

## THERAPEUTIC ABSTRACTS

### **Updating**

#### ***Effect of colchicine in the subcorneal pustular dermatosis type of IgA pemphigus***

***Emmilia Hodak, MD, Moshe Lapidot, MD and Michael David, MD Tel Aviv, Israel.***

#### **Abstract :**

IgA pemphigus of the subcorneal pustular dermatosis (SPD) type is characterized by subcorneal acantholysis and by an abundance of neutrophils, making colchicine a reasonable pharmacologic option for treatment. Objective: We attempted to determine the efficacy of colchicine in the treatment of SPD-type IgA pemphigus. Methods: Two patients with SPD-type IgA pemphigus were treated with colchicine 1.5 mg/day as monotherapy. Results: A sustained clinical response was achieved within 2 to 3 weeks of therapy. Relapses were noted each time colchicine was stopped. Conclusion: Colchicine should be considered in the treatment of SPD-type IgA pemphigus. (J Am Acad Dermatol 1999;40:91-4).

#### ***Long-term results of isotretinoin in the treatment of 68 patients with hidradenitis suppurativa***

***Jurr Noer, MD, PhD and Mirjan J.P. van Gemert, MD Deventer, The Netherlands***

#### **Abstract :**

Oral isotretinoin has been used to treat mild to severe hidradenitis suppurativa (HS). low-dose isotretinoin for 4 to 6 months used in the treatment of 68 patients with HS in this retrospective study. In Conclusion: Monotherapy with isotretinoin for patients with HS usually has a limited therapeutic effect. (J Am Acad Dermatol 1999;40:73-6).

#### ***Finasteride in the treatment of men with androgenetic alopecia.***

***Keith D. Kaufman, MD, a Elise A. Olsen, MD, c David Whiting, MD***

#### **Abstract :**

In men with male pattern hair loss, finasteride 1 mg/d slowed the progression of hair loss and increased hair growth in clinical trials over 2 years. (J Am Acad Dermatol 1999;39:578-89)

#### ***Long-term antibiotic therapy for balanitis xerotica obliterans***

***Walter B. Shelley, MD, PhD, E. Dorinda Shelley, MD, Molly A. Grunenwald, MD, Timothy J. Anders, MD and Anita Ramnath, MD Toledo, Ohio.***

#### **Abstract :**

In an open uncontrolled study of 3 patients with balanitis

xerotica obliterans we have observed significant improvement after long-term systemic antibiotic therapy. Two of the patients noticed softening of the skin as well as disappearance of pruritus, tenderness, and inflammatory changes within 3 weeks of receiving oral and intramuscular penicillin. The third patient experienced the same degree of improvement after a regimen of dirithromycin, 500 mg/day. Stopping the antibiotic for 1 month resulted in relapse, with improvement again on resumption. (J Am Acad Dermatol 1999;40:69-72).

#### ***Successful treatment of prurigo nodularis with cyclosporin A***

***K. Hershko and A Ingber***

***Department of Dermatology, Hadassah University Hospital, Jerusalem, Israel.***

#### **Abstract :**

Prurigo nodularis (PN) is a chronic idiopathic dermatitis. Several treatment modalities have been tried in PN patients but have yielded very poor results. We present three patients with refractory PN who responded unequivocally well to cyclosporin A treatment. It is therefore suggested that cyclosporin A should be considered an option in treating severe PN. (J Dermatol Treat (1999) 10:63-65).

#### ***Disseminated superficial actinic porokeratosis : Treatment with topical tacalcitol***

***Markus Bohm, MD Thomas A. Luger, MD and Gisela Bonsmann, MD Munster, Germany.***

#### **Abstract :**

Disseminated superficial actinic porokeratosis is characterized by multiple, brown, annular, keratotic lesions that develop predominantly on the extensor surfaces of the legs and arms during the third and fourth decades of life. No ideal treatment of disseminated superficial actinic porokeratosis has been found. We describe a patient with this condition whose skin lesions responded to topical tacalcitol. (J Am Acad Dermatol 1999;40:479-80)

#### ***Linear IgA bullous dermatosis in a patient with chronic renal failure: Response to intravenous immunoglobulin therapy.***

***Inayat U. Khan, MD, Kailash C. Bhol, PhD, and A. Razzaque Ahmed, MD Boston, Massachusetts.***

#### **Abstract :**

Linear IgA bullous dermatosis is a blistering disease with a heterogeneous clinical manifestation, characterized by deposition of IgA along the basement membrane zone of perilesional skin on direct immunofluorescence. We de-

scribe a patient with chronic renal failure who experienced linear IgA bullous dermatosis. Long-term administration of intra-venous immunoglobulin therapy was associated with clinical remission lasting more than 12 months. (J Am Acad Dermatol 1999;40:485-8).

