

THERAPEUTIC ABSTRACTS:

A simple surgical technique for the treatment of steatocystoma multiplex

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Steatocystoma multiplex is a rare disorder characterized by closed intradermal epithelial cysts, originating from sebaceous follicles, which appear and grow at puberty.

A 29-year-old woman, diagnosed clinically and histologically as steatocystoma multiplex, was treated with this modified technique. We punctured the cysts under local anesthesia with a sharp-tipped cautery point and evacuated the contents by squeezing the cyst with a fine forceps. Then, the cyst wall was grasped by the forceps and the sacs were extracted through small holes. More than 50 cysts were treated.

This modified technique is very simple and time saving. Its cosmetic and long term results are successful. We believe that it must be considered as the treatment of choice for steatocystoma multiplex.

International Journal of Dermatology Dec.2001, 40, 785-788.

Naevus of Ota treatment with cryotherapy

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Four patients, three female and one male, were enrolled in this study. A closed contact CO₂ cryogun with a round, flat-topped cryoprobe was preferred because of its easy control and monitoring. A small area was tested first to assure the patients of the procedure's effect and its lack of complications. At 6-8 weeks later when the patients returned with a hypo-pigmented patch the lesions were totally frozen or were sectioned first for the cases with extensive diameters. The procedure was repeated every 6-8 weeks until there was an acceptable color match of the lesion with normal skin. Cryotherapy is a cheap and safe method that can be used as an alternative method for the treatment of naevus of Ota.

(*J Dermatol Treat* (Dec.2001) 12:205-209)

Leukotriene Receptor Antagonists - A Novel

Therapeutic Approach in Atopic Dermatitis?, Martin K. Kagi

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Cysteinyl leukotrienes have been shown to be important in the pathogenesis of both asthma and rhinitis. Improvement

of skin manifestations in atopic dermatitis has been reported with lenkotiene receptor antagonists.

Dermatology Dec.2001; 203:280-283

Confluent and reticulated papillomatosis (Gougerot-Carteaud) successfully treated with tacalcitol

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Confluent and reticulated papillomatosis (CRP) is a rare dermatosis of unknown aetiology whose relationship to *Malassezia furfur* is still debated. Anti fungal agents, antibiotics, retinoids, and, more recently, calcipotriol have been successfully used as treatment. The authors report on a 14-year-old female with confluent and reticulated papillomatosis in whom *M. furfur* was found. Anti-fungal therapy eliminated the fungus, but did not achieve the disappearance of the lesions. Further treatment with tacalcitol was successful, supporting the theory that CRT might be a disorder of keratinization. To the authors' knowledge, this is the first patient treated with tacaicitol for this entity.

(*J Dermatol Treat* (Dec.2001)13:27-30)

Successful Treatment in Two Cases of Steroid-Dependent Cutaneous Polyarteritis nodosa with Low-Dose Methotrexate

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To the best of our knowledge, only 3 cases of cutaneous polyarteritis nodosa (PAN) treated successfully with methotrexate (MTX) have been reported in the medical literature. We report 2 further cases of steroid-dependent cutaneous PAN treated successfully with low-dose weekly MTX therapy. The clinical and biological tolerance of MTX was excellent. The cutaneous lesions started to regress within 3 weeks. One of the patients reported full recovery, which lasted 2 years after stopping the therapy. So, MTX seems to be an interesting therapy in the treatment of PAN because of its relatively low toxicity, its simple use, its quick action and prolonged results after MTX has been stopped.

(*Dermatology Dec. 2001; 203:336-338*)

Treatment of Idiopathic Palmar Hyperhidrosis with Botulinum Toxin

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Idiopathic palmar hyperhidrosis is a common disorder, which can cause serious social, psychologic and occupational problems. Conservative treatments include topical applications of acids, aldehydes and metal salts (e.g., aluminium chloride) as well as iontophoresis and systemic anticholinergic drug therapy. However, these measures are not always effective in severe cases. Endoscopic trans-thoracic sympathectomy may provide better results, but complications include pneumothorax and the sequelae of general anesthesia.

Botulinum toxin is a potent neurotoxin that blocks release of acetylcholine from presynaptic membranes. It helps in a variety of conditions including blepharospasm, strabismus, focal dystonias, spasmodic dysphonia, achalasia and has been recently used as a successful treatment of localized hyperhidrosis.

