



Letter to Editors

Was Blessed Jean Bassand affected by actinic keratoses?



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Blessed Jean Bassand (c. 1360–1445) was a high rank French Celestine monk whose beatification took place in 1909 [1]. Born into an upper class family in Besançon, he represented a key figure of the 14th and 15th century ecclesiastic milieu: first prior at Amiens, he was elected provincial prior on five occasions. He founded and directed monasteries in England and in Spain [1]. On Pope Eugenius IV's (1431–1447) demand, aged 83, he went to Aquila to reform the monastery of Santa Maria di Collemaggio (L'Aquila, Italy). He lived or two years; he died aged 85 on the morning (covered with lime. His mummified body, which was fairly preserved (two canonic recognitions were performed in 1463 and 1906) [2], was displayed inside the Basilica of Collemaggio. After the 2009 earthquake, the mummified corpse was, then, moved to a secret location where a third canonical recognition is being performed [3].

Resorting to oblique illumination, the presence of multiple (at least 19), round, well-circumscribed plaques on the forehead, cheeks, and upper lip of the mummified head of Blessed Jean Bassand [3] was recently identified. These plaques were diagnosed as possibly consistent with multiple seborrheic keratosis (SKs): *“From a modern clinical viewpoint, the facial skin eruption of Jean Bassand would seem to meet most of the diagnostic criteria for multiple seborrheic keratoses. The age at death and the lifestyle of the Blessed, with frequent, long-distance travel under severe conditions, are fully compatible with this diagnosis. In fact, it is well known that male sex, increased age and sun- exposure may predispose individuals towards the development of these lesions”*. [3]. Quite unfortunately, the rest of the body was not been investigated; hence, a diagnosis of seborrheic keratoses (SKs) in the areas of the body than the face- chest, shoulders, abdominal region and back- was not performed.

We surmise that the authors' description fits better the diagnostic criteria of actinic keratoses (AK) rather than seborrheic keratosis. AKs consist of rough, scaly growths of the skin that develop from years of sun exposure and are commonly found on the most exposed areas of the body (face, ears, lips, back of the hands, forearms, bald scalp and neck). AKs range in size from a few millimetres to > 2 cm in diameter, often coalesce. Some develop horny proliferations called verrucous keratosis. Their prevalence is higher in men than in women aged 50 and over [4].

Seborrheic keratosis is the most common benign tumour in older individuals, which develops from the proliferation of epidermal cells. No specific etiologic factors have been identified. The role of UV light (intermittent or cumulative excessive exposure) in the etiology of SKs is

still debated [5]. They manifest as a brown, black or light tan growth that are “stuck on the skin”, on chest, back, folds and head. On the face, they are usually located near the temples [5]. Generally, the growth shows a scaly, slightly elevated appearance. They range in size from a few millimeters to several centimetres [5]. No sex difference is apparent in the frequency of occurrence of seborrheic keratoses [5]. Differential diagnoses of SKs include skin tumors such as basal cell carcinoma, fibroma, various adnexal tumors or viral warts. The very high number of facial lesions here rule out some of the diagnoses like basal cell carcinoma or adnexal tumors [5]. Epidermodysplasia verruciformis is characterized by multiple seborrheic keratosis-like lesions on the body included the face. However, patients are exposed to skin cancers on sun-exposed areas [5]. Such diagnosis is quite unlikely for Jean Bassand.

In reality, in the absence of microscopic examination, a correct retrospective dermatological diagnosis in paleopathology is extremely challenging. It is regrettable that these lesions have not undergone binocular magnifying glass examination, a type of mobile device that can be used when mummies cannot be moved to a laboratory [6]. Such examination would have provided a better knowledge of the fine morphology of these lesions, their pigmentation and their limits to adjacent healthy tissue. Naked eye examination is not enough in paleopathology, especially in dermatopathology. Ideally, an examination by optical microscopy with standard stains (haematin, eosin, saffron) would have been the rule, especially since there is a profusion of lesions (n = 19). In addition, there remains a possibility that these lesions are only due to pseudo-pathology. Insect attack and heterogeneous epidermal putrefactive detachment are a common cause of pseudo-cutaneous lesions observed on autopsy of both for modern corpses and mummified remains [7–9]. To conclude, Blessed Jean Bassand may have probably suffered from either actinic keratoses, seborrheic keratoses, both or nothing at all.

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None.

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The authors declare that they have no conflict of interest.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.mehy.2019.04.016>.

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