



Commentary

Potpourri IV

Franco Rongioletti, MD, PhD^{a,*}, Vesna Petronic-Rosic, MD, MSc, MBA^b,
 Leonard Hoenig, MD^c



^a *Dermatology, Vita-Salute-University, San Raffaele Hospital, Milan, Italy*

^b *John H. Stroger Hospital, Cook County Health, University of Illinois at Chicago, Chicago, Illinois, USA*

^c *Private practice, Pembroke Pines, Florida, USA*

Introduction

For the fourth year in a row and given the positive reception of the previous issues, we welcome you to a special “Potpourri” edition of *Clinics in Dermatology*, appropriately entitled Potpourri IV. We are very proud and excited to present to you this collection of wonderful, high-scientific quality dermatology contributions in different fields of dermatology, which hopefully you will find informative and entertaining—a so-called “potpourri” of interesting topics.

As has been our tradition, we present in [Figure 1](#) a magnificent artwork to set the tone for this issue. The figure shows a potpourri vase in the form of a masted ship created in 1764 at the Sèvres manufactory near Paris, France. The lid lifts off to allow the vase to be filled with a potpourri mixture of flowers, herbs, and spices that provide fragrance that is emitted through openings in the lid.

We may not think of decorated porcelain vases as “art.” They rather seem to fall more into the category of “craft.” If you study the piece, with its exceptional beauty and technical refinement, you cannot escape the feeling that it is among the most ambitious works of art ever undertaken.

These vases were extremely difficult to manufacture because the multiple openings weakened the structure, and they tended to collapse in the fiery kiln. Only 12 ships were ever produced, 10 of which survive today. The one shown in the [Figure 1](#) is currently at the Walters Art Museum in Baltimore, Maryland. The ship design of the vase is attributed to Jean-Claude Duplessis le Pere (ca. 1695-1774), and the decorations on the vase are attributed to Jean-Louis Morin (1732-1787).

The vase rests on a gilded wooden base. It takes the form of a stylized boat, complete with rigging, potholes, and a flag. The lower part is decorated with a scene of sailors packing fish.

Now that we have set the tone for Potpourri IV, we are pleased to present the following highlights of this issue.

Scientific contributions

International systematic review on artificial intelligence in skin cancer

A study¹ analyzes artificial intelligence research in skin cancer from 2010 to 2022 using bibliometric methods. The study examines 989 publications, noting a significant increase in research, led by the United States, India, and China. *IEEE Access* was found to be the topmost journal. Key topics include melanoma, classification, and deep learning, with increasing interest in “pigmented skin lesions.” The findings highlight artificial intelligence’s potential to enhance skin cancer screening and diagnostics.¹

Antisemitism and dermatology in Nazi Germany and beyond

A study² examines antisemitism, which is central to Nazi ideology, detailing the persecution of Jews and Jewish physicians in Germany and its territories from 1933 to 1945. This study highlights the complicit role of German physicians in these atrocities and the severe impact on Jewish dermatologists and the dermatology field. It also explores antisemitism in the United States during the same period and its presence today.²

* Corresponding author.

E-mail address: franco.rongioletti@me.com (F. Rongioletti).



Fig. 1 Potpourri vase, 1764. Soft-paste porcelain with enamels (45.2 × 35 × 17.3 cm) Sèvres, France. The harbor scene shows sailors packing fish. Reproduced with permission from Walters Art Museum, Wikimedia Commons (Public domain).

Cancer and hidradenitis suppurativa

Patients with hidradenitis suppurativa (HS) are at increased risk of cancers, especially cutaneous squamous cell carcinoma within HS lesions, according to a review in this issue.³ Squamous cell carcinoma commonly affects Caucasian men with severe long-term gluteal or perianal HS, which is often linked to smoking. Other contributing factors include tumor necrosis factor-alpha inhibitors, genodermatoses, and paraneoplastic syndromes. Squamous cell carcinoma in patients with HS has a poor prognosis due to frequent metastasis or recurrence. Early detection and targeted treatments are crucial. Any new or rapidly growing HS lesion should be promptly evaluated for cancer.³

Jewish women dermatologists during the National Socialism era

A study⁴ highlights the immense challenges faced by Jewish women dermatologists during the National Socialism era (1933-1945), including the Holocaust and World War II. Despite enduring antisemitism, persecution, and the loss of family and colleagues, seven notable dermatologists—Helen Ollendorff-Curth, Bertha Ottenstein, Sidonie Fürst, Marianne Bauer, Hedwig Fischer, Vera Shukhman, and Lili Farkas—made significant contributions to medicine and dermatology. Their resilience and determination continue to inspire future generations in the field.⁴

