

## ABSTRACTS

- 1- Use of mycophenolate mofetil in the treatment of paraneoplastic pemphigus.

Authors: J.V. Williams; J.G. Marks Jr; E.M. Billingsley  
Source: *British Journal of Dermatology* 2000; 142:506-508.

**Abstract:**

*We describe a patient with PNP whose skin and oral lesions are quiescent following treatment with oral mycophenolate mofetil.*

- 2- Successful treatment of dissecting cellulitis and acne conglobata with oral zinc.

Authors: H. Kobayashi; S. Aiba; H. Tagami  
Source: *British Association of Dermatologists, British Journal of Dermatology*, 141, 1136-1153

**Abstract:**

*Oral zinc sulphate 135mg three times a day gave a good response in severe case dissecting cellulitis and acne conglobata.*

- 3- Finasteride as a therapy for hidradenitis suppurativa.

Authors: A.M. Farrel; V.A. Randall; T. Vafae; R.P.R. Dawber.  
Source: *British Journal of Dermatology*, 141, 1136-1153.

**Abstract :**

*Report the beneficial use of finstride in two patients with severe, long-standing hidradenitis suppurativa.*

- 4- Successful treatment of orogenital ulceration with transdermal nicotine patches.

Authors: T. Kanekura; T. Kanzaki.  
Source: *British Journal of Dermatology*, 141, 1136-1153.

**Abstract :**

*Transdermal nicotine patches may prove to be a valuable tool for treating a variety of ulcerative skin disorders.*

- 5- Porokeratotic eccrine ostial and dermal duct naevus : treatment with carbon dioxide laser.

Authors: J.Del Pozo; W.Martinez; M.M.Verea; M.T.Yebra-Pimentel; J.Garcia-Silva; E. Fonseca.  
Source: *British Journal of Dermatology*, 141: 1136-1153.

- 6- Confluent and reticulated papillomatosis: treatment with topical calcipotriol.

Authors: A. T. Gulec; D. Seckin.

Source: *British Journal of Dermatology*, 141:1136-1153.

**Abstract:**

*Topical calcipotriol ointment (50 ug/g) twice daily response was noted in 4 weeks .*

- 7- Localised Facial Swelling Associated with Isotretinoin.

Authors: G.K. Patel; M.M.U. Chowdhury; S.M. Clark; A.G.Knight Department of Dermatology, University Hospital of Wales, Cardiff, UK.

Source: *Dermatology* 1999; 199:196.

**Abstract :**

*We postulate that in our cases isotretinoin is likely to have precipitated a local nodulocystic flare of acne associated with nodulocystic rupture and subsequent severe local inflammatory reactions. Provided that infection has been excluded, the prompt discontinuation of isotretinoin therapy and the addition of a short course of oral steroids leads to rapid resolution of symptoms and swelling. This is likely to reduce the risk of subsequent scarring.*

- 8- Methotrexate as an Adjuvant Treatment for Pemphigus Vulgaris.

Authors: Tami J. Smith, BA; Jean Claude Bystryn, MD  
New York University School of Medicine

Source: *Arch Dermatol* Vol. 135, Oct 1999.

**Abstract:**

*Methotrexate therapy appears to be a useful adjuvant treatment for some patients with chronic PV in whom steroid therapy cannot be tapered without a flare-up in disease activity. Prednisone therapy could be discontinued in two thirds of patients (6 of 9) within 6 months after methotrexate therapy was started.*

- 9- Treatment of generalized bullous pemphigoid with erythromycin and nicotinamide.

Authors: A.Florez; D Sanchez-Aguilar and J Toribio.

Source: *J. Dermatol Treat*, 2000; 11:29-32.

**Abstract:**

*This combination appears to be very interesting alternative to systemic corticosteroids due to its effectiveness and safety. To our knowledge, the standardized use of erythromycin and nicotinamide in a group of patients suffering from BP has never been reported.*

10 - Surgical Pearl: Intralesional electrodesiccation of sebaceous hyperplasia.

