Anatomical location differences in sodium lauryl sulfate-induced irritation

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None to declared.

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References


Supporting Information

Additional Supporting Information may be found in the online version of this article at the publisher’s website:
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The emollient tested by Leskur et al. was given post-irritation to assess its effect on recovery. No effect on skin irritation was seen when compared with sham-irritated skin. Possibly, the reaction that was invoked using the one-time occlusive test was too strong for treatment with an emollient only. Also, the possible beneficial effect of pretreatment (application of treatment before initiating the irritation) or application using a repeated exposure model (mimicking normal use of an emollient) was not assessed. In previous years, multiple topical formulations have been tested with SLS models, but anatomical location, method of SLS exposure (one-time occlusion, repeated occlusion, open test, immersion test) and/or SLS concentration often differ. The study by Leskur et al. reinforces the notion that different anatomical locations respond differently to irritation using SLS. To improve comparability between studies, it is essential that researchers report anatomical test-site location and carefully consider existing guidelines for standardization in studies that involve SLS testing.

Acknowledgments

The author would like to acknowledge Dr Marie-Louise Schutteelaar and Dr Ron Tupker for their critical revision of this commentary.

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Talimogene laherparepvec monotherapy, an elegant alternative to systemic immunotherapy for the treatment of early metastatic melanoma

In-transit metastases in stage III melanoma are usually treated with (repeated) surgery and other locoregional treatments. Talimogene laherparepvec (T-VEC) is a modified herpes simplex virus type 1 and is given to patients with stage IIIb–IVM1a melanoma with injectable cutaneous, subcutaneous or lymph node metastases. This oncolytic virus stimulates viral pathogenicity, enhances tumour-selective replication, and reduces virally mediated suppression of antigen presentation and thus induces tumour-specific T-cell responses. The first real-world data of T-VEC monotherapy is promising, with reported response rates varying from 56.5% up to 82.6%. A very elegant characteristic of T-VEC monotherapy is its relatively mild side-effects. Patients often experience only self-limiting flu-like symptoms such as fever, decreased appetite, fatigue and local inconveniences such as itch, injection site pain or erythema. This makes T-VEC monotherapy a considerably less toxic alternative to systemic immunotherapies. For this reason, it can be considered also for frail and elderly patients. Currently, the potential synergistic effect of T-VEC in combination with immunotherapy is being investigated, studying pembrolizumab with T-VEC vs. pembrolizumab with placebo.

This issue of the BJD includes an important case report describing a 58-year-old organ transplant recipient who was diagnosed with stage III melanoma with local progression of his metastases after topical treatment with imiquimod and cryotherapy. Organ transplant recipients are often not considered