

Therapeutic Abstracts:

Fahad Abdulla

Consultant Dermatologist,
Dermatology & Venereology Department
Hamad Medical Corporation
Doha – Qatar.

Levamisole: a safe and economical weapon against pediculosis

Mohammed Reza Namzi, MD.

Twenty-eight patients with pediculosis capitis treated with 3.5mg/kg once daily oral administration of levamisole for 10 successive days. Levamisole is effective against pediculosis with a dose of 3.5mg/kg administered for 10 days.

International Journal of Dermatology 2001, 40, 292-294.

Treatment of focal hyperhidrosis with botulinum toxin type A: long term follow-up in 61 patients

P. Schnider, E. Moraru, H. Kittler, M. Binder, G. Kranz, B. Voller and E. Auff

Repeated intradermal injections of BTX-A in patients with axillary and palmar hyperhidrosis are as effective as first treatments.

British Journal of Dermatology 2001; 145:289-293.

Treatment of multiple miliary osteoma cutis of the face with local application of tretinoin (all-trans-retinoic acid): a case report and review of the literature:

AD Cohen, T. Chetoc, E. Cagnano, S. Naimer and DA. Vardy.

It is suggested that local application of tretinoin cream should be considered in the therapy of multiple miliary osteoma cutis of the face, particularly when the lesions are small and superficial.

J Dermatol Treat (2001)12: 171-174.

Rosacea fulminans (pyoderma faciale): successful treatment of a 3-year-old girl with oral isotretinoin.

Alireza Firooz, MD, Mehdi Rashighi Firoozabadi and Yahya Dowlati, MD, DPharm

One oral isotretinoin, 10mg (0.75mg/kg weight) daily, was instituted. The lesions showed marked improvement after 4-weeks and disappeared completely after 8 weeks, leaving only a few pitted scars. The treatment with isotretinoin was continued for a total of 24 weeks. She tolerated isotretinoin very well. She was followed for 1-year after completion of treatment with no relapse.

International Journal of Dermatology 2001, 40, 191-209.

Topical Calcipotriol as monotherapy and in combination with psoralen plus ultraviolet A in the treatment of vitiligo

M. Ameen, V. Exarchou and A. C. Chu.

Topical calcipotriol appears to be an effective and well-tolerated treatment for vitiligo and can be safely used in conjunction with PUVA, but controlled studies are necessary to exclude the possibility of spontaneous repigmentation.

British Journal of Dermatology 2001; 145: 476-479.

The therapeutic use of topical contact sensitizers in benign dermatoses:

D. A. Buckley and A. W. P. DU Vivier

Topical therapy using contact sensitizers has been practiced since the 1960s to treat conditions associated with an altered immunological state. Dinitrochlorobenzene, squaric acid dibutyl ester and diphencyprone are most commonly employed in the therapy of alopecia areata and viral warts. Few dermatology departments in the U.K. provide such treatment. This systemic review discusses the various contact sensitizers used for topical immunotherapy, the methodology of treatment, factors influencing efficacy and likely adverse effects.

British Journal of Dermatology 2001; 145:385-405.

A comparison of the combined effect of cryotherapy and corticosteroid injections versus corticosteroids and cryotherapy alone on keloids: a controlled study

G. Yosipovitch, M. Widiyanti Sugeng, A. Goon, YH Chan and CL Goh

Combined injection of intralesional steroids with cryotherapy appears to be superior to other current modalities.

J. Dermatol Treat (2001) 12: 87-90.

Dapsone and sulfones in dermatology: Overview and update

Y. Isabel Zhu, PhD and Matthew J. Stiller, MD:

In their 60-year history, dapsone and the sulfones have been used as both antibacterial and anti-inflammatory agents. Dapsone has been used successfully to treat a range of dermatologic disorders, most successfully those characterized by abnormal neutrophil and eosinophil accumulation. This article reviews and updates the chemistry, pharmacokinetics, clinical application, mechanism of action, adverse effects, and drug interactions of dapsone and the sulfones in dermatology.

J Am Acad Dermatol 2001; 45: 420-434.

A clinical and therapeutic study of 29 patients with infantile acne:

W. J. Cunliffe, S.E. Baron and I.H. Coulson

This study confirms the male predominance of infantile acne. Treatment is similar to that of adult acne, with the exclusion of the use of tetracyclines. When necessary, oral isotretinoin can be used.

British Journal of Dermatology 2001; 145: 463-466.

Successful treatment of lichen planus with low – molecular-weight heparin: a case series of seven patients

H. Pacheco and F. Kerdel

Lichen planus (LP) is characterized by features of a cell-mediated attack on the epidermis by activated T lymphocytes. CD4+ lymphocytes have been shown to produce endoglycosidase (heparanase), which allows them to penetrate into the subdendrothelial basal lamina. Low-molecular-weight heparin

(enoxaparin) has been shown to inhibit expression of heparanase. *Journal of Dermatologic Treatment* (2001) 12, 123-126.

