

HISTORICAL PERSPECTIVES

Pioneers in dermatology and venereology: An interview with Prof. Jose Maria Mascaro

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Curriculum Vitae: Prof. Jose Maria Mascaro

Birth

Barcelona, Spain, 4 September 1932.

Education

- Medical School: Faculty of Medicine of the University of Barcelona (1955).
- Postgraduate Boards: 1. Dermatology: University of Barcelona (1957) – University of Paris (1961); 2. Pathology: University of Barcelona (1959).

Positions held

- University: 1. Associate Professor (Maitre ès Sciences Médicales) of Dermatology. University of Paris (1963–67); 2. Assistant Professor of Dermatology. University of Barcelona (1968–70); 3. Associate Professor of Dermatology. University of Barcelona (1971–72); 4. Professor and Chairman of Dermatology. University of Valencia (1972–77); 5. Vice Dean. Faculty of Medicine of Valencia (1975–76). Professor and Chairman of Dermatology. University of Barcelona (1978–2002).
- Research: Member of the National Institute of Health and Medical Research (Paris; 1962–69).
- Hospital: 1. Chief consultant of Cutaneous Tumors (Hospital St. Louis) (1961–67); 2. Head of the Histopathology

Laboratory (Department of Dermatology, Hospital St. Louis, Paris) (1961–67); 3. Head of Services of Dermatology. University Hospital of Barcelona (1967–72), Valencia (1972–77) and Barcelona (1978–2002).

Professor Emeritus of Dermatology. University of Barcelona (since 2003 - Present).

Directorships in societies

1. Member of the Board of the Spanish Society of Pathology; 2. President of the Spanish Society of Dermatology (1977–1982); 3. Honorary President of the Spanish Society of Dermatology (since 1982); 4. Member of the Board of Directors of the International League of Dermatological Societies (1982–2002); 5. Former Vice President of the Society of French speaking Dermatologists; 6. Secretary-General of the International League of Dermatological Societies (1992–1997). 7. President of the European Academy of Dermatology and Venereology (1998–2000).

Other activities

1. Chief Editor of *Medicina Cutanea Ibero Latino Americana* (1977–1995).
2. Chief Editor of *Actas Dermo-Siflográficas* (1977–1982).
3. Chief Editor of the Spanish edition of the *Archives of Dermatology* (1989–1999).
4. Member of the Editorial Board of *Archives of Dermatology*, *Journal of the American Academy of Dermatology*, *International Journal of Dermatology*, *Seminars in Dermatology*, *Annales de Dermatologie et Vénérologie*, *Dermatology*, *The Journal of Dermatological Treatment*, *European Journal of Dermatology*, *Dermatologia Clinica e Sperimentale* and others.
5. Advisor of the on-line Educational Program Access Dermatology.

Scientific publications

More than 300 papers.

Main fields of interest

Porphyrias, Dermatopathology, Cutaneous Tumors, Melanoma.

Questions

What brought you to Dermatology?

JMM: I discovered my interest in dermatology through the lectures of Professor Xavier Vilanova during the last year of my medical studies. Until then I was decided to be a gynaecologist, as my father and grandfather had been. But then I discovered that dermatology is a part of internal medicine with a wide spectrum of possibilities.

Who were your most important teachers?

JMM: In Spain, it was Xavier Vilanova under whose supervision I trained for four years. Later, when I moved to Paris supposedly for one year (I ended up staying there for 10 years), I had two eminent masters: Bernard Duperrat, who taught me not only dermatology but also general pathology and particularly dermatopathology, and Robert Degos who at that time was the most recognized contemporary Master. Both honoured me with their confidence and support for my future professional success. Finally, when I came back to Barcelona, I was associate professor under the Chairman Joaquin Piñol, who was like an older brother and guided me to be his successor.

From whom did you learn most?

JMM: From Degos, clinical dermatology; from Duperrat, not only dermatology and pathology but also the subtle clues of practical exercise – for instance how to write a tricky pathological report; from Vilanova I learnt how to speak in front of an audience, how to give a lecture; things such as to pay attention not only to the relevance of what is said, but also of how it is said, as well as the use of pauses and silences. From Piñol I learnt how to work: he was a creative thinker and a hard worker.

