Therapeutic Abstracts:

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Topical gentian violet for cutaneous infection and nasal carriage with MRSA:
Masaki Okano, MD; Sanni Noguchi, MD; Koshi Tabata, MD, Yasutaka Matsumoto, MD.

This study describes a potential effect of topical gentian violet on cutaneous infection and nasal carriage with methicillin-resistant Staphylococcus aureus (MRSA). 0.5% gentian violet was used in 28 cases of skin lesions once a day, while a 0.3% solution was applied on the nasal vestibules of nine cases twice a day. The period for eradication in the 28 skin cases was 9.1± 6.0 days. It was 15.3±9.0 days for the nine nasal lesions. The minimal inhibitory concentration (MIC) of gentian violet against MRSA from the four isolated strains was 0.0225±0.0096μg/mL. No adverse reactions occurred throughout the study. It is suggested that gentian violet may be potentially effective against MRSA.
International Journal of Dermatology 2000 Dec.; 39:942-944.

Once-daily desloratadine improves the signs and symptoms of chronic idiopathic urticaria: a randomized, double-blind, placebo-controlled study:

Johannes Ring, MD; Rudiger Hein, MD; Anke Gauger, MD; Edwin Bronsky, MD; Bruce Miller, MD; and the Desloratadine Study Group.
Desloratadine 5mg daily is a safe and effective treatment for CIU with significant benefits within 24 h and maintained through the treatment period.
International Journal of Dermatology 2001 Jan.; 40:72-76.

Treatment of Hailey-Hailey disease with oral erythromycin:
MR Nasca; R De Pasquale; S Amodeo; A Fazio, A Tedeschi and G Micali.
Hailey-Hailey disease is a rare autosomal dominant acantholytic disorder characterized from late adolescence or adulthood by recurrent eruptions of vesicles and blisters usually located on the neck, axillae and groin. The clinical cases of four unrelated adult male patients with Hailey-Hailey disease are presented. In all patients, a relatively short-course treatment with oral erythromycin (3-4 weeks) induced a long-lasting remission (8 months). Since bacteriological investigations excluded local infection, other hypothetical pharmacological effects (anti-inflammatory action and inhibition of cytokine release), besides the antibacterial properties of erythromycin, should be considered to explain such clinical improvement. However, until precise information about the pathogenesis of Hailey-Hailey disease is available, the mechanism of action of erythromycin in this disease remains speculative. Further studies in larger series of patients are needed in order to assess the role of erythromycin and perhaps other macrolides, as a standard therapeutic option for Hailey-Hailey disease.
J Dermatol Treat 2000 Dec.; 11: 273-277.

Pentoxifylline Attenuates UVB-Induces Cutaneous Erythema:
Mark H. Lowitt.

Pentoxifylline may diminish the cutaneous sunburn response to UVB radiation when it is administered prior to ultraviolet exposure.
Dermatology 2001Jan. & Feb.; 202:44-45.

Topical Metronidazole in Seborrheic Dermatitis - A Double-Blind Study.
Davinder Parsad; Roma Pandhi; K. S. Negi; Bhushan Kumar.

The present trial has demonstrated the effectiveness of topical 1% metronidazole gel in seborrheic dermatitis.
Dermatology 2001 Jan. & Feb.; 202:35-37.

Retinoids and combination therapy:
Wj Cunliffe

Based on clinical experience in treating 450 patients, adapalene can be co-prescribed with most other oral or topical therapies. Adapalene is effective and produces a lower incidence of irritant dermatitis than other topical treatments, fewer treatment with drawals and is safe and effective as a long-term therapy. Tolerability is good and clinical results are similar to those obtained in large scale clinical trials. Adapalene is effective as monotherapy for mild acne, as maintenance therapy, or used in combination with other systemic and topical drugs, with the exception of oral tretinoin.
J Dermatol Treat 2000; 11 (Suppl 2): S13-S14.

Papular dermatitis: response to cyclosporin:
E Alvarez; A Hendi; GW Elgart and FA Kerdel.
Papular dermatitis is a persistent pruritic papular dermatitis, often refractory to treatment. The objective was to examine the effectiveness of cyclosporin for the treatment of this condition.
A retrospective review was conducted of the medical records of a cohort of 16 patients with papular dermatitis who were treated with cyclosporin within the last 2 years. Twelve of the 16 patients improved. Of those who improved, two discontinued treatment because of side effects such as hypertension, infection and tremors. In those that responded favorably, the cyclosporin was tapered slowly. Some patients, however, required continuous therapy due to relapse upon discontinuation of the cyclosporin.
Cyclosporin is an effective treatment for papular dermatitis.
J Dermatol Treat 2000 Dec.; 11:253-257.

Elevated plasma homocysteine levels in patients on isotretinoin therapy for cystic acne:
Kleopatra H; Schulpis MD PhD; George A. Karikas Pharm D, PhD; et al:

It is suggested that the elevated Hcy levels in patients after 45 days on Isotherapy could be due either to the /inhibition/ of cystatathionine-(-synthase by the drug and/or their liver dysfunction. Daily vitamin supplementation along with frequent evaluations of Hcy blood levels are recommended for the prevention of a premature occlusive vascular disease.
International Journal of Dermatology 2001 Jan.; 40:33-36.