Dermatology Dec. 2001; 203:318-321

Tazarotene Is an Effective Therapy for Elastosis Perforans Serpiginosa (E.P.S)

Arch Dermatol/Vol. 138, Feb. 2002

Tazarotene is the first receptor-selective topical retinoid approved for the treatment of plaque psoriasis. It selectively targets the γ and P subtypes of retinoic acid receptors. Ninety percent of retinoid receptors in the skin are of the γ subtype. Hofmann et al reported tazarotene's effectiveness in the treatment of congenital ichthyoses in an open, intraindividually controlled, half-side investigation. Burkhart and Burkhart reported tazarotene's effectiveness in treating a patient with Darier disease who had responded poorly to other agents. One mechanism of action of tazarotene in psoriasis is thought to be attributable to the down-regulation of keratins 6, 10, and 16. Tazarotene also has a strong antiproliferative effect via the expression of 3 genes: tazarotene-induced genes I through 3. Tazarotene has a low systemic absorption and is rapidly metabolized and eliminated. The most common adverse effect reported is local irritation. To our knowledge, this is the first report of EPS being successfully treated with tazarotene. The mechanism of action of tazarotene in treating EPS is unknown. Tazarotene may have comedolytic properties that allow for the unplugging of transepidermal pores in this disease. Also, the blockage of retinoic acid receptors may play a role in decreasing the proliferation in EPS.

Arch Dermatol. Vol 138, Feb 2002.

Pituitary-adrenal function following dexamethasone - cyclophosphamide pulse therapy for pemphigus

L. Kumrah, M. Ramam, P. Shah, R. M. Pandey, J. S. Pasricha.

Systemic corticosteroid therapy is known to lead to pituitary-adrenal (PA) suppression. Although patients treated for pemphigus with dexamethasone-cyclophosphamide pulse (DCP) therapy have shown no evidence of PA suppression, no study has been conducted to study this possible side-effect of DCP therapy.

Suppressed PA function occurs in about half of patients who receive DCP therapy for pemphigus. These patients probably do not require replacement therapy with corticosteroids but may need supplementation during periods of stress.

British Journal of Dermatology Dec.2001; 145:944-948.

Topical treatment of actinic keratoses with 3.0% diclofenac in 2.5% hyaluronan gel

J. K. Rivers, J. Arlette, N. Shear, L. Guenther, W. Careys, Y. Poulin

Actinic keratoses (AKs) are premalignant skin lesions, which, if left untreated, can develop into squamous cell carcinoma. Current treatments for AKs are destructive and are often associated with significant adverse events. The development of an effective and well-tolerated topical treatment for AK is desirable. Treatment with 3.0% diclofenac in 2.5% hyaluronan gel was effective when used for 60-days and was well tolerated in patients with AK.

British Journal of Dermatology Jan. 2002; 146:94-100.

The penetration of 0.005% fluticasone propionate ointment in eyelid skin

Mei-Heng Tan, MD, Mark Lebwohl, MD, Adam C., Esser BA, Huachen Wei, New York.

The use of corticosteroids to treat periorbital dermatoses carries significant risk of serious side effects such as glaucoma, cataracts and blindness. Studies to assess levels of corticosteroid penetration in the eyelid are lacking.

We assessed corticosteroid penetration in eyelid skin in vitro to obtain information leading to the establishment of safer dosing regimens.

Fluticasone propionate ointment, 0.005%, was applied. Only very small amounts of fluticasone propionate penetrated the skin. Further studies are warranted to examine the safety and efficacy of 0.005% fluticasone propionate ointment for the treatment of eyelid dermatoses.

J Am Acad Dermatol Sept. 2001; 45:329-6.

Treatment of recalcitrant plantar warts with imiquimod

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Myrmecia are viral warts that result from the coalescence of plantar or palmar warts into large plaques. Treatment of these warts involves physical or chemical destruction of the verrucae, potent keratolytics or immunotherapy. Imiquimod 5% cream is a novel topical immunomodulator that has been used successfully in the treatment of genital and common warts. We report its successful use in a 35 year-old immunocompetent man who had had resistant plantar warts for 15-years.

J Dermatol Treat March 2002; 13: 31-33.

