

LETTER TO THE EDITOR

Dear Editor of Medicina Oral, Patología Oral y Cirugía-Bucal,

I am a pathologist interested in DNA ploidy analysis applications in oncology. I read with much interest the paper "DNA cytometry of oral leukoplakia and oral lichen planus", published in the Volume 10, Supplement 1, pp. 9-14 of your journal.

From the careful reading, some comments have been arisen:

1. The Authors declared that biopsies were taken for each lesion using an 8 mm punch, and subsequently divided into two parts, presumably of 4 mm each one. I believe that a 4 mm sample could be too tiny to allow an accurate examination, both histological and cytometric. I wonder why more extensive biopsies did not be taken. Moreover, I marvel at the Ethical Committee approved a study in which potentially premalignant lesions (mostly oral leukoplakia) have been undergone possibly not accurate diagnosis analyses.

2. The tools used for DNA cytometry (i.e. the microspectrophotometer UMSP 30 and the image analyser IBAS 2000) are by now obsolete and actually superseded by more innovative and advanced ones, and I am very surprised at there are laboratories still using them. So, I would be curious about the laboratory where the Authors executed the DNA cytometric analyses, since in the paper it is not indicated.

3. The Authors declared that patients with erosive lichen-planus have been treated with local radiotherapy. I believe that radiotherapy is certainly not suitable nor recommended to treat erosive oral lichen planus.

I am certain that the Authors will be able to clarify my perplexities; if no, my insinuating suspicion of a fancy paper will be strengthened.

With kind regards
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ANSWER TO THE FIRST LETTER

We were delighted at the interest in our article published in Med Oral Patol Oral Cir Bucal...Femiano F, Scully C. DNA cytometry of oral leukoplakia and oral lichen planus. Med Oral Patol Oral Cir Bucal. 2005 Apr 1;10 Suppl 1:E9-14, and for questions raised.

1. The biopsy with the 8mm biopsy punch forms part of a preestablished protocol. This is enough to allow histological investigation and for the preparation of slides with Feulgen dye for analysis by DNA cytometry.

In relationship to the comment: "Moreover, I marvel the Ethical Committee approved a study in which potentially premalignant lesions (mostly oral leukoplakia) have been undergone possibly not accurate diagnosis analyses". In this and for this research our patients have of course always received an accurate histopathological diagnosis.

2. It is correct that the instruments used for DNA cytometry are now obsolete but this research began many years ago (see Gombos F, Serpico R, Femiano F, Zabatta A, Chiacchio R. The quantitative assessments of DNA in potentially cancerous cases of oral lichen Minerva Stomatol. 1993 Jun;42(6):257-64) and therefore, in order to achieve uniform data, we chose to continue with the identical procedures.

3. We can confirm that radiotherapy has not been used for treating lichen planus but has been used where there has been dysplasia unable to be eliminated with surgery alone. Laser has also been used (Trehan M, Taylor CR. Low-dose excimer 308-nm laser for the treatment of oral lichen planus. Arch Dermatol. 2004 Apr;140(4):415-20. Passeron T, Ortonne JP. The 308 nm excimer laser in dermatology Presse Med. 2005 Feb 26;34(4):301-9. Kollner K, Wimmershoff M, Landthaler M, Hohenleutner U. Treatment of oral lichen planus with the 308-nm UVB excimer laser--early preliminary results in eight patients. Lasers Surg Med. 2003;33(3):158-60)

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SECOND LETTER

Dear Editor, Concerning the reply of Prof. Femiano, I cannot refrain from pointing out the following:

1. On the strength of my long experience as pathologist, I keep on believing that 4 mm precancerous lesion specimen may be inadequate to allow an accurate histological examination. The Author's reply appears devoid of any scientific evidence-based foundation, and bases itself on Author's own belief. Moreover, I consulted the Ethical Committee of the II University of Medicine and Surgery of Naples, and no approval had been required. Therefore, the Ethical Committee never approved the study.

2. The Author agrees that the instruments used for DNA cytometry are obsolete, but used them to achieve uniform data with a previous paper (of twelve years ago!). Apart the lack of any scientific logic in this answer, I consulted the laboratory reported in the above paper ("Istituto di

Anatomia Patologica del 2° Policlinico di Napoli - Servizio di Citopatologia - Direttore: Prof. L. Palombini”), and it emerged that they never cooperated with the Author and were unaware of who provided the published data.

3. It appears ridiculous denying what has been asserted in a paper devised, written and many times corrected. In fact, in the paper the Author asserted that patients with erosive lichen planus have been treated with local radiotherapy, while in the reply he confirms that radiotherapy has not been used, but laser has been used.

In conclusion, the paper in question seems to be, if not completely invented, at least virtual and theoretically executed, without the use of the laboratory. I am disconcerted when consider that young and unpractised physicians, which entrust their vocational training to the international scientific literature, could be led to make mistakes that could cost patients' life.

I am delighted at the scientific earnestness of your journal that allows these comments.

With kind regards

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ANSWER TO THE SECOND LETTER

Well, as I already affirmed in a precedent letter sent you and Oral Medicine Journal, please check the enclosure, my job for this manuscript was to put some data together trying to continue a line of research started in 1993 with a work published in *Minerva Stomatologica* in collaboration with Institute of Pathological Anatomy of Federico II in Naples. The new and subsequent data, as I affirmed in the preceding letter, came from different structures where still existed the obsolete electronic equipment like those used in 1993 for that work published in *Minerva Stomatologica*, this for trying to standardize the values.

I tried to do a clinical interpretation to these data.

I am a clinician. However I take the complete responsibility of this case.

I reported, in my previous letter to the journal, that such collaboration happened in 1993 with the Federico II University in Naples and not with II University in Naples, and this only in 1993 stopped. The data were gathered from more structures in different times and however not from Pathological Anatomy of Federico II in Naples.

Besides, in my manuscript, I declared Local Ethical Committee (and not Local Ethical Committee of II University in Naples in my work) omitting the local structure given

that data came from other centres where existed local Ethical Committees. I want also to specify, that the patients with leucoplakia were submitted to excision surgery after incisional biopsy and after histological diagnosis; then when the dimensions of single lesion allowed it, excisional biopsy was performed during the diagnostic biopsy.

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