adhesive surface. The patch test provider can then use the “handle,” likened to an open scroll, to steady the patch strip as it is loaded with aqueous antigens and applied to the patient’s back. The cotton tipped applicator can then be gently reverse rolled out of position once the patch test strip is applied. This method allows for decreased handling of the adhesive surface, increased stability of the patch and ultimately much less risk of adhesive crumpling of the individually design patches.

Medical Pearl: First step in managing pemphigus—Addressing the etiology

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A vital step in treating bullous diseases, one of which is pemphigus, is addressing their etiology. They are considered to stem from a genetic predisposition triggered and/or exacerbated by exogenous factors. Induced pemphigus has been ascribed to various triggering factors. The acronym PEMPHIGUS was proposed to summarize these factors: PEsticides, Malignancy, Pharmaceuticals, Hormones, Infectious agents, Gastronomy, Ultraviolet radiation, and Stress. Eliminating these factors can hasten the healing process and reduce the dosage and duration of pharmacologic treatment.

Drugs reported to induce pemphigus are divided into 3 main groups according to their chemical structure: (1) drugs containing a sulfhydryl radical, thiol drugs, including penicillamine, captopril, gold sodium thiomalate, penicillin, and piroxicam, and others; (2) phenol drugs, containing phenolic compounds, including rifampin, levodopa, aspirin, heroin, and others; and (3) nonthiol nonphenol drugs, including some of the calcium channel blockers, angiotensin converting enzyme inhibitors, and nonsteroidal anti-inflammatory drugs, in addition to dipyrone, and glibenclamide. Topical contact, or contact pemphigus, is another trigger, of which gardening materials and pesticides are a major group implicated in the pathogenesis of the disease.

Cessation of the offending agents is an important step towards remission even before pharmacologic...
therapy is begun. Continuous usage of these drugs is an obstacle to the treatment of pemphigus and can be the cause of failed treatment. Interestingly, gold, which is considered a treatment for pemphigus, has been suggested to be a trigger or exacerbating factor because it contains a thiol group.1

Infectious diseases and immunizations have been implicated in inducing or exacerbating pemphigus, including viruses of the Herpetoviridae family5 and bacteria, such as coagulase-positive Staphylococcus aureus.6 Certain foods have also been reported to induce or trigger pemphigus. The allium group of vegetables—garlic, onion, shallot, chive, leek, the mustard family, and the caper family—all have a thiol group.7 The urshiol group—mango, cassava, areca nuts, and cashew nuts—have a phenol group.8 Several studies point to the possible contribution of emotional stress as a precipitating factor in pemphigus,9,10 and pemphigus has long been considered a photosensitive disease.11 Successful treatment of pemphigus, and bullous diseases in general, should include a meticulous history in search of the culprit and instructions to patients to avoid sun exposure, emotional stress, and certain foods. Discovering the exacerbating or triggering factors and their cessation should ameliorate the disease as well as diminish the need for pharmacologic therapy.

REFERENCES

Surgical Pearl: Preventing perioperative exposure keratopathy

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“E xposure keratopathy” is the term for desiccative and abrasive damage to the corneal surface resulting from inadequate tear film coverage of the eye. This condition can arise as a perioperative complication associated with surgical excision of skin cancers occurring on the eyelid. Exposure keratopathy can predispose patients to bacterial keratitis1,2 and cause blindness if left unchecked. The risk of developing exposure keratopathy is increased for patients with large eyelid defects that leave significant portions of the cornea unprotected and in those with complex defects

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