Please list your 5 best publications

- 1 'Considerations sur les tumeurs fibro-épithéliales. Le syringofibro-épine' JM Mascaró. Ann Derm Syph 90:143–153, 1963.
This short and modest report of a peculiar adnexal tumour (vs hyperplasia ?) has been found relevant for its association and to be a histological marker of some diseases as Clouston syndrome (refs: de Andrade AC An Bras Dermatol. 2014 89: 504–506 Clouston Syndrome and Eccrine Syringofibroadenomas; Poonawalla T, Ling X, Patten Stella; Stratman EJ Am J Dermatopath 2009; 31; 157–161).
- 2 'Hepatoerythropoietic porphyria: a new uroporphyrinogen decarboxylase defect or homozygous porphyria cutanea tarda?' GH Elder, SG Smith, C Herrero, M Lecha, JM Mascaró, AM Muniesa, DB Carnecki, J Brenan, V Poulos, RE de Salamanca. The Lancet. 1981 (April 25), 916–919, & 2 bis. 'A mutation (G281E) of the human uroporphyrinogen decarboxylase gene causes both Hepatoerythropoietic Porphyria and overt familial Porphyria Cutanea Tarda: biochemical and genetic studies on

Spanish patients'. AG Roberts, GH Elder, RE de Salamanca, C Herrero, M Lecha, JM Mascaró. J Invest Dermatol 104: 500–502, 1992.

This article dealt with the identification of HEP as the homozygous form of familial PCT.

- 3 'Is hepatitis C virus infection a trigger of porphyria cutanea tarda?' C Herrero, A Vicente, M Bruguera, M Ercilla, JM Barrera, J Vidal, J Teres, JM Mascaró. Lancet 341: 788–9, 1993.
This was the first time that HCV infection was shown to play a crucial role in PCT development.
- 4 'Thalidomide treatment of recurrent necrotic giant mucocutaneous aphtae and aphtosis'. H Torras, M. Lecha, JM Mascaró, Arch Dermatol 118:875, 1982 & 4bis Mascaró JM, Lecha M Torras H. Arch Dermatol. 115: 636, 1979.
This was the first time thalidomide was introduced for treatment of aphtae & aphtosis (and the first study and paper that we did together with my wife Helena).
- 5 'Tumeurs sous unguéales dyskérotosiques douloureuses spontanément résolutive. Ses rapports avec l'incontinentia pigmenti'. J Piñol Aguadé, JM Mascaró, C Herrero, T Castel. Ann Derm Syph (Paris) 100: 159–168, 1973. & 5 bis 'Painful subungueal keratotic tumors in incontinentia pigmenti'. JM Mascaró, J Palou, P Vives. J Am Acad Dermatol 13: 913–918, 1985.
This article dealt with the identification of IP painful subungueal tumours and their relation with keratoacanthoma.

Have you ever been president or in the leadership of an academic society?

JMM: I have been president (1977–1982) and Honorary President (from 1982 up to now) of the Spanish Academy of Dermatology. I have also been President (1998–2000) of the European Academy of Dermatology and Venereology, as well as Board Member (1982–2002) and Secretary General (1992–1997) of the International League of Dermatological Societies.

What was the greatest achievement of your professional life?

JMM: When it comes to personal satisfaction, I take pride in issues that have no place in a curriculum. To me, the most important aspect in my professional life is that I built friendship bonds with dermatologists around the world. In my own values code this is more important than any other achievement.

What was the greatest disappointment of your professional life?

JMM: As I said in a couple of past interviews, in the exercise of practical dermatology my greatest disappointment was sometimes to be treating viral warts, particularly those located on the soles. In general we treat the result of HPV infection, but not the virus itself and we are never sure that there will not be a recurrence. When I was young I felt frustration when, after different treatments, sometimes the patient would come back reporting

that finally the wart was gone (e.g. after a friend recommended him/her to apply toothpaste).

What was the funniest experience of your professional life?

