December 2015 Snapshot Dx Quiz: Linking Science to Patient Care

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Questions relate to the image as well as to selected articles in JID, which are listed after the questions. Answers will be posted as supplementary material. We hope you enjoy this challenge.

Image courtesy of Mariya Miteva.

QUESTIONS

1. What is your diagnosis?
   a. Idiopathic guttate hypomelanosis.
   b. Leprosy.
   c. Vitiligo.
   d. Hypopigmented mycosis fungoides.
   e. Tinea versicolor.

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2. Which statement is true?

a. The WNT pathway is not involved in melanocyte stem cell differentiation in the skin.

b. Application of topical tacrolimus twice weekly over repigmented vitiligo lesions fails to prevent flare.

c. Oxidative stress causes melanocyte degeneration by suppressing MITF in melanocytes and impairing the paracrine protective effect of keratinocytes.

d. Although nuclear β-catenin is not detectable in benign nevi, it is found in advanced melanoma.

e. Recent data about the possible rationale for using simvastatin in the treatment of vitiligo are based on its upregulating mechanism on STAT1.

3. Which statement is false, according to the article by Regazzetti et al.?

a. CXCL10 and other immune factors are deregulated in already depigmented vitiligo skin, which lacks melanocytes, but are increased in perilesional and unaffected skin of vitiligo patients.

b. Vitiligo skin is characterized by downregulation of the WNT/β-catenin pathway.

c. Oxidative stress decreases the WNT pathway in both melanocytes and keratinocytes.

d. Ex vivo treatment of depigmented skin from vitiligo patients with WNT agonists and GSK3β inhibitors results in differentiation of resident melanocyte stem cells into premelanocytes.

e. WNT agonists induce the cutaneous differentiation of premelanocytes only in the hair follicles, not in the dermis.

TOPIC ARTICLE

Questions 2 and 3 refer to the following article:


Answers are available as supplementary material at http://dx.doi.org/10.1038/jid.2015.394.