Topical treatment of acne vulgaris with a combination of erythromycin 2% plus bifonazole 1% once daily compared to erythromycin 2% twice daily: a randomized, double-blind, controlled, clinical study.
E Sagi; D Vardy; A Shermer; Z Laver; et al.

Topical treatment of acne with a combination of erythromycin 2% and bifonazole 1% once daily is a safe and effective treatment that has a modest but significant advantage over treatment with erythromycin 2% alone twice daily.
J Dermatol Treat 2000 Dec.; 11:247-251.

Combined treatment with surgery and short duration oral antifungal therapy in patients with limited dermatophyte toenail infection:
MjD Goodfiedld and EGV Evans.
Combined modality treatment is successful and well tolerated for localized nail disease, and provides a useful means of dealing with treatment failure after conventional oral treatment as well as primary therapy of limited nail disease.
J Dermatol Treat 2000 Dec.; 11:259-262.

Pharmacoeconomic Evaluation of Calcipotriol (Daivonex) and UVB Phototherapy in the treatment of Psoriasis: A Markov Model for The Netherlands.
M.A. de Rie; D de Hoop; L Jonson; E.J.M. Bakkers; M Sorensen.

Calcipotriol treatment combined with UVB phototherapy is a cost-neutral alternative to UVB phototherapy used with an emollient. The patient achieve treatmetn success in the same time on both treatments but the former, with calcipotriol, requires less exposure to UVB radiation. The additional drug costs from using calcipotriol are offset by savings from the fewer UVB sessions required. Essential beneficial effects for patients are less inconvenience, less risk of developing photoaging of the skin and less exposure to potentially carcinogenic radiations.
Dermatology 2001, Jan. & Feb.;202:38-43.

Treatment of larva migrans cutanea (creeping eruption):
a comparison between albendazole and traditional therapy:
Giancarlo Albanese, MD; Caterina Venturi, MD; and Giuseppe Galbiati, MD.
We believe that albendazole should be considered the first choice for treatment. It is extremely well tolerated and patient compliance is good.
International Journal of Dermatology 2001 Jan.; 40:67-71.

The successful Treatment of Pruigo pigmentosa with Macrolide Antibiotics.
Norihito Yazawa; Hironobu Ihn; Kenichi Yamane; Takafumi Etoh; Kunihiko Tamaki.

Recent studies have demonstrated that marcrolide antibiotics have anti-inflammatory as well as antibacterial effects. Therefore, macrolide antibiotics have been successfully used to treat patients with various inflamamtory diseases. We evaluated the effect of macrolide antibiotics in 4 patients with prurigo pigmentosa who were treated with either 400 mg of clarithromycin or 300 mg of roxythromycin daily. Eruption and pruritus disappeared within a week in all the patients while those symptoms were unresponsive to other drugs. Although the mechanism of this effect remains unclear in patients with prurigo pigmentosa, macrolide antibiotics can be considered

as an alternative treatment for prurigo pigmentosa.
Dermatology 2001 Jan. & Feb.; 202:67-69.

The use of high-dose immunoglobulin in the treatment of pyoderma gangrenosum.
JH Hagman; AM Carrozzo; E Campione; et al:

IVIG was given intravenously at a dose of 400 mg/kg per day for 5 consecutuve days. After 1 week there was an arrest in the progression of the ulcers and a marked reduction in pain. Two weeks later clinical improvement of the ulcers was observed. Subsequently, IVIG was given at a dose of 1 g/kg per day for 2 consecutive days.
The treatment induced a dramatic clinical improvement of one ulcer and healing of the others. Side effects were minimal and well tolerated, and consisted of chills and a slight fever, which resolved with the administration of acetaminophen.
We feel that IVIG can be used in patients with pyoderma gangrenosum in whom conventional therapies are ineffective or produce serious side effects.
J Dermatol Treat 2001 March; 12:19-22.

Mycophenolate mofetil as a systemic antipsoriatic agent: positive experience in 11 patients.
C.C. Geilen; M. Arnold; C.E. Orfanos.

We conclude that the immunosuppressant MMF 2g daily is effective and safe in the treatment of severe psoriasis.
British Journal of Dermatology 2001 March; 144: 583-586.

Topical tacrolimus in the management of peristomal pyoderma gangrenosum.
CC Lyon; M Stapleton; Aj Smith; et al.

These results suggest that topical tacrolimus 0.3% in Orabase is a more effective and expeditious treatment than clobetasol propionate 0.05% for PPG. It is significantly more effective than clobetasol propionate 0.05% in managing lesions than 2 cm in diameter. Topical tacrolimus may be highly effective when other systemic or topical treatments have been unsuccessful.
J Dermatol Treat 2001 March; 12: 13-17.

Treatment of psoriasis arthritis with antitumour necrosis factor-(antibody clears skin lesions of psoriasis resistant to treatment with methotrexate.
A.L.J. Ogilvie; C. Antoni; C. Dechant; et al.

Therapy with anti-TNF-(antibody may be an effective treatment regimen for both psoriasis arthritis and psoriasis skin lesions.
British Journal of Dermatology 2001 March; 144: 587-589.