the total body surface if located on the trunk and limbs, or if there are multiple 5–10 cm nevi all over the body. One hundred seventy-six patients were studied over 27 years. All patients had skin biopsy, and if deemed necessary radiograph, computed tomography (CT), magnetic resonance imaging (MRI), electroencephalogram (EEG), and cerebrospinal fluid (CSF) studies. The author suggests that malignant transformation of GCMN has been overestimated. Currently, accepted criteria suggest surgical excision of the entire nevus, or at least as much of it as possible, at the age that represents a minimal risk for the patient's health.

DRUGS AND THERAPY

Drugs

1. Alsaedi S. Once daily gentamicin dosing in full term neonates. *Saudi Med J* 2003;24:978–981.
The study was conducted to compare once-daily gentamicin dosing regimen to the twice-daily dosing regimen for neonates with a birthweight of more than 2500 g during the first 7 days of life. Fifty full-term infants admitted to the neonatal intensive care unit who received gentamicin at a dose of 2.5 mg/kg every 12 hours (control group) were compared with 50 full-term infants who received gentamicin at a dose of 4 mg/kg every 24 hours (protocol group). Trough and peak serum gentamicin levels were measured on all infants. The author concluded that a gentamicin dose of 4 mg/kg given at 24-hour intervals achieved significantly higher peak and safe trough serum concentrations in term infants compared to the twice-daily regimen of 2.5 mg/kg. The author suggested that measurement of gentamicin concentration may not be required when a once-daily regimen is prescribed for 72 hours to term infants with suspected sepsis.

2. Cervini AB, Tau C, Pierini A. Calcipotriol ointment treatment for patients with psoriasis (2–14-year-old). *Med Infant* 2003;10:12–16.
The vitamin D analog calcipotriol offers advantages over other forms of topical therapy in some adult patients with psoriasis. Objectives of this study were to assess the efficacy and safety of calcipotriol in children and to determine the effect on systemic calcium homeostasis. Fourteen children (seven girls; mean age 9 years) with psoriasis involving less than 30% of the body surface were included and treated with calcipotriol twice a day. Response to treatment was assessed according to the psoriasis area and severity index (PASI), global efficacy score, and tolerability of the drug. Serum calcium and phosphate, parathyroid hormone, and 25-hydroxyvitamin D were measured before and after 4 weeks of treatment. At the end of the study, patients showed significant improvement (71%) in PASI scores compared with baseline levels. No serious side effects were reported. The authors suggest that calcipotriol ointment is effective and safe in the treatment of patients with psoriasis, and it is a good alternative therapy.

3. Kuter B, Matthews H, Shinefield H, et al. Ten-year follow up with healthy children who received one or two injections of varicella vaccine. *Pediatr Infect Dis J* 2004;23:132–137.
This 10-year prospective study followed more than 2000 children randomly assigned to receive one or two injections of varicella vaccine.

Both regimens were highly effective, with estimated vaccine efficacy for the 10-year observation period being 94.4% for one injection and 98.3% for two injections. Measurable serum antibody persisted for 9 years in all subjects.

4. Victoria J. Ivermectin in the pediatric population. *Dermatol Pediatr Lat* 2003;1:61–65.
Ivermectin has been used in humans for more than 20 years. It is considered a good option and even a first-line drug for children. It is indicated for many cutaneous infestations seen in Latin America. The oral form (dose 200 μg/kg) and the topical lotion (dose 400 μg/kg) are effective, safe, inexpensive, easy to use, and have minimal side effects. It is indicated for endoparasitoses such as ascaridiasis, strongyloidiasis, trichuriasis, and enterobiasis, as well as in the treatment of ectoparasitosis such as pediculosis (capitis, corporis, and pubis), scabies (including the erythrodermic form), myiasis, cutaneous larva migrans, demodicidosis, tungiasis, toxocariasis, gnathostomiasis, and cysticercosis. There is a need for prospective, controlled clinical trials to confirm its efficacy.

Therapy

1. Boixeda P, Pérez-Rodríguez A, Fernández-Lorente M, et al. Update on dermatologic laser. *Actas Dermosifiliogr* 2003;94:199–231.
This is an excellent review of cutaneous lasers.

Adverse Events

1. Ingelmo J, Torrelo A, Zambrano A. Embolia cutis medicamentosa in an infant caused by DTP immunization. *Actas Dermosifiliogr* 2004;95:133–134.
The authors describe a 2-month-old infant who developed a local purpuric, livedoid plaque that evolved into skin necrosis following diphtheria, tetanus, and pertussis (DTP) vaccination. This is an example of embolia cutis medicamentosa, or Nicolau syndrome, which has been reported after intramuscular administration of different drugs. This is the second reported case occurring after vaccination. It has been postulated that skin necrosis is secondary to vascular occlusion due to either vasospasm, intra-arterial administration of the drug with embolism, or arterial occlusion by an intense inflammatory infiltrate.

