Save the date: 7th Meeting of the ICWG!

**Next Meeting of the International Confocal Working Group ICWG**

- The 7th meeting of the ICWG will be a joint meeting with the International Dermoscopy Society and the International Society of Digital Imaging of the Skin for the first time.

- The meeting will take place the day before the AAD begins.

- Joint meeting of the International Dermoscopy Society, the International Society for Digital Imaging of the Skin, and the International Confocal Working Group:
  
  Room: Grand Ballroom A, Hilton Riverside  
  Date: February 3, 2011  
  Time: 1:00 PM till 6:00 PM

- The confocal oral presentations have only one hour (approximately 6 presentations of 10 minutes each). Therefore, any one who is not offered the chance to present orally, will be offered the chance to have a poster.

- If you need more information regarding the confocal part of the meeting, please contact directly:

  Salvador González MD, PhD  
  Dermatology Service, Memorial Sloan-Kettering Cancer Center, Nueva York, USA Ramon y Cajal Hospital, Madrid, Spain  
  Email-Address: gonzals6@MSKCC.ORG

Save the date: Lecture about the different applications of Confocal Microscopy

... for the German-speaking doctors and VivaScope users

- Prof. Dr. Julia Welzel from the Hospital Clinic Augsburg / Germany

- February 11th, 2011 between 2 pm and 7 pm (Friday), part of the congress program of “Dermatologische Praxis”, in Frankenthal / Germany

- Exact time is not yet fixed; for further information please contact us or directly the congress organisation:
  
NEW HANDHELD-VivaScope device!

The new VS3000 is much lighter and easier in use. It has an Automatic Image control and adhesive plastic windows are not necessary anymore.

Confocal Image of the granular layer, 1000 x 1000 µm, registered with the new handheld device, the VivaScope 3000. In contrast to that the size of a usual standard device VivaScope 1500 is about 500 x 500 µm.

The handheld is available with the beginning of the next year.
**New publications**

Please find below the abstracts of some...

## Non-invasive diagnosis and monitoring of actinic cheilitis with reflectance confocal microscopy

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**Abstract**

**Background**

Actinic cheilitis (AC) represents the equivalent of actinic keratosis on the lip. Various treatment modalities are available and the efficacy of diclofenac in hyaluronic acid has recently been described. Reflectance confocal microscopy (RCM) is a non-invasive imaging technique which has recently been applied for the diagnosis of actinic keratoses. Herein, we describe the applicability of RCM for the diagnosis of AC and for monitoring of treatment response of AC to diclofenac in hyaluronic acid.

**Methods**

Ten Caucasian patients with clinical suspicion for AC were included in this study. To obtain a noninvasive diagnosis, RCM was performed at baseline, followed by biopsy and respective confocal-histopathological correlation. Six patients with a histological diagnosis of AC were treated with diclofenac in hyaluronic acid, whereby monitoring was performed by RCM.

**Results**

Reflectance confocal microscopy was able to correctly identify 6/7 cases of AC and 3/3 cases of benign lesions. The most important RCM criteria for diagnosis of AC were cellular atypia at the stratum spinosum and granulosum with atypical honeycomb pattern. One patient with AC was misclassified as inflammatory cheilitis by RCM as it showed marked inflammatory response and lacked clear signs of cellular atypia on RCM imaging. Following topical treatment with diclofenac gel, 5/6 patients (83%) showed a good treatment response with regression of dysplasia on consecutive RCM examination.

**Conclusions**

Reflectance confocal microscopy is a promising tool for the non-invasive diagnosis and monitoring of actinic cheilitis. However, marked inflammation represents a potential diagnostic pitfall. In this regard, biopsy should be performed in doubtful cases.

Received: 31 March 2010; Accepted: 31 May 2010

## Non-invasive management of non-melanoma skin cancer in patients with cancer predisposition genodermatosis: a role for confocal microscopy and photodynamic therapy

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**Abstract**

**Background**

Patients with genodermatosis such as Gorlin syndrome (GS) and Xeroderma pigmentosum (XP) require a close follow-up for early diagnosis and treatment of skin cancer. We aimed to evaluate the efficacy of methylaminolevulinate (MAL) photodynamic therapy (PDT) in basal cell carcinomas (BCCs) from patients with GS and XP, and to determine the utility of reflectance confocal microscopy (RCM) in the diagnosis and the evaluation of therapeutic response. Patients and methods We included four patients with GS and two siblings with XP. Single or multiple lesions in localized areas were treated with 1–3 cycles of MAL PDT. RCM was performed before and 3 months after the treatment in target lesions in all the patients. Patients were followed up for 3 years.

**Results**

In XP patients, we treated 13 pigmented BCCs on the face. All the lesions responded to the treatment and six lesions showed a complete clinical clearing. In GS patients, facial or trunk areas with multiple BCCs were treated (up to 200). Complete clinical remission was obtained in 25–67% of the lesions. Some nodular and pigmented lesions failed to achieve a complete remission. RCM could identify already described confocal features for BCC. Tumour remissions could be assessed by this technique.

**Conclusions**

Methyl-aminolevulinate PDT may be useful for the treatment of superficial BCC in GS and XP. In some nodular lesions, PDT may complement surgery reducing tumour size. RCM may be regarded in the future as a complementary technique in BCC for the diagnosis and post-treatment assessment to non-invasive therapeutic modalities.

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Dermoscopic and Reflectance Confocal Microscopic Features of Exogenous Ochronosis

Inmaculada Gil, MD; Sonia Segura, MD; Estela Martínez-Escala, MD; Josep Lloreta, MD; Susana Puig, MD; Mariano Ve’lez, MD; Ramo’n M. Pujol, MD; Josep E. Herrero-González, MD

Abstract

Background
Exogenous ochronosis presents as an acquired asymptomatic hyperpigmentation on photoexposed areas, predominantly over bony prominences, and is caused by the topical application of several skinlightening agents.

Observations
We describe a 63-year-old Hispanic woman who developed exogenous ochronosis lesions on her face after using topical bleaching creams containing hydroquinone, 2% to 3%, and oxybenzone, 2%, for several years. Dermoscopy revealed irregular brown-gray globular, annular, and arciform structures that corresponded to focal deposition of ochronotic pigment on the dermis. These deposits correlated with multiple banana-shaped nonrefractile structures seen using reflectance confocal microscopy. Histopathologic sections revealed the deposition of a banana-shaped, yellow to brown material in the papillary and middle dermis. Ultrastructural examination revealed an amorphous electron-dense material mostly located in the core of elastic fibers and also in smaller amounts in the interstitium with prominent degenerative changes in the elastic fibers. A good correlation was observed between the results of both noninvasive techniques and the diagnostic histologic features of this condition.

Conclusions
We characterized by means of dermoscopy, reflectance confocal microscopy, and electronic microscopy a case of exogenous ochronosis. To our knowledge, this is the first description of reflectance confocal microscopic findings in this condition. Dermoscopy and reflectance confocal microscopy are proved to be useful noninvasive techniques for the diagnosis of this pigmentary disorder. Arch Dermatol. 2010;146(9):1021-1025
If you have further questions, please do not hesitate to contact us. We wish you a happy and peaceful Christmas season and hope to see you soon!

Warmest regards from a cold Munich,

Your VivaScope Systems Team
MAVIG GmbH