**Recurrence of Alopecia Areata in a Patient Receiving Etanercept Injections**

Biological therapies for autoimmune diseases have been a focus of research and attention recently. Etanercept, in particular, is becoming more commonly used in dermatologic practice as an inhibitor of skin diseases mediated by tumor necrosis factor alfa (TNF-α). In dermatologic practice, psoriasis is the major disease treated with etanercept, although one might expect other TNF-α-mediated skin diseases to respond similarly well. In this case report, Posten and Swan describe a patient with rheumatoid arthritis whose concurrent alopecia areata unexpectedly worsened during etanercept therapy. This case highlights the complex nature of the cytokine interactions that are likely involved in alopecia areata and the possibility that TNF-α may not be essential to the pathologic mechanisms of this disease.

*See page 759*

**Incidence Rates, Costs, Severity, and Work-Related Factors of Occupational Dermatitis**

Occupational dermatoses have been found to represent almost 15% of total workplace injuries. In this retrospective analysis of workers' compensation claims from Oregon, McCall et al demonstrate a declining trend in occupational dermatosis claims. One possible explanation for this trend is that employers might have increasingly adopted appropriate safety measures to reduce the risk of dermal injury. Another possibility is that employees might become discouraged from filing their own claims if they observe that other similar claims are rejected in the adjudication process. McCall et al identify the occupations at highest risk for occupational dermatitis and stress the continued need for workplace interventions in these populations.

*See page 713*

**Dapsone as a Glucocorticoid-Sparing Agent in Maintenance-Phase Pemphigus Vulgaris**

Pemphigus vulgaris (PV) is a potentially fatal autoimmune blistering disease of the skin and mucous membranes characterized by pathogenic autoantibodies that cause a loss of intercellular cohesion and subsequent intraepidermal blistering. The introduction of glucocorticoids has dramatically reduced the mortality once associated with this disease, but long-term corticosteroid therapy carries its own potential for morbidity. In this retrospective study, Heaphy et al demonstrate the safety and efficacy of dapsone as a glucocorticoid-sparing agent during the maintenance phase of PV.

*See page 699*

**Prediction of Survival for Patients With Bullous Pemphigoid**

Bullous pemphigoid (BP) is the most common autoimmune vesicobullous disease of skin, characterized by the presence of IgG autoantibodies at the basement membrane zone and subepidermal blisters. Retrospective studies have identified diverse criteria that were independent predictors of patient death. In this prospective study of patients with BP, Joly et al identify only advanced age and low Karnofsky index score (a measure of general condition) as predictive of mortality within 1 year of diagnosis.

*See page 691*

**Uncovering Histologic Criteria With Prognostic Significance in Toxic Epidermal Necrolysis**

Toxic epidermal necrolysis (TEN) is a desquamating mucocutaneous disorder that is nearly always associated with an adverse drug reaction. The pathogenesis of this life-threatening disease remains unclear. Histopathologic examination of perilesional skin is useful in supporting or excluding the clinical diagnosis of TEN. In this retrospective analysis of pathology slides of 37 patients with TEN hospitalized at a burn center, Quinn et al demonstrate that pathologic examination to quantify dermal infiltration by mononuclear cells was as accurate as the SCORTEN score, the only currently validated method of predicting patient outcome.

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