Comment on “Letter to the Editor”, written by J. J. Snoijink

The purpose of our publication was to point out some of the pitfalls of the immuno-fluorescence techniques as applied in dermatology. Specially the diagnostic physician should be aware of these, when applying IF techniques in order to obtain confirmation of his clinical diagnosis. Conclusions can indeed only be valid, if one biopsy of one patient is used as the substrate in all the different tests. This has been done by us with serial sections of punch biopsies from the lesional skin of six patients with either CDLE (3) or SLE (3).

We realize that great difficulties are involved when trying to introduce standardization in IF techniques and reagents. This is also apparent from the proceedings of the Round Table Conference on Standardization, which was held in London last year. It is therefore only encouraging to see, that certain manufacturing laboratories, well-known for their activities in this field, are giving full support to these efforts. However, practical results are still very few and in fact of most recent date. They should be given much wider publication, specially among those workers who are not personally engaged in basic immunochemical research, but who do apply immuno-chemical techniques in their own field and so become involved in the intricate problems of molecular biology, in order to be able to interpret their own results. We can therefore only appreciate Snoijink’s concern with the immunological specificities involved in IF reagents and reaction mechanisms. Our later experiences with optical arrangements using epillumination, different from those used in the present study and which will be published elsewhere, in fact add to these views.

However, it should be mentioned here, we maintain our opinion that the Swine anti-human (IgG/FITC) conjugate (Nordic) has the disadvantage to give rise to a strong undesirable fluorescence of the epidermis – in a less extent also of the dermis -which can mask the presence of Ig in the junctional zone.

Particularly if low dilutions (1 : 4 and 1 : 8) are used, necessary for the direct immunofluorescence investigations of the lesional skin in the case a “classical” fluorescence microscope is available only.

This undesirable staining result does not occur if higher dilutions of this specific conjugate are used, in which case the presence of fixed IgG in sections can be demonstrated only with the aid of a fluorescence microscope equipped with interchangeable dichroic mirrors for epillumination. Adsorption of this conjugate with normal human skin is also of help.

Apparently not only the conjugate’s purity is an important factor influencing the staining results, but also its ability not to react non-specifically with certain tissue structures. The animal origin of the antibody may play an important role. We were clearly aware that in LE skin different classes of Ig’s occur in the dermis. In this respect it must be reminded to the reader that Cormane et al. (1966) were the first to demonstrate the presence of three classes of Ig (%G-, IgA and IgM) in the junctional region of LE skin.

Finally we appreciate the interest and/or criticism our paper has risen among its readers.

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