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1. An Esp Pediatr. 1996 Jan;44(1):65-6.

[Gianotti-Crosti syndrome due to a mixed infection produced by the mumps virus and the parainfluenza virus type 2]

[Article in Spanish]

Hergueta Lendínez R, Pozo García L, Alejo García A, Romero Cachza J, González Hachero J.

Unidad de Infecciosos, Hospital Universitario Virgen de la Macarena, Sevilla.

PMID: 8849065 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

2. J Cutan Pathol. 2000 Jul;27(6):292-7.

Cell proliferation in skin tumors with ductal differentiation: patterns and diagnostic applications.

Pozo L, Camacho F, Rios-Martin JJ, Diaz-Cano SJ.

Department of Dermatology, The Royal London Hospital, UK.

The kinetic features of skin tumors with ductal differentiation (TDD) remain mainly unknown. We selected 88 skin TDD (D-PAS-positive cuticles) classified according to Murphy and Elder's criteria. Tumors studied included 13 poromas, 12 nodular hidradenomas, 10 cylindromas, 6 spiradenomas, 9 syringomas, 9 chondroid syringomas, 7 porocarcinomas, 15 malignant nodular hidradenomas, and 7 not otherwise specified carcinomas. The same tumor areas were evaluated for mitotic figure counting (MFC) and proliferation rate (PR = MIB-1 index), screening 10 consecutive high-power fields (HPFs) in the most cellular areas. Results were recorded by HPF and tumor cellularity, considering both average and standard deviation. Differences were analyzed by Student's t-test and analysis of variance (ANOVA) and considered significant if $p<0.05$. PR was significantly higher in malignant (23.29 +/- 12.49) than in benign tumors (3.86 +/- 4.44) and in poromanodular hidradenoma (4.99 +/- 3.34) than in spiradenoma-cylindroma-syringoma (1.91 +/- 1.67), but not by malignant tumor type. MFC was significantly higher in malignant (25.52 +/- 4.10) than in benign tumors (1.57 +/- 0.38), showing porocarcinomas the biggest MFC/10 HPF and malignant nodular hidradenomas the highest MFC/1000 cells. PR and MFC are useful malignancy criteria in skin TDD and should be evaluated by tumor cellularity to avoid potential misinterpretations related with tumor heterogeneity.

PMID: 10885405 [PubMed - indexed for MEDLINE]

MeSH Terms, Substances

3. Arch Dermatol. 2000 Jul;136(7):934-5.

Tumor screening and biology in malignant melanomas.

Pozo L, Diaz-Cano SJ.

Comment on:

Arch Dermatol. 1999 Dec;135(12):1451-6.
Arch Dermatol. 1999 Dec;135(12):1534-6.

PMID: 10891002 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

4. Am J Clin Pathol. 2001 Feb;115(2):194-204.

Critical analysis of histologic criteria for grading atypical (dysplastic) melanocytic nevi.

Pozo L, Naase M, Cerio R, Blanes A, Diaz-Cano SJ.

Department of Dermatology, St Bartholomew's and the London Hospitals, London, England.

Comment in:

Am J Clin Pathol. 2001 Feb;115(2):177-9.

Low concordance in grading atypical (dysplastic) melanocytic nevi (AMN) has been reported, and no systematic evaluation is available. We studied 123 AMN with architectural and cytologic atypia (40 associated with atypical-mole syndrome), classified according to standard criteria by 3 independent observers. Histologic variables included junctional and dermal symmetry, lateral extension, cohesion and migration of epidermal melanocytes, maturation, regression, nuclear features, nuclear grade, melanin, inflammatory infiltrate location, and fibroplasia. AMN (43 junctional and 80 compound) were graded mild (31), moderate (61), and severe (31). AMN-severe correlated with 3 or more nuclear abnormalities (especially pleomorphism, heterogeneous chromatin, and prominent nucleolus) and absence of regression, mixed junctional pattern, and suprabasilar melanocytes on top of lentiginous hyperplasia. AMN-severe diagnostic accuracy was 99.5% using these criteria, but only the absence of nuclear pleomorphism differentiated AMN-mild from AMN-moderate. No architectural features distinguishing AMN-mild from AMN-moderate were selected as significant by the discriminant analysis. AMN from atypical-mole syndrome revealed subtle architectural differences, but none were statistically significant in the discriminant analysis. Histologic criteria can reliably distinguish AMN-severe but fail to differentiate AMN-mild from AMN-moderate. AMN from atypical-mole syndrome cannot be diagnosed using pathologic criteria alone.

PMID: 11211607 [PubMed - indexed for MEDLINE]

Free article

Publication Types, MeSH Terms

5. Arch Dermatol. 2002 Nov;138(11):1509-14.

Multilobated abdominal nodule.

Pozo L, Jorquera E, Diaz-Cano SJ.

St Bartholomew's and the Royal London School of Medicine and Dentistry, London, England.

PMID: 12437460 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

6. Am J Pathol. 2003 Jan;162(1):353-4; author reply 354-5.

Clonal origin and expansions in neoplasms: biologic and technical aspects must be considered together.