Forensic dermatology

This issue contains an interesting contribution about forensic dermatology. Fingerprints are unique to each individual and can be used for identification even after mummification. Mummified digits may need rehydration with sodium

carbonate solutions to obtain clear prints. Techniques include inking, photographing, and using powders and adhesive tape. Molds and casts can also be created and photographed. Forensic dermatology plays a crucial role in identifying individuals from mummified fingerprints.⁵

Nail involvement among patients with psoriasis in Malaysia

A study⁶ from the Malaysian Psoriasis Registry highlights nail psoriasis as prevalent in more than half of patients, correlating with later psoriasis onset, longer disease duration, and increased severity. It underscores the role of nail psoriasis as a predictor of psoriatic arthropathy and higher comorbidity risks, necessitating targeted management approaches to improve patient outcomes and quality of life.

Tiber Island in the history of dermatology and venereology, including the curious history of “K syndrome”

A study⁷ highlights how Tiber Island in Rome, with its historical significance as a center for worship and health care, showcases its enduring legacy of compassion and innovation. During World War II, Fatebenefratelli Hospital’s ingenious use of a fictitious “K syndrome” to protect Jews from Nazi persecution exemplifies its bravery and commitment to saving lives amidst dire circumstances. This episode highlighted the hospital’s role as a sanctuary and its lasting impact as a symbol of humanitarian efforts in times of adversity.⁷

Uncommon neoplasms mistakenly diagnosed as HS

A study⁸ discusses the difficulty of diagnosing HS due to its similarity to other skin conditions and cancers. The lack of a definitive test and the underuse of histopathology add to this challenge. In three cases initially treated as HS, further clinical work-up and skin biopsies revealed different diagnoses: breast carcinoma, cutaneous gamma-delta T-cell lymphoma, and infiltrating squamous cell carcinoma. These cases highlight the importance of considering alternative diagnoses for chronic skin nodules in the folds and the need for timely biopsies. Continuous clinician education is vital to prevent misdiagnosis and ensure appropriate treatment.

The utility of normal thin-section skin biopsy in the assessment of systemic and/or extracutaneous disease

This issue also contains an interesting and original contribution about the importance of normal thin-section skin biopsy for diagnosing systemic and extracutaneous diseases by revealing abnormalities in clinically normal skin. A retrospective review showed that specific immunohistochemical markers helped identify disease patterns for conditions such as thrombotic microangiopathies, severe COVID-19, CADASIL (Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy), small

fiber neuropathy, B cell lymphoma, pseudoxanthoma elasticum, and mast cell activation syndrome. The study highlights the biopsy's value in uncovering multiorgan vascular injuries, nerve diseases, and other systemic conditions.⁹

Enjoy your reading, and we hope that the contributions in Potpourri IV not only inform you but also inspire.

We wish all our readers a happy and healthy new year!

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

1. Yuan L, Jin K, Shao A, et al. Analysis of international publication trends in artificial intelligence in skin cancer. *Clin Dermatol*. 2024;42(6):570–584.
2. Adler NR, Grant-Kels JM. Antisemitism and dermatology in Nazi Germany and beyond. *Clin Dermatol*. 2024;42(5):508–512.
3. Cohen PR, Cohen-Kurzrock RA, Riahi RR. Cancer and hidradenitis suppurativa. *Clin Dermatol*. 2024;42(6):585–601.
4. Walter S, Parish LC. Jewish women dermatologists who escaped the perils of National Socialism: triumph over adversity. *Clin Dermatol*. 2024;42(6):625–636.
5. Cohen PR, Abdulkarim B, Wnuk M, Sutton L, Hoenig LJ. Identification of decedents by restoring mummified fingerprints: forensic dermatology in the investigation of mummy dermatoglyphics. *Clin Dermatol*. 2024;42(6):602–615.
6. Tan WF, Robinson S, Tang MM. Malaysian Psoriasis Registry Working Group. A 14-year registry review (2007-2020) on nail involvement among patients with psoriasis in Malaysia. *Clin Dermatol*. 2024;42(6):616–624.
7. Valenzano L, Ferraris AM, Hoenig LJ, Rongioletti F. The Tiber Island in the history of dermatology and venereology including the curious history of “K syndrome”, the fictitious disease that scared the Nazis. *Clin Dermatol*. 2024;42(6):637–640.
8. Caputo V, Citterio A, Rongioletti F. Uncommon neoplasms mistakenly diagnosed as hidradenitis suppurativa: report of three consecutive cases. *Clin Dermatol*. 2024;42(6):641–645.
9. Magro CM, Stephan C, Kalomeris T. The utility of the normal thin section skin biopsy in the assessment of systemic/extracutaneous disease. *Clin Dermatol*. 2024;42(6):646–667.