M. Hertl, editor

Autoimmune Diseases of the Skin. Pathogenesis, Diagnosis, Management


The third revised and expanded edition of the book Autoimmune Diseases of the Skin, published at the beginning of 2011, was expected with great interest. Autoimmune disorders remain an enigma for many clinicians and scientists. A significant portion of autoimmune diseases precipitate primarily or secondarily on the skin. Understanding the cutaneous symptoms may be crucial for the diagnosis, classification and management of organ-specific and systemic disorders that require special attention by the physician. This book is set out to present the most recent scientific and clinically relevant state-of-the-art on the spectrum of autoimmune diseases affecting the skin. The book has been written by world-known experts in the field and is enriched with many illustrative figures and clinical color photographs.

Chapter 1 is dedicated to the pathogenesis of autoimmune diseases and illustrated with a number of excellent schemes to facilitate understanding of this complex issue. Chapter 2 deals with autoantibody detection using indirect immunofluorescence on HEp-2 cells. Special chapter describes autoimmune bullous skin disorders, i.e., pemphigus, bullous pemphigoid, dermatitis herpetiformis Duhring and epidermolysis bullosa acquisita. In the chapter on scleroderma, localized scleroderma and progressive systemic sclerosis are extensively presented, along with numerous therapeutic options in the management of localized scleroderma, e.g., UVA light, oral calcitriol, topical calcipotriol, corticosteroids, methotrexate, aminoquinoline, antimalarials, d-penicillamine, sulfasalazine and interferon-γ. In the section on progressive systemic sclerosis, clinical phenotypes and clinical characteristics of the autoantibodies associated with progressive systemic sclerosis are presented in detail. Concerning the diagnosis and therapy of this serious disease, the need of cooperation with different subspecialties is emphasized, in order to provide optimal care due to the nature of the disease also affecting systems other than the skin (e.g., rheumatology, pulmonary medicine, nephrology, neurology). Chapter five deals with chronic cutaneous lupus erythematosus and subacute cutaneous and systemic lupus erythematosus. Special chapters are dedicated to dermatomyositis, mixed connective tissue disease and Sjögren’s syndrome. The chapter on psoriasis as an autoimmune disease brings thorough description of the immunopathogenesis, clinical characteristics, comorbidities and therapy, along with the criteria to classify psoriasis as an autoimmune disease: it has a hereditary background with strong HLA-class I association; microbial infections contribute to disease onset, and T cells apparently play an essential role in disease manifestations. Especially Th17 and Th22 cells and
their cytokines are important in the pathogenesis of psoriasis. Only identification of the putative autoanti-
gens will finally prove its autoimmune nature.

Special chapter is dedicated to lichen planus, lichenoid eruptions and cutaneous graft-versus-host reaction. Chapter twelve deals with small vessel vas-
culitides, their classification, pathogenesis and thera-
petic options.

The third edition has been updated and extended
by chapters on paraneoplastic cutaneous syndromes,
autoimmune phenomena in atopic dermatitis, eosinophilic disorders and skin manifestations of rheu-
matic diseases. The last chapter of this excellent book
presents targeted therapies for autoimmune and in-
flammatory skin disorders, describing various strate-
gies and approaches in the management of autoim-
mune diseases. This valuable book will certainly find
its place in the libraries of all those dealing with the
diagnosis and treatment of autoimmune diseases or
involved in their research.

Aida Pašić, MD, PhD

In spring time your skin needs care with Nivea cream; year 1937. (from the collection of Mr. Zlatko Puntijar)