

**Correction:** This article was corrected on September 14, 2016, to delete an incorrect statement about nonmelanoma skin cancer.

**Published Online:** July 26, 2016.  
doi:10.1001/jamadermatol.2016.2606.

**Conflict of Interest Disclosures:** None reported.

## REFERENCES

1. US Preventive Services Task Force. Screening for skin cancer: US Preventive Services Task Force recommendation statement [published online July 26, 2016]. *JAMA*. doi:10.1001/jama.2016.8465.
2. US Preventive Services Task Force. Screening for skin cancer: US Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2009;150(3):188-193.
3. Agency for Healthcare Research and Quality. Guide to clinical preventive services, 2014: preface. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/preface.html>. Accessed May 20, 2016.
4. Wernli KJ, Henrikson NB, Morrison CC, Nguyen M, Pocobelli G, Blasi PR. Screening for skin cancer in adults: updated evidence report and systematic review for the US Preventive Services Task Force [published online July 26, 2016]. *JAMA*. doi:10.1001/jama.2016.5415.
5. Breitbart EW, Waldmann A, Nolte S, et al. Systematic skin cancer screening in Northern Germany. *J Am Acad Dermatol*. 2012;66(2):201-211.
6. Katalinic A, Waldmann A, Weinstock MA, et al. Does skin cancer screening save lives? an observational study comparing trends in melanoma mortality in regions with and without screening. *Cancer*. 2012;118(21):5395-5402.
7. Boniol M, Autier P, Gandini S. Melanoma mortality following skin cancer screening in Germany. *BMJ Open*. 2015;5(9):e008158.
8. Katalinic A, Eisemann N, Waldmann A. Skin cancer screening in Germany: documenting melanoma incidence and mortality from 2008 to 2013. *Dtsch Arztebl Int*. 2015;112(38):629-634.
9. Ferris L, Saul M, Lin Y, et al. Preliminary outcomes of a primary care-based skin cancer screening program [abstract 1508]. *J Clin Oncol*. 2016;34(15)(suppl):1508.
10. Eide MJ, Asgari MM, Fletcher SW, et al; INFORMED (INternet course FOR Melanoma Early Detection) Group. Effects on skills and practice from a web-based skin cancer course for primary care providers. *J Am Board Fam Med*. 2013;26(6):648-657.
11. Weinstock MA, Ferris LK, Saul MI, et al. Downstream consequences of melanoma screening in a community practice setting: first results. [published online July 8, 2016]. *Cancer*. doi:10.1002/cncr.30177.
12. Boulware LE, Marinopoulos S, Phillips KA, et al. Systematic review: the value of the periodic health evaluation. *Ann Intern Med*. 2007;146(4):289-300.
13. Bloomfield HE, Wilt TJ. Evidence brief: role of the annual comprehensive physical examination in the asymptomatic adult. <http://www.hsrd.research.va.gov/publications/esp/physical.cfm>. Accessed June 1, 2016.
14. Hoorens I, Vossaert K, Pil L, et al. Total-body examination vs lesion-directed skin cancer screening. *JAMA Dermatol*. 2016;152(1):27-34.
15. Weinstock MA, Risica PM, Martin RA, et al. Reliability of assessment and circumstances of performance of thorough skin self-examination for the early detection of melanoma in the Check-It-Out Project. *Prev Med*. 2004;38(6):761-765.

## NOTABLE NOTES

### Porphyria and Vampirism—A Myth, Sensationalized

Eric Laurent Maranda, BS; Robert Heifetz, BS; William A. Estes, BS; Jacqueline Cortizo, BS; Shahjahan Shareef, BS; Joaquin J. Jimenez, MD

Imagine that seated in the waiting room of your office is a pale stranger wearing a flowing black cape. In a halting Slavic accent, he complains of an aversion to sunlight and claims that his condition temporarily improves with ingestion of exogenous blood. While your instinct may be to protect your neck and run for safety, perhaps as his physician the next best step is to perform a urinalysis and hematologic testing!

Porphyria refers to a group of disorders characterized by defects in the biosynthetic pathway of heme, an erythrocyte cofactor essential for oxygen transport. Manifestations of this disease occur secondary to the accumulation of intermediates called porphyrins, which can cause photomutilation in sun-exposed areas of the skin. It was not until the 1980s, however, that porphyrias were first postulated as the inspiration for the myth of vampirism.

While dramatic and mysterious, the pale and day-fearing vampire with which we are familiar is a fairly recent creation. Prior to Bram Stoker's rendition of the creature, they were often portrayed with ruddy complexions and showed no aversion to sunlight.<sup>3</sup> To further dispel the myth, there is no physiologic explanation as to why people with porphyria may wish to drink blood or exhibit an aversion to garlic.

Further notoriety can be attributed to a poor understanding of the dermatologic manifestations of the disease. In cutaneous porphyria, the timeframe, cause, and severity are often misunderstood. The suprabasal vesicles of porphyria cutanea tarda, the most common subtype, typically present later in life and are most often elicited by infection or hepatotoxin exposure. Less treatable porphyrias, such as erythropoietic protoporphyria, are extremely rare diseases of infancy, in which both outdoor and indoor light can lead to scarring in exposed skin.<sup>2</sup>

The dubious link between porphyria, vampirism, and the occult has had resounding effects on the perception of those with porphyria.

Variagate porphyria is an autosomal dominant disease most commonly seen in South Africa. Symptoms are often acute and multisystemic, which means it is often underdiagnosed. When awareness of porphyria became transcontinental, an Afrikaans family magazine released a sensationalist article entitled "Draculas Do Indeed Exist" which stated that a "substantiated" bloodlust condition was regionally commonplace.<sup>1</sup> Such outrageous media led to the ostracization of many porphyria patients and deterred many others from seeking medical advice.

While the connection to vampiric myth is largely based on conjecture and misinformation, there may be little harm in keeping alive a time-old tale of mystery and intrigue as long as its connection to the debilitating disease of porphyria is severed. As the pale stranger in your office can attest, life with porphyria is difficult enough without everyone thinking you are Dracula.

**Author Affiliations:** Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, Miami, Florida (Maranda, Jimenez); Lake Erie College of Osteopathic Medicine, Bradenton, Florida (Heifetz); Texas A&M Health Science Center College of Medicine, Bryan (Estes); Charles E. Schmidt College of Medicine at Florida Atlantic University, Boca Raton (Cortizo); Nova Southeastern University School of Medicine, Fort Lauderdale, Florida (Shareef).

**Corresponding Author:** Eric Laurent Maranda, BS, Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, 1475 NW 12th Ave, Miami, FL 33136 (emaranda@med.miami.edu).

1. Day RS. Bloodlust, madness, murder and the press. *New Sci*. 1984;13(1421):53-54.
2. Elder D, Elenitsas R, Rubin A, Ioffreda M, Miller J, Miller OF. *Atlas and Synopsis of Lever's Histopathology of the Skin*. 3rd ed. Philadelphia, PA: Lippincott Williams and Wilkins; 2012:190-192.
3. Jenkins M. *Vampire Forensics: Uncovering the Origins of an Enduring Legend*. Washington, DC: National Geographic Society; 2010:7-67.