

ARTICLE INFORMATION

Accepted for Publication: October 29, 2016.

Published Online: March 4, 2017.
doi:10.1001/jamadermatol.2016.5118

Author Contributions: Drs Stevenson and Wang contributed equally to this manuscript. Drs Stevenson and Carucci had full access to all the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Study concept and design: Stevenson, Wang, Felsen, Krueger, Pavlick, Carucci.

Acquisition, analysis, or interpretation of data: Stevenson, Wang, Abikhair, Roudiani, Krueger, Pavlick, Carucci.

Drafting of the manuscript: Stevenson, Wang, Abikhair, Pavlick, Carucci.

Critical revision of the manuscript for important intellectual content: All authors.

Statistical analysis: Wang, Abikhair, Pavlick, Carucci.
Obtained funding: Pavlick.

Administrative, technical, or material support: Abikhair, Roudiani, Pavlick, Carucci.

Study supervision: Wang, Felsen, Krueger, Pavlick, Carucci.

Conflict of Interest Disclosures: None reported.

Meeting Presentation: This study was presented at the annual Meeting of the American Academy of Dermatology; March 5, 2017; Orlando, Florida.

Additional Contributions: We thank the patient for granting permission to publish this information.

REFERENCES

- Karia PS, Han J, Schmults CD. Cutaneous squamous cell carcinoma: estimated incidence of disease, nodal metastasis, and deaths from disease in the United States, 2012. *J Am Acad Dermatol*. 2013;68(6):957-966.
- Behshad R, Garcia-Zuazaga J, Bordeaux JS. Systemic treatment of locally advanced nonmetastatic cutaneous squamous cell carcinoma: a review of the literature. *Br J Dermatol*. 2011;165(6):1169-1177.
- Lipson EJ, Forde PM, Hammers H-J, Emens LA, Taube JM, Topalian SL. Antagonists of PD-1 and PD-L1 in cancer treatment. *Semin Oncol*. 2015;42(4):587-600.
- Lipson EJ, Bagnasco SM, Moore J Jr, et al. Tumor regression and allograft rejection after administration of anti-PD-1. *N Engl J Med*. 2016;374(9):896-898.
- Jambusaria-Pahlajani A, Kanetsky PA, Karia PS, et al. Evaluation of AJCC tumor staging for cutaneous squamous cell carcinoma and a proposed alternative tumor staging system. *JAMA Dermatol*. 2013;149(4):402-410.
- Rowe DE, Carroll RJ, Day CL Jr. Prognostic factors for local recurrence, metastasis, and survival rates in squamous cell carcinoma of the skin, ear, and lip: implications for treatment modality selection. *J Am Acad Dermatol*. 1992;26(6):976-990.
- Han A, Ratner D. What is the role of adjuvant radiotherapy in the treatment of squamous cell carcinoma with perineural invasion? *Cancer*. 2007;109(6):1053-1059.
- O'Bryan K, Sherman W, Niedt GW, et al. An evolving paradigm for the workup and management of high-risk cutaneous squamous cell carcinoma. *J Am Acad Dermatol*. 2013;69(4):595-602.e1.
- Jarkowski A III, Hare R, Loud P, et al. Systemic therapy in advanced cutaneous squamous cell carcinoma (CSCC): the Roswell Park experience and a review of the literature [published online May 29, 2014]. *Am J Clin Oncol*. doi:10.1097/COC.000000000000088
- Seiwert TY, Burtneis B, Mehra R, et al. Safety and clinical activity of pembrolizumab for treatment of recurrent or metastatic squamous cell carcinoma of the head and neck (KEYNOTE-012): an open-label, multicentre, phase 1b trial. *Lancet Oncol*. 2016;17(7):956-965.
- Chang ALS, Kim J, Luciano R, Sullivan-Chang L, Colevas AD. A case report of unresectable cutaneous squamous cell carcinoma responsive to pembrolizumab, a programmed cell death protein 1 inhibitor. *JAMA Dermatol*. 2016;152(1):106-108.
- Belkin DA, Mitsui H, Wang CQ, et al. CD200 upregulation in vascular endothelium surrounding cutaneous squamous cell carcinoma. *JAMA Dermatol*. 2013;149(2):178-186.
- Pettersen JS, Fuentes-Duculan J, Suárez-Fariñas M, et al. Tumor-associated macrophages in the cutaneous SCC microenvironment are heterogeneously activated. *J Invest Dermatol*. 2011;131(6):1322-1330.
- Zhang S, Fujita H, Mitsui H, et al. Increased Tc22 and Treg/CD8 ratio contribute to aggressive growth of transplant associated squamous cell carcinoma. *PLoS One*. 2013;8(5):e62154.
- Bluth MJ, Zaba LC, Moussai D, et al. Myeloid dendritic cells from human cutaneous squamous cell carcinoma are poor stimulators of T-cell proliferation. *J Invest Dermatol*. 2009;129(10):2451-2462.

NOTABLE NOTES

Oribasius—Pediatric Skin Eruptions and the Origins of the Allergic Reaction to Breast Milk

Gregory Tsoucalas, MD, PhD; Markos Sgantzios, MD, PhD

Oribasius (circa AD 325-403) was born in the Kingdom of Pergamon and studied medicine at the Alexandrian School in Egypt under Zeno of Cyprus. He practiced in Asia Minor and gained the reputation of an expert before he became the personal physician of the emperor Julian (AD 330-363). He was interested in pediatric diseases and was the first to recognize skin eruptions after breastfeeding as a common allergy among newborn infants. He knew that every woman's milk should be tested for its quality and for conditions that would be pathological for the newborns.¹ He proposed several methods to test the milk, such as the "seashell-fat formation," in which the milk rested inside a seashell for 1 day and a fatty crust appeared, or the same test but with a clay vase, named "cream-judger" (Greek: κρεματοκρίτης).^{1,2} Both tests assessed the flavor, odor, and hue. He noted "... for rashes presenting on the baby's skin, most are due to poor quality of the maternal milk, or when the newborn's organisms could not properly digest the milk, or sometimes the skin's maleficence begins intrauterine. Mothers or wet nurses (Greek: τροφός, τίτην, a nurse that breastfeeds another woman's newborn) must therefore both let it manifest itself, as this is the only way to redemption from greatest evils that could happen to the baby. If you don't allow rashes to fully grow, they could be really dangerous. You should begin the treatment when the rashes are in exultation, only then you could heal them,

by applying a water solution with myrtle (myrtus), or schinus. The best way is for the woman to be fed as gently as possible, and as for the baby, it must live daily without an overfilled stomach, so that it could better digest the milk, and avoid the unpleasant feeling of a poor mood."³ Oribasius clearly understood that this was a congenital or acquired disorder related to milk's digestion. Although he did not observe a fully oral allergy syndrome, but only a skin anaphylaxis, he gave specific instructions to minimize the fatality of the disease.¹

Author Affiliations: Department of Anatomy & History of Medicine, University of Thessaly, Larissa, Greece.

Corresponding Author: Gregory Tsoucalas, MD, PhD, Faculty of Medicine, Department of Anatomy & History of Medicine, University of Thessaly, Ierolohiton 155, Agioi Anargyroi 38334, Volos, Greece (gregorytsoucalas@yahoo.gr).

- Tsoucalas I. *Paediatrics and Neonatology in Ancient Greece and Byzantium*. Chania and Thessaloniki, Greece: Science Press; 2006: 258-261, 413.
- Oribasius of Pergamon. *Oeuvres d' Oribase* [Περὶ ἐκλογῆς τιτῆς]. Vol IV. Paris, France: Bussemaker & Daresberg; 1851-1876: 125-126.
- Oribasius of Pergamon. *Oeuvres d' Oribase* [Περὶ τῶν παιδικῶν ἐξανθημάτων]. Vol V. Paris, France: Bussemaker & Daresberg; 1851-1876: 148.