Successful treatment of perianal warts in a child with 5% imiquimod cream

PC Gruber, J. Wilkinson

Treatment of anogenital warts in children is difficult. Commonly used therapeutic regimens can be painful, variably effective and recurrence rates are high. Imiquimod is a recently developed imidazoquinolin heterocyclic amine that is an immune response modifier. Topical imiquimod has been used successfully to treat anogenital warts in adults. This case documents the effective use of topical imiquimod in the treatment of perianal warts in children.

J Am Acad Dermatol Treat Dec. 2001; 12: 215-217.

A dual wavelength approach for laser/intense pulsed light source treatment of lower extremity veins.

Neil S. Sadick, MD New York.

A combined approach of laser/PL treatment was used; patients had up to 3 treatments at 6-week intervals on a 5-cm² surface area of vessels with the use of an IPL source wavelength of 550nm, fluence of 40J/cm², for treatment of red telangiectases less than 1mm in diameter, while a 1064-nm Nd:YAG laser at a fluence of 140 J/cm² was used to treat venulectases and reticular vessels that were 1.0 to 4.0 mm in diameter.

An average of 2 1/2 patient sessions produced significant clearing (75%-100%) in 80% of patients. A bimodal wavelength approach utilizing both short and long wavelength produces significant clearing of the variably colored, multiple-diameter/depth array of vessels, which commonly presents a therapeutic challenge to the vascular laser surgeon.

J Am Acad Dermatol 2002; 46:66-72.

Severe, intractable headache after injection with botulinum A exotoxin: Report of 5 cases.

Murad Alam, MD; Kenneth A. Arndt, MD; Jeffrey S. Dover, MD, FRCPC

Botulinum A exotoxin injection may be associated with the development of life-altering headaches. Patients should be informed of this possibility.

J Am Acad Dermatol 2002; 46:62-5.

Intravenous immunoglobulin therapy for patients with pemphigus foliaceus unresponsive to conventional therapy.

A Razzaque Ahmed, MD; Naveed Sami, MD

IVIg therapy appears to have potential as a biologic alternative agent in inducing and maintaining clinical remissions in patients with PF who are resistant to more standard conventional treatment. IVIg is effective as monotherapy and may be needed for a period of several months to achieve a long-term clinical remission.

J Am Acad Dermatol 2002; 46:42-49.

Topical tacrolimus in the treatment of symptomatic oral lichen planus: A series of 13 patients.

Todd W. Rozycki, MD; Roy S. Rogers III, MD; Mark R. Pittelkow, MD; Marian T. McEvoy, MD, Rokea A. el-Azhary, MD, PhD; Alison J. Bruce, MD, Joseph P. Fiore, MD Mark D. P. Davis, MD.

Oral lichen planus (OLP) is a relatively common, chronic inflammatory condition, which frequently presents with symptoms of pain and irritation. OLP is often difficult to manage. Topical tacrolimus was well tolerated and appeared to be an effective therapy to control symptoms and clear lesions of OLP.

J Am Acad Dermatol 2002; 46:27-34.

The eflornithine story

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Topical eflornithine as a treatment for facial hirsutism in women represents the debut of a completely new human drug. Vaniqa (eflornithine hydrochloride, 13.9%) by Bristol-Myers Squibb, represents the first and only prescription cream clinically proven to slow the growth of unwanted facial hair in women.

J Am Acad Dermatol, Vol; 45: Number 5.

Management of recalcitrant ulcerative oral lichen planus with topical tacrolimus.

F. Kaliakatsou, BDS, MSc; T. A. Hodgson, FDS RCS, MRCP (UK), et al.

Tacrolimus caused a statistically significant improvement in symptoms within 1 week of commencement of therapy. A mean decrease of 73.3% occurred in the area of ulceration over the 8-week study period. Local irritation (in 6 subjects, 35%) was the most commonly reported adverse effect. Topical tacrolimus is effective therapy for erosive or ulcerative oral lichen planus.

J Am Acad Dermatol 2002; 46:35-41.

The treatment of moderate to severe psoriasis with a new anti-CD11a monoclonal antibody

Kim Papp, MD, Robert Bissonnette, MD; James G; et al.

Anti-CD11a (hull24) is a humanized monoclonal antibody directed against the CD11a subunit of LFA-1. Anti-CD11a antibody administered intravenously in 8 weekly doses of 0.3 mg/kg was well tolerated and induced clinical and histologic improvements in psoriasis.

J Am Acad Dermatol 2001; 45:665-74.