JMM: I remember with nostalgia the time when, living at Paris Saint Louis' Hospital building for resident doctors, I asked my Head for the permission to work at the laboratory at night. He approved it and then, every day after dinner, I remained working alone from 8 pm to midnight or sometimes even later. Initially, as the windows of the lab were illuminated, someone from the security came to check what was going on. Many times I was obliged to show my written permission until it was known and accepted that a young Spanish doctor worked there at night. However 4 years later I got married and moved to a small flat, and thus lived one hour and half away from the hospital. Duperrat, my Head, offered me an old Wild microscope to work at home. One day, some months later, I met one of the security men who, after taking me for a fool, had accepted my nocturnal working habits; he told me: '*Well I can see that this hard worker is now tired. . . , the lab is presently always closed at night*'.

I also remember another anecdote. Professor Ferdinando Serri was one of the Masters of Italian Dermatology. Chairman of Pavia and Rome, he trained in the United States and organized the International Congress in 1972 in Venice.

In 1976 he invited Professor Thomas Fitzpatrick and myself to give some lectures in Rome. The day after our arrival he asked both of us to visit a private patient from a very important family. It was a woman of 22 years old, presenting *urticaria pigmentosa*, but the family was frightened at the diagnosis and wanted a second opinion. We went to the patient's house. In fact it was not a house but a palace. The parents and the young woman were waiting for us in an immense room filled with magnificent paintings; I remember a beautiful Raffaello. The servants stretched a red carpet and brought a standing lamp. Then the young woman undressed herself totally and stood up over the carpet to be examined by us. At that time, two servants dressed in livery offered us champagne glasses over a silver tray. It was an unbelievable scene, in the style of an Antonioni's movie. Fitzpatrick, Serri and I alternatively examined the patient, admired the paintings and drank champagne, and conversed with the parents about the paintings and *urticaria pigmentosa*, as if we were at a social party. Since that time whenever I ran across Tom Fitzpatrick, he would remind me of the most extraordinary consultation of our professional lives.

Whom would you list among the top ten dermatologists (deceased persons)

JMM: It is difficult to mention only ten. . . but I suppose the numbers could subjectively be 'flexible'. As for me it has never been easy to separate the person and the scientist, I have chosen those who I knew personally and with whom I had a very good relation with: Bernard Ackerman, Thomas Fitzpatrick, John Strauss and Richard Winkelman from the United States; Arthur Rook, Darrel Wilkinson from the UK; Ruggero Caputo and Ferdinando Gianotti from Italy; from France my mentors Robert Degos and Bernard Duperrat, Andre Bazex and Jean Thivolet; Otto Braun Falco, Gerd Klaus Steigleder from Germany; Stephania Jablonska from Poland; Ramón Ruiz Maldonado from Mexico, from Spain my mentors Joaquin Piñol and Xavier Vilanova. Caputo, Strauss, and Ruiz Maldonado were also my very close friends.

Whom would you list among the top ten of living dermatologists?

JMM: By alphabetical order Martin Black, Jean Bologna, Francisco Camacho, Ana Kaminsky, Stephen Katz, Helmut Kerl, Jean Hilaire Saurat, Antonella Tosti, Kaus Wolff. Of course I mention again some of those that I have a personal relation with and know much better than others from the new generations. On the other hand I am very proud of my family members who are dermatologists: my son Jose Manuel Mascaro and his wife Eulalia Baselga are bright contemporary dermatologists, particularly well known in the fields of immunodermatology and paediatric dermatology.

What will be the greatest problem for dermatology in the next ten years?

JMM: One practical problem is that many of the new treatments are progressively more expensive and therefore it could become very difficult for the Health Services to cover them; this means that the management of chronic diseases with new drugs will not be possible except for rich people.

What will be the next breakthrough in the coming ten years in Dermatology?

JMM: Maybe I can distinguish the arrival of a scientific breakthrough, i.e. the modification of/interference with the genes which are responsible for diseases/alterations. But practically speaking, the breakthrough would be to find affordable drugs and procedures that can be covered by the National Health Services of all countries (or by as many as possible) with the aim to provide treatment/management for all who need it. Maybe I am a dreamer but if there were no dreamers, solutions would never be reached.