**Decrease in Enkephalin Levels in Psoriatic Lesions after Calcipotriol and Mometasone Furoate Treatment**

J. B. Nissen, W.W. Avrach E.S. Hansen, K. Stengaard-Pedersen, K. Kragballe

**Abstract :**

The increased levels of enkephalin in psoriatic lesions are reduced in parallel with the clinical improvement induced by a topical vitamin D analogue and a corticosteroid. Because enkephalins can modulate epidermal differentiation and inflammatory processes, the findings indicate that enkephalins may play a role in the pathogenesis of psoriasis. Dermatology 1999; 198:11-17

**Nodular Fasciitis: Response to intralesional corticosteroids**

Brad S. Graham, MD, a Terry L. barrett, MD, a and Robert W. Goltz, MD, b

Nodular fasciitis is one of the more common soft-tissue lesions, frequently presenting as a rapidly enlarging subcutaneous mass on the arm. Management is usually surgical excision; however, large infiltrative lesions may be difficult to manage. We describe a patient in whom intralesional corticosteroid injections provided rapid resolution. (J Am Acad Dermatol 1999;40:490-2.)

**Microfine zinc oxide (Z-Cote) as a photostable UVA/UVB sunblock agent**

Mark A. Mitchnick, MD, a David Fairhurst, PhD, a and Sheldon R. Pinnell, MD, b

Microfine zinc oxide is an effective and safe sunblock that provides broad-spectrum UV protection, including protection from long-wavelength UVA. (J Am Acad Dermatol 1999;40:85-90.)

**Plasmapheresis as an adjunct treatment in toxic epidermal necrolysis**

Conleth A. Egan, MB, MRCPI, a, b Wendy J. Grant, MD, c Stephen E. Morris MD, c Jeffery R. Saffle, MD, c and John J. Zone, MD

Plasmapheresis is a safe intervention in extremely ill TEN patients and may reduce the mortality in this severe disease. Prospective studies are needed to further define its usefulness. (J Am Acad Dermatol 1999; 40:458-61,).

**Comparison of Two Formulations of Cyclosporin A in the Treatment of Severe Atopic Dermatitis.**

B. Zurbriggen, B. Wuthrich, P.B. Wilib, M.K. Kagic

**Abstract :**

While both formulations are effective and well tolerated in the treatment of severe AD, Neoral may have a faster onset of action and higher initial efficacy, which makes it an adequate replacement for Sandimmun. Dermatology 1999;198:56-60

**Helicobacter pylori eradication treatment reduces the severity of rosacea**

Serap Utas, MD, a Omer Ozbakir, MD, b Abdullah Turasan, MD, a and Cengiz Utas, MD, b Kayseri, Turkey.

**Abstract :**

Our findings suggest that H pylori may be involved in rosacea and that eradication treatment may be beneficial. (J Am Acad Dermatol 1999;40:433-5).

**Colchicine in dermatology**

Tory P. Sullivan, MD, a Lloyd E. King, Jr. MD, PhD, b and Alan S. Boyd, MD, b, c Miami, Florida, and Nashville, Tennessee.

**Abstract :**

Colchicine is a medication most often used to treat symptoms of gout. This drug has also been shown to have beneficial effects on cutaneous conditions, including leukocytoclastic vasculitis, psoriasis and Sweet's syndrome. Colchicine inhibits the function of polymorphonuclear leukocytes, and dermatoses with a strong presence of these cells may benefit the most from the administration of this medication. A review of the pharmacology, mechanism of action, and adverse reactions of colchicine is also presented.

(J Am Acad Dermatol 1999;39:993-9)

**Pulse methylprednisolone therapy for severe alopecia areata: An open prospective study of 45 patients.**

A. Friedli, MD, M.P. Labarthe, MD, E. Engelhardt, MD, R. Feldmann, MD, D. Salomon, MD and J-H Saurat, MD Geneva, Switzerland.

**Abstract:**

A single series of intravenous pulse of methylprednisolone appears to be well tolerated and effective in patients with rapidly progressing extensive multifocal AA, but not those with ophiasic and universalis AA.

(J Am Acad Dermatol 1999;39:597-606).

**Ketoconazole 2% shampoo in the treatment of tinea versicolor: A multicenter, randomized, double-blind, placebo-controlled trial**

David S. Lange,<sup>a</sup> Henry M. Richards, MD,<sup>a</sup> Joseph Guarnieri, PhD,<sup>a</sup>

**Abstract :**

Ketoconazole 2% shampoo, used as a single application or daily for 3 days, is safe and highly effective in the treatment of tinea versicolor.

(J Am Acad Dermatol 1998;39:944-50)

**Low-dose methotrexate in the treatment of widespread morphea.**

Seyger-MM; van-den-Hoogen-FH; de-Boo-T; de-Jong-EM

Low-dose methotrexate (MTX) has been shown to be effective in the treatment of systemic sclerosis. METHODS: Oral MTX, 15 mg/week, was administered to nine patients. RESULTS: At the end of the 24-week treatment period, significant improvement was observed. CONCLUSION: These results suggest a beneficial effect of MTX on widespread morphea.

