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Letter to the Editor

Factor XIIIa-positive dendrocytes in malignant melanoma

To the Editor,

We read the article by Fullen and Headington[1] about Factor XIIIa-positive dendrocytes in malignant melanoma (MM) with special interest.

This topic was in part studied by us a few years ago.[2,3] Although our data were at variance with those reported by the authors, this controversial matter was not discussed in their manuscript.

Using computerized image analysis, our study was performed on 69 primary MM and 28 metastatic MM to the skin.[3] Our findings yielded circumstantial evidence to link the density of factor XIIIa-positive dendritic cells and a low proliferative rate of neoplastic cells in MM. Hence, Factor XIIIa-positive dendrocytes may not be passive bystanders in MM. Their function may differ based on whether they are located in the stroma or inside the neoplasm. Intratumoral dendrocytes may exert a growth-restricting role. In contrast, stromal dendrocytes may be involved in the invasiveness and metastatic spread of the cutaneous malignancies.

References

1. Fullen DR, Headington JT. Factor XIIIa-positive dermal dendritic cells and HLA-DR expression in radial versus vertical growth-phase melanomas. J Cutan Pathol 1998; 25: 553.
2. Arrese Estrada J, Piérard GE. Factor XIIIa-positive dendrocytes and the dermal microvascular unit. Dermatologica 1990; 180: 51.
3. Piérard-Franchimont C, Arrese JE, Nikkels AF, Al-Saleh W, Delvenne P, Piérard GE. Factor XIIIa-positive dermal dendrocytes and proliferative activity of cutaneous cancers. Virchows Arch 1996; 429: 43.

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Reply

We appreciate the comments made by Piérard-Franchimont and Piérard in reference to our findings on factor XIIIa-positive dermal dendritic cells (DDCs) in radial versus vertical growth-phase melanomas.[1]

In their letter, the respondents suggest that our data conflict with some of their findings published in previous manuscripts.[2,3] The major explanation for this perceived difference probably lies in the differences in study design.

In the study entitled "Factor XIIIa-positive dendrocytes and the dermal microvascular unit" published in *Dermatologica* in 1990, Estrada and Piérard reported on factor XIIIa-positive dendrocytes in a variety of inflammatory and neoplastic cutaneous lesions, including twelve malignant melanomas.[2] Although they stated that factor XIIIa-positive dendrocytes were "numerous" in the stroma surrounding malignant melanomas, no criteria were provided for determining density of the dendrocytes in the lesions, or how they compared to normal skin. They did not include benign melanocytic nevi in their study. For these reasons, it is very difficult to make comparisons between this study and ours.

In the study entitled "Factor XIIIa-positive dermal dendrocytes and proliferative activity of cutaneous cancers" published in *Virchows Arch* in 1996, the authors stated that dendrocytes were "numerous abutting on and infiltrating most basal cell carcinomas and thin malignant melanomas. In contrast, they were present in only low numbers or even absent in thick primary malignant melanomas and their metastases." We did not observe what we called marked (numerous) factor XIIIa-positive DDCs by our criteria in any of the cases in our study. These authors evaluated density of dendrocytes by morphometric analysis on immunoperoxidase-stained sections using spectral discrimination, a technique with undoubtedly greater sensitivity than the semiquantitative method of evaluating immunoperox-