Multiple apocrine hidrocystomas: treatment with carbon dioxide laser vaporization:

J. del Pozo, J. Garcia-Silva, C. Penabad and E. Fonseca

Carbon dioxide laser is an efficient method of the treatment for multiple apocrine hidrocystomas.

J Dermatol Treat (2001) 12: 97-100.

Long Term Colchicine for Recalcitrant Palmoplantar Pustulosis: Treatment Outcome in 3 patients:

Sai-Siong Wong, MD, MRCP, Kong-Chong Tan, MD, MRCP, Chee-Leck Goh, MD, FRCP.

Palmoplantar pustulosis (PPP) is a chronic, relapsing, pustular eruption affecting the palms and soles for which treatment is often difficult and frustrating. Short-term colchicine has been used to treat PPP with variable response. We report on the successful treatment of 3 patients with severe, therapy-resistant, chronic PPP. We observed significant reduction in the frequency of pustular eruptions and the number of pustules with maximum tolerable doses of colchicine treatment for up to 12 months.

Colchicine for Palmoplantar Pustulosis, Vol. 68. Sept. 2001.

Melasma treated with hydroquinone, tretinoin and a fluorinated steroid:

Ian L. Guevara, MD and Amit G. Pandya, MD

A retrospective study was conducted in six Hispanic women, 35-55 years of age, with Fitzpatrick skin types types IV to VI, presenting to an academic dermatology clinic for resistant melasma (Table I). They had all been treated with topical hydroquinone (2-4%) without success prior to being seen in our clinic.

A Wood's lamp was used to determine whether the melasma was epidermal, dermal or a combination of the two. The patients were treated with a mixture containing 0.05% tretinoin cream, 0.05% triamcinolone acetonide cream, 6% hydroquinone, and 0.1% ascorbic acid (as a preservative) applied at night, and a sun protection factor (SPF) 15 UVB-blocking sunscreen was applied each morning. They were instructed to use the mixture on the affected areas for a period of 8 weeks. All of the patients were evaluated at baseline and monthly during the treatment period. Improvement in pigmentation was assessed at each subsequent visit by clinical examination and photography with polarized filters as well as black and white UV reflectance photography (Canfield Scientific Inc.). Improvement was determined subjectively on a three-point scale as follows: I, mild improvement; II, moderate improvement; III significant improvement.

International Journal of Dermatology 2001, 40,201-215.

Intralesional cryosurgery using lumbar puncture and/or hypodermic needles for large, bulky, recalcitrant keloids:

Somesh Gupta, MD, DNB and Bhushan Kumar, MD, ANAMS

Twelve patients with large, bulky, symptomatic keloids unrespon-

sive to at least five infections of IL triamcinolone acetonide were included in the study. The age of the patients and the duration of the keloids were in the range 19-50 years and 1-12 years, respectively. The IL cryosurgery device was assembled using a small liquid nitrogen Dewar cylinder, a rubber and a plastic tube taken from a drip-set, adhesive tape, and hypodermic and lumbar puncture needles. The lumbar puncture or injection needle was introduced through the lesion until it appeared at the other side. Liquid nitrogen was then passed through the needle. The freezing time was between 20 and 30s. The procedure was repeated for a second freeze-thaw cycle in the same session.

The patients underwent a minimum of five up to a maximum of 10 sessions of IL cryosurgery. Seven out of 12 patients showed >75% flattening. Depigmentation was observed along the tracks of the needles in all the patients, which improved during follow-up due to pigment spread from the normally pigmented areas in between. At the end of follow up, 1-25% of the area remained hypo- or depigmented in four patients, 26-50% in six patients, and 51-75% in the remaining two patients.

IL cryosurgery should be the preferred mode of therapy for large, bulky keloids, which are unresponsive to IL steroids.

International Journal of Dermatology 2001; 40:349-353.

The Use of Microdermabrasion for Acne: A Pilot Study:

Jenifer R. Lloyd, DO

Microdermabrasion is a superficial peeling modality that has become quite popular with our patients and the media.

To evaluate the use of microdermabrasion in patients with acne. Twenty-five patients with grade II-III acne were enrolled into this pilot study. All patients were under dermatologic care and were maintained on their acne medications throughout the study. Patients received eight microdermabrasion treatments at weekly intervals. The results were documented with before and after photograph and evaluated for clinical improvement.

Twenty-four patients completed the study with 38% (9/24) having excellent results, 34% (8/24) with good results, 17% (4/24) with fair results and 12% (3/24) with poor results. Ninety-six percent (23/24) of patients were pleased with their peel results and would recommend this procedure to others.

The use of microdermabrasion in this pilot study appeared to produce a positive effect on the improvement of acne.

Dermatol Surg. 27; 4: April 2002.

Cryosurgical methods for eyelids lesions:

RE Suhonen and EG Kuflik

Treatment of benign skin lesions commands a high demand for cosmetic outcome. Among the alternative for the treatment of benign lesions, cryosurgery has many advantages: it is a safe office-based method, the predictable outcome is cosmetically good and the cost of treatment is relatively low compared with operative surgery or laser techniques for example. The controllability and the tissue selectivity of cryosurgery allow its use in and around the eyelids.