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Author Contributions:
Minghua Zheng: planning, data collection, study design and analysis, drafting and revising the manuscript.
Yongping Chen: conceiving of the study, participated in its design, and helping to draft the manuscript.
Xiang Hu: data collection, study design and analysis.
Yu Li: study design and analysis, and help to draft the manuscript.
Dianna Gu: study design and analysis, and help to draft the manuscript.
Jie You: data collection, study design and analysis.
Sheng Luo: data collection, study design and analysis.
Lihua Xu: data collection, study design and analysis.
Yanjun Zeng: guiding of the research.
All authors read and approved the final manuscript.

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REFERENCES


PIERRE MARIE-BAMBERGER SYNDROME

To the Editor: Chronic obstructive pulmonary disease (COPD) is a common, costly, and preventable disease characterized by inflammation, airflow limitation that is not fully reversible, and a gradual loss of lung function that affects an estimated 600 million people worldwide.1

In recent years, research has revealed more about the factors underlying the pathogenesis of COPD; in particular, inflammation in the lungs leads to the typical structural changes of COPD, whereas extrapulmonary symptoms and comorbidities may be systemic manifestations of these inflammatory processes.2

COPD is currently considered a systemic disease with important nonpulmonary components; the skin is commonly involved in affected patients.3

We recently observed a 74-year-old man, who presented to our department with an 8-year history of progressive thickening of the soft tissue of the scalp and the forehead, resulting in transverse ridges and furrows resembling the cerebral gyri, with involvement of the underlying eyelids and partial reduction of the visual field (Figure 1A). Sebaceous hyperplasia, multiple sebocistomas, pachydermia, and hyperhidrosis of hands and feet with digital clubbing (Figure 1B) were also present. The patient, referred from a respiratory unit, had a 28-year history of COPD, emphysema, and chronic cor pulmonale. Routine blood examinations, including full blood count, serum urea, creatinine, electrolytes, tests of liver function, hormonal tests, and evaluation of bone metabolism, were within normal ranges; only an elevated serum alkaline phosphatase level of 324 U/L (normal range 0–270) was noted. Radiological examination of the arms, hands (Figure 1C), and legs showed new subperiosteal bone formation in long bones.

Pachydermoperiostosis (Touraine-Solente-Golé syndrome) is a rare genodermatosis characterized by pachydermia, digital clubbing, and periostosis.4 The syndrome described by Bamberger and Pierre Marie in 1935, initially called “hypertrophic pulmonary osteoarthropathy,” is a more common osteocutaneous disease (accounting for

Figure 1. (A) Cutis verticis gyrata; (B) pachydermia of the hand and digital clubbing; (C) radiologic image of the hand.
more than 95% of cases of hypertrophic osteoarthropathy), usually occurring in the forth or fifth decade of life, more commonly in men, and during mainly pulmonary and systemic diseases or as a paraneoplastic entity. The pathogenic mechanisms involved are unknown, although a series of factors have been implicated, including large amounts of fibroblasts, platelets, and endothelial alterations; high levels of von Willebrand factor; and a high concentration of steroid skin receptors. Neurogenic stimuli, chemical irritants, toxic substances, hypervascularity, and high levels of deoxygenated blood may also have a role.

Thickening of the entire skin, coarsening of facial features with cutis verticis gyrata, painful enlargement of the wrists with clubbing, seborrhea, and hyperhidrosis of the hands and feet are the cutaneous hallmarks of secondary hypertrophic osteoarthropathy. Radiographic imaging shows a diffuse periosteal reaction developing mostly in the long bones; a radioisotope bone scan reveals diffusely greater uptake in the periosteum and is valuable in doubtful cases or when the radiological view is normal.

The disease tends to have a chronic, self-limiting course; bone and skin modifications are more severe in the first 5 to 10 years and then stabilize. The only definitive therapy is treatment of the underlying condition.

We suggest that skin changes of secondary pachydermoperiostosis, although having a late onset in the clinical course of pulmonary disease, may represent a noninfrequent, specific, and suggestive sign among the multiple systemic manifestations of COPD.

Claudio Guarneri, MD Fabrizio Guarneri, MD Mario Vaccaro, MD
Institute of Dermatology University of Messina
Messina, Italy

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REFERENCES

MORE PROMOTIONAL RHETORIC IN RESEARCH: THE MARYLAND ASSISTED LIVING STUDY

To the Editor: In their important, observational Maryland Assisted Living (MD-AL) Study, Lyketsos et al. compared two groups of residents with dementia in assisted living (AL) facilities.1 One group received many of the components of a consensus-derived complete treatment plan for dementia, “including, for example, the minimization of inappropriate medication use, the use of appropriate medications for dementia or associated neuropsychiatric symptoms, and important supportive-care nonpharmacological interventions to address safety, activity level, ADL supervision, and the like.” The comparison group received none of these elements.

Residents with dementia who received no dementia treatment of any kind were discharged sooner from their AL facilities.

In their Discussion, the authors opine that “[these data] further support other MD-AL findings suggesting that cholinesterase inhibitors may also delay time to discharge in AL residents with Alzheimer’s disease but not other types of dementia (unpublished data).”

I am not sure where they got this. In my view, their published findings offer no evidence whatsoever about the effect of cholinesterase inhibitors on time to discharge from an AL facility. To imply that they do, and then link them suggestively to unpublished data, seems like an unwarranted endorsement of cholinesterase treatment, as opposed to a scientific discussion.

Thomas E. Finucane, MD Johns Hopkins Bayview Medical Center Baltimore, MD

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REFERENCE

RESPONSE LETTER TO DR. FINUCANE

To the Editor: We appreciate Dr. Finucane’s concern regarding our reference to the acetylcholinesterase inhibitor findings from the Maryland Assisted Living Study. At the