Cicatricial pemphigoid with circulating IgA and IgG autoantibodies to the central portion of the BP180 ectodomain: Beneficial effect of adjuvant therapy with high-dose intravenous immunoglobulin

Martin Leverkus, Matthias Georgia, Zhuixiang Nie, Takashi Hashimoto, Eva-Bettina Brocker, and Detlef Zillikens' Wurzburg, Germany, and Kurume, Japan.

Cicatricial pemphigoid (CP) is an autoimmune subepidermal blistering disease characterized by deposits of IgG, IgA, or C3 at the cutaneous basement membrane zone. CP may present with considerable variation regarding age, morphology of lesions, and mucosal involvement, which may heal with or without scarring. We describe a patient with CP who presented with circulating IgA and IgG autoantibodies to the epidermal side of salt-split human skin. By immunoblot analysis, the patient's IgA reacted with the soluble ectodomain of BP180 (LAD-1). This reactivity was mainly directed to the central portion of the BP180 ectodomain, a site that, to date, has not been described as the target of IgA autoantibodies. Different immunosuppressive treatment regimens including steroids and mycophenolate mofetil did not control this patient's disease, and severe scarring of the conjunctivae occurred with impairment of vision. Addition of adjuvant intravenous immunoglobulin (1 g/kg body weight on 2 consecutive days) every 4 weeks led to a dramatic improvement of con-

junctivitis and gingivitis. Clinical improvement correlated with the serum's IgA immunoblot reactivity against LAD-1. Further studies on a larger number of patients with CP should try to correlate the specificity of autoantibodies in CP with the response to certain therapeutic regimens.

J Am Acad Dermatol 2002; 46:116-22.

Nevoid hyperkeratosis of the nipple and areola: Treatment of two patients with topical calcipotriol

Dilek Bayramgurler, MD; Nilgun Bilen, MD; Rebiay Apaydin, MD; and Cengiz Ercin, MD; Izmit, Turkey.

Nevoid hyperkeratosis of the nipple and areola, which is characterized by verrucous thickening and pigmentation of the nipple or areola, is a rare condition. Different therapeutic options have been used with varying results, but there is no uniformly effective treatment. We describe two patients with hyperkeratosis of the nipple and areola who responded well to topical calcipotriol ointment.

J Am Acad Dermatol 2002; 46:131-3.

Efficacy of pulsed intravenous immunoglobulin therapy in mixed connective tissue disease

Anja Ulmer, MD; Ina Kotter, MD; Andreas Pfaff; Gerhard Fierbeck, MD, Tubingen, Germany.

We describe a 69-year-old patient with long-standing mixed connective tissue disease who suffered from severe skin eruptions that did not respond to various immunosuppressive regimens. Therapy with high-dose intravenous immunoglobulin was successful in controlling the patient's disease without major side effects. We think that this regimen - although expensive - might be an interesting therapeutic option in selected patients with mixed connective tissue disease that is refractory to other treatment modalities.

J Am Acad Dermatol 2002; 46:123-7.

Intravenous immunoglobulin therapy in the treatment of patients with pemphigus vulgaris unresponsive to conventional immunosuppressive treatment

A. Razzaque Ahmed, MD, Boston, Massachusetts

In patients with PV who do not respond to conventional immunosuppressants, IVIg appears to be an effective treatment alternative. Its early use is significant benefit in patients who may experience life-threatening complications from immunosuppression. IVIg is effective as monotherapy.

A cycle consisted of the total dose of IVIg equally divided in 3 doses, given on 3 consecutive days by a slow infusion. Clinical response indicated that the 2000-mg dose level (2 gm/kg per cycle) was the optimal dose to obtain sustained clinical recovery. The frequency of initial administration that produced sustained clinical response was monthly infusion. Thereafter, the interval between infusion cycles was gradually increased to 8, 8, 10, 12, 14 and 16 weeks. Although the interval between the cycles was gradually increased, the dose at each cycle remained constant. The IVIg end point of therapy was defined as that time at which the patient remained disease-free with a 16-week interval between the last two infusion cycles.

Subjects were given one 50-mg diphenhydramine capsule and 2 tablets of acetaminophen (325 mg each), 30 minutes before each infusion. This premedication of patients was based on advice by manufacturers and by several authors who have used IVIg to treat other diseases to prevent headaches and allergic reactions. Vital signs were monitored every 30 minutes. Patients were observed for at least 45 minutes after completing each infusion. A complete blood cell count, serum chemistry test and routine urinalysis were done before the start of each cycle.