Authors: Robert S. Bader, MD; Dwight A. Scarborough, MD; Columbus Ohio.  
Source: J Am Acad Dermatol, January 2000.

**Abstract:**

Each lesion is anesthetized with approximately 0.3 mL of 1% lidocaine (Xylocaine) with 1:100,000 epinephrine. We use a 733 Birtcher hyfrecator at the 20 setting, which is an intermediate setting, with a fine, noninsulated epilating needle. The needle is inserted into each lobule, one by one, and desiccated for less than 1 second, resulting in a crackling or popping sound. When all visible lobules are treated, a plastic strip (Band-aid) is applied over triple antibiotic ointment (Polysporin). Patients are instructed to continue to apply ointment until completely healed.

11 - Comparison of terbinafine and griseofulvin in the treatment of tinea capitis.

Authors: Hector Caceres-Rios, MD; Monica Rueda, MD; Rosalia Ballona, MD; Beatriz Bustamante, MD; Lima Peru.  
Source: J Am Acad Dermatol 2000; 42:80-4.

**Abstract:**

Terbinafine constitutes an alternative for the treatment of tinea capitis. Recurrences were less frequent. No significant side effects were reported.

12 - A double-blind, randomized study to compare the efficacy and safety of terbinafine (Lamisil) with fluconazole (Diflucan) in the treatment of onychomycosis.

Authors: V. Havu; H. Heikkila; K. Kuokkanen; M. Nuutinen; T. Rantanen; S. Saari; S. Stubb; R. Suhonen; K. Turjanmaa.  
Source: British Journal of Dermatology 2000; 142:97-102.

**Abstract:**

Terbinafine 250 mg daily for 12 weeks is significantly more effective in the treatment of onychomycosis than fluconazole 150mg once weekly for either 12 or 24 weeks.

13- The treatment of atopic dermatitis with adjunctive high-dose Intravenous immunoglobulin: a report of three patients and review of the literature.

Authors: S. Jolles; J. Hughes; M. Rustin.  
Source: British Journal of Dermatology 2000; 142:551-554.

**Abstract:**

There are few reports of the use of high-dose intravenous immunoglobulin (hdIVIg) in the treatment of atopic dermatitis (AD). We describe our experience using this therapy in three patients with severe AD, all of whom had steroid-related side-effects. These patients received either Alphaglobin or Sandoglobulin 2g/kg monthly: all had improved skin scores, allowing reduction of their steroid dose.

14 -Treatment of venous leg ulcer with clobetasol propionate ointment.

Authors: S. Sommer and AS Hight.  
Source: J. Dermatol Treat, 2000; 11:53-55.

**Abstract:**

This isolated case suggests that a minority of patients with venous leg ulcers may benefit from topical steroid treatment to the ulcer beds. This hypothesis merits to be tested in a double-blind, vehicle-controlled study.

15-Perioral granulomatous dermatitis: two cases treated with clarithromycin.

Authors: C. Vincenzi; G. Parente and A. Tosti.  
Source: J. Dermatol Treat, 2000; 11:57-61.

**Abstract:**

Clarithromycin is considered to be a useful alternative to tetracycline in the treatment of perioral granulomatous dermatitis.

16-Treatment of rosacea-like demodicidosis with oral ivermectin and topical permethrin cream.

Authors: Christa Forstinger, MD; Harald Kittler, MD; Michael Binder, MD.  
Source: J. Am Acad Dermatol, 1999; 41:775-7.

**Abstract:**

Oral treatment with 200µg/kg ivermectin with subsequent weekly topical permethrin showed impressive treatment efficacy in a case refractory to conventional treatment.

17-The use of chlorambucil with prednisone in the treatment of pemphigus.

Authors: Neha Shah, MD; Andy R. Green, MD; George W. Elgart, MD; et al.  
Source: J. Am Acad Dermatol, 2000; 42:85-8.

**Abstract:**

Chlorambucil may be a potential adjuvant therapeutic approach with steroid-sparing effects in patients with pemphigus who have failed treatment with other immunosuppressive regimens.