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Editor's Picks September 2022

Earlobe crease indicates presence of DRESS syndrome

Gilkey *et al.* report a retrospective case-control study where dermatologists assessed for an oblique earlobe crease in photographs of patients diagnosed with drug reaction with eosinophilia and systemic symptoms (DRESS) syndrome compared to unmatched controls, as shown in Fig. 1. They found that the presence of an oblique earlobe crease is 81% sensitive and 71% specific for the diagnosis of DRESS syndrome when compared to all drug eruptions [low-risk morbilliform, Stevens-Johnson syndrome (SJS) and Acute generalized exanthematous pustulosis (AGEP)], with a positive predictive value of 68%. Furthermore, the intra-rater reliability for the presence of the oblique earlobe crease sign showed a substantial level of agreement.

The authors believe that this sign can be utilized as an inexpensive, rapid, qualifiable proxy for facial oedema and warrants consideration when evaluating a patient for DRESS syndrome. Upon observing this sign, additional laboratory testing can be performed. They speculate that a prospective study may show even higher sensitivity.

Gilkey TW, Amigo MA, Himed S *et al.* Oblique earlobe crease as a novel physical examination finding in drug reaction with eosinophilia and systemic symptoms: a retrospective study. *J Eur Acad Dermatol Venereol* 2022; **36**: e739–e740. https://doi.org/10.1111/jdv.18270.

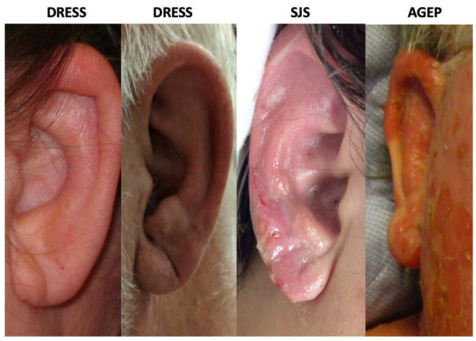

Figure 1 Oblique earlobe crease in two patients diagnosed with DRESS syndrome; ear without an oblique earlobe crease in control patients diagnosed with Stevens-Johnson syndrome (SJS) and acute generalized exanthematous pustulosis (AGEP).

What are cost drivers in atopic dermatitis (and their benefits)?

In a cross-sectional observational study using questionnaires in over 1200 German patients with atopic dermatitis (AD), Mohr and colleagues sought to determine costs for different subgroups of these patients using extensive primary data from routine dermatologic care. Defining the economic burden of AD is particularly pertinent due to its high prevalence and newly developed treatments, which may represent growing expenses in the years to come.

A special feature of the study was that it took into account both health insurance's and the patient's costs, and associated the determined costs with patient-reported characteristics (namely gender, education and the number of implemented prevention measures). It was shown that the use of biologics, which are the main cost driver in AD, is associated with both better clinical and patient-reported outcomes. The authors discuss that the elevated costs with their use should be weighed against the higher quality of life and satisfaction, as well as improved clinical outcomes compared to patients not treated by biologics.

Mohr N, Augustin M, Zeervi L *et al.* Determinants of costs and benefits in atopic dermatitis routine care in Germany. *J Eur Acad Dermatol Venereol* 2022; **36**: 1450–1455. https://doi.org/10.1111/jdv.18169.

A method to teach visual observation skills

The foundations of dermatology are grounded in visual skills, and therefore, its teachings should include different methods to train the eye. In this issue, Salava and Kluger describe a symbol-based method called the square, triangle, circle method to discriminate key aspects of visual observation in dermatologic diagnosis, which they incorporated as student-activating material into lessons and bedside teachings. They provide a helpful clinical photograph and a practical step-by-step analysis based on the patient's history and visual examination.

By using representative symbols, the observer's focus is shifted to an analytical approach, which may improve learning outcomes regarding structure, comparison and accurate description of skin findings. The authors suggest that this may also promote both communication in a structured manner, as well as motivation among students. They also conclude with a reminder that this method is of greatest educational benefit when used repeatedly.

Salava A, Kluger N. Teaching visual observational skills with a symbol-based square, triangle, circle method. Teaching visual observational skills with a symbol-based square, triangle, circle method. *J Eur Acad Dermatol Venereol* 2022; 36: e682–e684. https://doi.org/10.1111/jdv.18169.

A closer look at gut dysbiosis in cutaneous T-cell lymphoma

Hooper and colleagues are among the first to explore the gut microbiome of cutaneous T-cell lymphoma (CTCL), a poorly understood heterogeneous group of non-Hodgkin's lymphomas involving skin-homing (i.e. with the potential to migrate to the skin) malignant T cells.

In a case-control study from Northwestern's multidisciplinary CTCL clinic involving 38 patients with CTCL and 13 healthy controls, the authors found that gut dysbiosis worsens with disease severity. Decreases in certain beneficial commensal bacteria were seen and overall, the bacterial taxonomic/classification shifts paralleled those observed in atopic dermatitis but opposed those noted in psoriasis and other chronic skin diseases with similar and differing immunologic profiles, respectively. Figure 2 illustrates the lower α-diversity (i.e. species diversity) found among advanced CTCL patients compared to the control group.

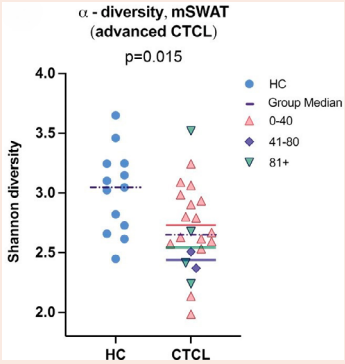

Figure 2 α-diversity of the gut microbiota of advanced CTCL patients, significantly lower compared to the healthy control cohort (P = 0.015) using the Shannon diversity score.
Dots are colour-coded for mSWAT divisions and group medians are denoted by coloured horizontal bars.

Although this study included a small sample size, this still represents one of the largest 'carefully curated' microbiome data sets collected to date. We still do not know if dysbiosis merely reflects or actually influences immune dysfunction. Improved understanding of host-tumour-microbe relationships may yield novel therapeutic strategies for CTCL, such as bolstering the gut microbiome to enhance treatment responses and improve outcomes. Indeed, future multicentre, longitudinal and treatment-based studies are warranted to further define this relationship.

Hooper MJ, LeWitt TM, Pang Y *et al.* Gut dysbiosis in cutaneous T-cell lymphoma is characterized by shifts in relative abundances of specific bacterial taxa and decreased diversity in more advanced disease. *J Eur Acad Dermatol Venereol* 2022; **36**: 1552–1563. https://doi.org/10.1111/jdv.18125.