J Am Acad Dermatol Feb.2001; 45:679-90.

Treatment of recalcitrant pemphigoid with the tumor necrosis factor (antagonist etanercept

Christopher Sacher, MD; Andrea Rubbert, MD; Cathrin Konig, MD; Karin Scharffetter-Kochanek, MD; Thomas Krieg, MD; Nicolas Hunzelmann, MD, Cologne, Germany.

The treatment of cicatricial pemphigoid is generally regarded as difficult and usually relies on individual clinical experience, Corticosteroids, as drug of first choice, often have to be combined with steroid-sparing agents to prevent hazardous, long-term effects. We describe a 72-years-old women with long-standing cicatricial pemphigoid recalcitrant to established treatment regimens who responded rapidly and lastingly to therapy with the tumor necrosis factor (antagonist etanercept. To our knowledge, this is the first report of its use in the treatment of a bullous autoimmune disease.

J Am Acad Dermatol 2002; 46:113-5.

Multiple Color changes following Laser Therapy of Cosmetic Tattoos

Gloria Jimenez, MD; Eduardo Weiss, MD; James M. Spencer, MD

Multiple laser systems are needed to remove cosmetic tattoos. Q-Switched Laser can safely and effectively remove most tattoos. Dif-

ferent systems, including Q-switched ruby, Q-switched alexandrite and Q-switched Nd: Yag lasers, are widely used for this purpose. The mechanism of action is not completely understood, but is thought to be principally from photomechanical (photoacoustic) injury, and multiple treatments producing gradual lightening are typically required. Previous reports have documented paradoxical darkening of certain inks following laser treatment. Specifically, red- pink- and skin- colored tattoos have been observed to develop a permanent color change to black after Q-switched laser treatment. This color change is theorized to result when inks containing red-brown ferric oxide are reduced to black ferrous oxide by the laser. In this patient the color change may have resulted from different pigments used to lighten the tattoo (cream or white).

Dermatol Surg. 2002; Feb. 28:177-179.

Treatment of angiofibromas with a scanning carbon dioxide laser: A clinicopathologic study with long-term follow-up

Ruy C. A.; Bittencourt, MSc; Shyamala C. Huilgol, FACD; Paul T. Seed, MSc; et al.

Facial angiofibromas is tuberous sclerosis have been managed with various treatment modalities, including carbon dioxide (CO₂) laser resurfacing.

The long term results of CO₂ laser treatment of angiofibromas are unpredictable. The marked improvement obtained at 6-months is sustained in only a minority of cases at 24 months. Despite this, patient satisfaction appears relatively high. Initial clinical improvement may be the result of a combination of destruction of angiofibromas and their sequestration under postoperative fibrosis. The benefits of therapy should be weight against both early morbidity and the risks of long-term complications such as scarring and hypopigmentation.

J Am Acad Dermatol 2001; 45:731-5.

Macrolactam immunomodulators for topical treatment of inflammatory skin diseases

Elke Bornhove, MD; Walter H. C.; Burgdorf, MD; et al.

The immunomodulatory macrolactams provide an alternative to glucocorticosteroids for the topical treatment of atopic dermatitis and other inflammatory dermatoses. Tacrolimus (FK506), as well as the newer ascomycin derivative ASM 981 (pimecrolimus), penetrate the inflamed epidermis and are suitable for topical therapy. Both substances inhibit the transcription of proinflammatory cytokine genes such as interleukin 2, which are dependent on the nuclear factor NF-AT. They block the catalytic function of calcineurin, which leads to the inhibition of the transport of the cyto-

plasmic component of NF-AT to the cell nucleus. Multicenter, randomized, double-blind clinical trials with topical formulations have shown the efficacy of both substances in moderate to severe atopic dermatitis.

J Am Acad Dermatol 2001; 45:736-43.

Lichen planopilaris treated with thalidomide

Saira J. Hgeorge, BS; Sylvia Hsu, MD

Lichen planopilaris may be one of the newest members of an ever-growing list of inflammatory skin disorders for which thalidomide shows therapeutic promise. There are scattered cases in the literature of the drug's dramatic effect in patients with the closely related disorder lichen planus, in particular those with the oral and erosive forms of the disease. Two patients with lichen planus were among the subjects of an open trial of thalidomide, one patient with generalized involvement experienced no improvement, but the other patient with therapy resistant erosive oral disease did have a favorable and long-lasting response to thalidomide.