J-Am-Acad-Dermatol. 1998 Aug; 39(2 Pt 1): 220-5

**Topical clindamycin versus systemic tetracycline in the treatment of hidradenitis suppurativa**

Gregor B. E. Jemec, MD, DmedSci,<sup>a</sup> and Peter Wendelboe, MD<sup>b</sup> Copenhagen and <sup>a</sup>Arhus, Denmark.

**Abstract :**

Systemic therapy with tetracyclines did not show better results than topical therapy with clindamycin. Subjective factors, particularly soreness, appear to be a key factor in patients' assessment of the disease and should, therefore, be included as an outcome variable in future therapy studies. (J Am Acad Dermatol 1998;39:971-4).

**Tazarotene 0.1% gel plus corticosteroid cream in the treatment of plaque psoriasis**

Mark G. Lebwohl, MD,<sup>a</sup> Debra L. Breneman, MD,<sup>b</sup> Bernard S. Goffe, MD,<sup>c</sup> Jay R.

**Abstract:**

All tazarotene combinations (including tazarotene plus placebo) were highly effective in rapidly reducing the severity of psoriasis. Combining tazarotene with a topical corticosteroid increased efficacy while reducing the incidence of local adverse events.

(J Am Acad Dermatol 1998;39:590-6).

**Uses of Vitamins A, C and E and related compounds in dermatology: A review**

Karen Laszlo Keller, MD and Neil A. Fenske, MD, FACP  
Tampa, Florida

**Abstract:**

Vitamins have been increasingly used as prophylactic and therapeutic agents in the management of skin disorders. The current literature is replete with studies that promote the potential benefits of these compounds and attempt to elucidate their mechanisms of action. We view the literature and discuss the roles, safety and efficacy of vitamins A, C and E and related compounds in cutaneous health and disease.

(J Am Acad Dermatol 1998;39:611-25).

**Relapses of onychomycosis after successful treatment with systemic antifungals: a three-year follow-up.**

Tosti-A; Piraccini-BM; Stinchi-C; Colombo-MD

Department of Dermatology, University of Bologna, Italy.

This study shows that 22.2% of patients with onychomycosis successfully treated with systemic antifungals experienced a relapse. The relapse rate increased from 8.3% at month 12 to 19.4% at month 24 and to 22.2% at month 36. Relapses were more common in patients treated with pulse itraconazole (4/11) than in patients treated with continuous (2/12) or intermittent (2/13) terbinafine. Statistical analysis did not reveal any significant difference between relapse rates in the three groups.

Dermatology. 1998; 197(2): 162-6

**Treatment of tinea capitis with itraconazole capsule pulse therapy.**

Gupta-AK; Hofstader-SL; Summerbell-RC; Solomon-R; Adam-P; Alexis-M; Raboobee-N; De-Doncker-P

With tinea capitis, itraconazole pulse therapy is effective and safe and is associated with high compliance. The pulse regimen enables the duration of treatment to be individualized, according to the extent of disease and its rate of resolution.

J-Am-Acad-Dermatol. 1998 Aug; 39(2 Pt 1): 216-9

**Itraconazole pulse therapy for tinea capitis: a novel treatment schedule.**

Gupta-AK; Adam-P; De-Doncker-P

Itraconazole 5 mg/kg/day given as pulse therapy, each of 1 week duration, for 1 to 3 pulses appears to be an effective and safe method of treating tinea capitis. The number of pulses of therapy may depend upon several factors, including the severity of disease and area of involvement. Controlled studies are needed to determine the number of pulses of itraconazole required to treat tinea capitis.

Pediatr-Dermatol. 1998 May-Jun; 15(3): 225-8

**Severe alopecia areata treated with systemic corticosteroids.**

*Alabdulkareem-AS; Abahusseini-AA; Okoro-A*

Systemic corticosteroids have been demonstrated as an effective treatment of severe alopecia areata. **METHODS:** Eighteen patients with alopecia areata (extensive patchy and totalis universalis types) were treated with systemic corticosteroids. **RESULTS:** Satisfactory hair regrowth was achieved in seven patients (38.9%). Hair fall subsequently occurred in all of these patients on discontinuation or tapering of corticosteroid therapy. **CONCLUSIONS:** Systemic corticosteroid therapy does not prevent the spread or relapse of severe alopecia areata and, when complete

regrowth is obtained, it is rarely maintained off therapy. *Int-J-Dermatol.* 1998 Aug; 37(8): 622-4

**Comparison of one week of oral terbinafine (250mg/day) with four weeks of treatment with clotrimazole 1% cream in interdigital tinea pedis**

*R.stC.BARETSON, J.MARLEY, M.BULLEN, S.BROOKMAN, P.COWEN, D.ELLIS AND T.WILLIAMS*

Oral terbinafine in a single daily dose of 250mg for 1 week is effective and well tolerated as 1% clotrimazole cream applied twice daily for 4 weeks in the treatment of interdigital tinea pedis.

*Brithish Journal of Dermatology* 1998: 675-678 .