2. Martínez M, Manchado P, Rodríguez-Prieto MA. Persistent subcutaneous nodules from aluminum. *Actas Dermosifiliogr* 2004;95:51–53.
The authors present a 17-year-old girl who had two painful nodules over the injection sites of desensitizing vaccines as a manifestation of delayed hypersensitivity to aluminum. A skin biopsy specimen demonstrated a granulomatous reaction and no aluminum could be detected after special staining. Atomic absorption spectrophotometry, however, detected high levels of aluminum in affected skin. Patch test with 2% aluminum chloride was positive. Delayed hypersensitivity reactions to aluminum have been described after DTP and hepatitis B vaccination, although it is more common with desensitizing vaccines.

3. Ruiz-Contreras J, Rodriguez R, Gomez de Quero P, et al. Severe hypokalemia and rhabdomyolysis associated with itraconazole therapy. *Pediatr Infect Dis J* 2003;22:1024–1025.
Hypokalemia occurs in 6% of patients receiving prolonged therapy with itraconazole. Rhabdomyolysis is a complication of severe hypokalemia. This case report describes a 19-year-old boy with chronic granulomatous disease who was treated with itraconazole for an abscess caused by *Aspergillus fumigatus*. Twenty-seven days into treatment his potassium level was noted to be 1.7 mmol/L and muscle enzymes levels were massively increased. He eventually recovered with supportive care and cessation of the itraconazole therapy.

MISCELLANEOUS

Other

1. Ballona R, Chacon O, Zaldivar E, et al. Cutaneous manifestations of child abuse. Child Health Institute (ISN) 1995–2002. *Dermatol Pediatr Lat* 2003;1:24–29.
Although battered child syndrome is a big problem that exceeds the scope of pediatrics, pediatricians do have a major role in the diagnosis, treatment, and prevention of this condition. In our society, the battered child has still attracted limited attention. The cutaneous manifestations, as an expression of the physical abuse, are just the visible part of this problem. The infant population in whom a diagnosis of child abuse was made from 1995 to 2002 at the ISN, increased to 2530 cases, of which 23.95% (606 patients) had a diagnosis of physical child abuse. The skin manifestations of the syndrome are diverse and depend on the object used to injure the child.

2. Davis MP, Darden PM. Use of complementary and alternative medicine by children in the United States. *Arch Pediatr Adolesc Med* 2003;157:393–396.
This analysis demonstrated that only 1.8% of the U.S. population less than 18 years of age use alternative medicine. They are usually white females above the poverty level, with an average age of 10.3 years. While the data and conclusions are sound, the study does not address regional trends in alternative medicine use.

3. Fiorillo L. Therapy of pediatric genital diseases. *Dermatol Ther* 2004;17:117–128.
This is an excellent review of different cutaneous problems that can affect the genital area in children. The author also provides very practical approaches to management of these conditions. Congenital anomalies, diaper dermatitis, lichen sclerosus, acrodermatitis entropathica, vulvovaginitis, and genital warts, among the others, are discussed.

4. Martínez-García S, Vera A, Romero J, et al. Harlequin fetus. *Actas Dermosifiliogr* 2003;94:392–394.
The authors describe a harlequin fetus born to consanguineous parents, who died at 18 days. There was no treatment with retinoid drugs, nor was an autopsy performed.

5. Ross G, Sammaritano L, Nass R, et al. Effects of mothers' autoimmune disease during pregnancy on learning disability and hand preference in their children. *Arch Pediatr Adolesc Med* 2003;157:397–402.
Learning disabilities are increased among male offspring of women with SLE in pregnancy, particularly if those women with anti-Ro or anti-La antibodies. Handedness was not affected by maternal autoimmunity. Female children seemed to be spared the neurologic effects of the circulating antibodies.

6. Serrano R, Rodríguez-Peralto JL, Azorín D, et al. Skin lesions associated with nevus sebaceous of Jadassohn. *Actas Dermosifiliogr* 2003;94:454–457.
The authors retrospectively reviewed all biopsy specimens of nevus sebaceous from the files of the Pathology Department of the Hospital 12 de Octubre, from 1986 to 2001, for associated tumors. A total of 366 specimens were reviewed. The most common "tumors" were viral warts (4.09%), followed by syringocystadenoma papilliferum (3.27%), trichoblastoma (2.18%), and basal cell carcinoma (1.91%). No associated malignant neoplasms were found in patients less than 27 years of age.