Pozo-Garcia L, Diaz-Cano SJ.

Comment on:

Am J Pathol. 2001 Apr;158(4):1371-8.

PMID: 12507918 [PubMed - indexed for MEDLINE]

PMCID: PMC1851102

Free article

Publication Types, MeSH Terms

7. Br J Dermatol. 2004 Aug;151(2):508-11.

Malignant deep sclerosing blue naevus presenting as a

subcutaneous soft tissue mass.

Pozo L, Diaz-Cano SJ.

PMID: 15327567 [PubMed - indexed for MEDLINE]




Publication Types, MeSH Terms

8. Histopathology. 2005 Jan;46(1):108-10.

Trichogerminoma: further evidence to support a specific follicular neoplasm.

Pozo L, Diaz-Cano SJ.

PMID: 15656895 [PubMed - indexed for MEDLINE]




Publication Types, MeSH Terms

9. Histopathology. 2006 Jan;48(2):213-7.

Colonization of epithelial pilar neoplasms by melanocytes.

Aly Z, Pozo L, Diaz-Cano SJ.

PMID: 16405678 [PubMed - indexed for MEDLINE]




Publication Types, MeSH Terms, Substances

10. J Eur Acad Dermatol Venereol. 2007 Oct;21(9):1220-8.

Differential kinetic features by tumour topography in cutaneous small-cell neuroendocrine (Merkel cell) carcinomas.

Pozo L, Sanchez-Carrillo JJ, Martinez A, Blanes A, Diaz-Cano SJ.

Department of Dermatology, Homerton University Hospital, London, UK.

BACKGROUND/OBJECTIVES: Merkel cell carcinomas (MCC) reveal epithelial and neuroendocrine differentiation, but its topographic cell kinetics remains unknown. This study analyses proliferation, apoptosis, and DNA ploidy by topography, features that can help planning therapeutic protocols. This study topographically analyses proliferation, apoptosis, and DNA ploidy. METHODS: We selected 27 small-cell MCCs (expressing one epithelial and two neural markers, with consistent ultrastructural findings) to evaluate mitotic figure counting, Ki-67 index, apoptosis index based on the in situ end labelling of fragmented DNA (using Escherichia coli DNA polymerase I, Klenow fragment), DNA ploidy, and BCL2 and TP53 immuno-expression. At least 50 high-power fields were screened per topographic compartment (superficial or papillary dermis, and deep or reticular dermis), recording average and standard deviation for each variable. Variables were statistically compared in each tumour compartment using analysis of variance and Student's t-test (significant if $P < 0.05$). RESULTS: MCCs revealed superficial aneuploid DNA content, and no topographic differences for proliferation markers. Apoptosis showed significantly lower values in the deep compartment (average, $P = 0.0050$, and standard deviation, $P = 0.0074$), correlating with increased BCL2 and TP53 immuno-expressions. CONCLUSIONS: High homogeneously distributed proliferation and superficial aneuploid DNA content defines MCCs. Apoptosis follows proliferation in superficial compartments, being less variable and proliferation independent in deep compartments, where it is inversely correlated with BCL2/TP53 expression.

PMID: 17894709 [PubMed - indexed for MEDLINE]




MeSH Terms, Substances

11. Histopathology. 2008 Feb;52(3):387-9. Epub 2007 Nov 13.

The correlation of regression with the grade of dysplasia (atypia) in melanocytic naevi.

Pozo L, Husein E, Blanes A, Diaz-Cano SJ.

PMID: 18005135 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

12. Clin Exp Dermatol. 2008 Mar;33(2):128-31. Epub 2007 Dec 10.

Trichilemmal carcinoma with neuroendocrine differentiation.

Pozo L, Diaz-Cano SJ.

Department of Dermatology, Homerton University Hospital, London, UK.

We report a 12-mm nodular, cream-coloured skin lesion that appeared on the left nasal ala in an 81-year-old man. This trabecular infiltrative tumour showed keratin microcysts, stromal hyalization, cytoarchitectural malignancy features, colonizing melanocytes, and immunoexpression of epithelial membrane antigen, cytokeratin 15/20, chromogranin, synaptophysin and CD56. To our knowledge, this is the first documented case of a trichilemmal carcinoma with neuroendocrine differentiation and melanocyte colonization, which is suggested by the trabecular growth pattern and requires immunohistochemical confirmation. The colonization of the epithelial nests by nonatypical dendritic or spindle melanocytes is a clue to morphological recognition of pilar neoplasms, along with the presence of stromal induction (CD34-positive peritumoral spindle cells), catagen-like apoptotic bodies, calcifications, keratin microcysts and cell balls.

PMID: 18076695 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

13. Arch Dermatol. 2008 Aug;144(8):1088.

Dermoscopy of trichostasis spinulosa.

Pozo L, Bowling J, Perrett CM, Bull R, Diaz-Cano SJ.

Homerton University Hospital, London, England.

PMID: 18711103 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms