

from animal models provides further support for the idea that paracrine interactions may also attract nontumor (e.g., bone marrow–derived) and tumor cells to establish a premetastatic niche.^{2,3} The active dysadhesion of local tissues to allow tumor-cell invasion (e.g., via E-cadherin, dysadherin, or both) is also probably triggered by paracrine signaling, as Batistatou et al. point out. Finally, the complex roles played by the host-site microenvironment and by the immune system in metastatic dormancy are not yet fully understood, although recent intriguing results point to tumor-specific T-cell suppression of multistage carcinogenesis through cytokine signaling.⁴

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Stones in Primary Hyperoxaluria — A Clarification

TO THE EDITOR: We wish to clarify information published in our letter on primary hyperoxaluria, which recently appeared in the *Journal* (July 3, 2008, issue).¹ We had previously published an article concerning oxalate stones in the *Journal of Nephrology*.² Thirteen of the cases from our earlier report were included in the 74 cases described in our letter to the *Journal*, whereas 61 of the 74 cases (82%) were new. Our letter focused on the very peculiar stone morphologic characteristics at the micrometer level, as demonstrated by scanning electron microscopical examination. No images are duplicates of previously published material.

In the recent letter, we did not reference our earlier report and apologize for that omission.

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Revertant Mosaicism — Patchwork in the Skin

TO THE EDITOR: Revertant mosaicism occurs when an inherited disease-causing mutation is corrected by a spontaneous genetic event within a somatic cell, followed by expansion of this reverted cell.¹ This phenomenon has been recognized as the cause of milder-than-expected clinical phenotypes in patients with primary immunodeficiency syndromes or muscular dystrophy.² In the skin of patients with the hereditary blistering disease epidermolysis bullosa, revertant mosaicism is manifested as small patches of homogeneously pigmented skin surrounded by skin that blisters easily (Fig. 1).

For years, the phenomenon of genetic reversion was thought to occur as a single rare event in patients with a genetic disease. More recently, however, it has been shown that revertant mosaicism



Figure 1. Revertant Mosaicism in a Patient with Non-Herlitz Junctional Epidermolysis Bullosa.

A hyperpigmented revertant patch is visible on the wrist, surrounded by pink, blistered skin. The site of the biopsy of the patch is circled in black ink. The patient is Patient 13.