J Am Acad Dermatol, Dec. 2001.

Extragenital lichen sclerosis successfully treated with topical calcipotriol evaluation by in vivo confocal laser scanning microscopy

A. Kreuter; T.G. Gambichler; K. Sauermann; et al.

Lichen Sclerosis (LS) is an uncommon skin disease with white porcelain like sclerotic skin lesions predominantly affecting the anogenital area. Extragenital LS mostly occurs on the flexor surface of the wrist, the upper part of the trunk, and in the axillae. Topical testosterone and oestrogen, psoralen plus ultraviolet (UV) A, Penicillin, resorcinol, chloroquine, vitamins and retinoids have been used with variable success. We recently reported the successful treatment of patients with phototherapy and topical calcipotriol. Because of similar clinical and histopathological features of localized scleroderma and LS, we hypothesized that topical calcipotriol may also improve extragenital LS. We report a patient with extragenital LS that responded well to monotherapy with calcipotriol ointment. After 40 treatment sessions, almost all skin lesions had resolved. The effectiveness of calcipotriol in morphea may be due to alternation of collagen and fibronectin synthesis and to inhibition of fibroblast proliferation. Morphea fibroblasts may have an increased sensitivity to vitamin D3 receptors, leading to inhibition of proliferation. Because of distinct clinical and histological similarities between localized scleroderma and

LS, topical calcipotriol may be effective in LS by same mechanism.

British Journal of Dermatology, Feb. 2002; 146:331-344.

Dermatological complications of etanercept therapy for rheumatoid arthritis.

L. Misery; J.L. Perrot; A. Gentil Perret; et al.

Etanercept is a fusion protein consisting of the extracellular ligand-binding domain of the 75-kDa receptor for tumour necrosis factor (TNF)-(and the constant domain of human IgG1. This new drug is administered by subcutaneous injection for the treatment of rheumatoid arthritis and will be probably used in other autoimmune disease such as psoriasis, and even in chronic heart failure. Until now, the known adverse events have mainly been infections (of the upper respiratory tract in particular) and injection-site reactions. We report new dermatological adverse events (Enbrel; Immunex. A patch of erythema with follicular hyperkeratosis occurred at the injection site, and other similar lesions developed at non-injection sites. Skin biopsy revealed discoid lupus-like lesions of folliculitis. We report the first cases of discoid lupus and cryoglobulinaemia developing during treatment with etanercept. Etanercept is a new product and long-term studies are required to determine its ultimate effects on the occurrence of autoimmune diseases. Etanercept and other TNF-(inhibitors bring marked improvement in several diseases, especially rheumatoid arthritis. However, the use of biological therapies for modulation of the cytokine disequilibrium observed in rheumatoid synovitis may also have undesirable effects on the systemic adaptive immune response.

British Journal of Dermatology, Feb. 2002; 146:331-344.

Treatment of severe psoriasis and psoriatic arthritis with leflunomide

K. Reich; K.M. Hummel; I. Beckmann; et al.

Leflunomide (Arava, Hoechst Marion Roussel) may suppress the psoriatic inflammatory cascade at multiple levels. Finally, there is evidence that leflunomide inhibits epidermal cell proliferation through induction of the negative cell cycle regulator. These findings add to the rationale of a therapeutic application of leflunomide in psoriasis. Our report suggests that leflunomide may be effective even in severe cases of psoriasis and psoriatic arthritis recalcitrant to other immunosuppressive agents and encourages clinical studies in these indications.

British Journal of Dermatology, Feb. 2002; 146:331-344.

Treatment of erythromelalgia with a serotonin/noradrenaline reuptake inhibitor

A.Moiin; S.S. Yashar; J.E. Sanchez; B. Yashar

Erythromelalgia is an unusual disorder characterized by the triad of red, hot and painful extremities. The symptoms are exacerbated by heat and improved by cold. Its aetiology is not fully understood. Numerous different medications including aspirin, gabapentin, amitriptyline, benzodiazepines and opiates have been used in attempts to treat the symptoms of erythromelalgia, with varying success. We report our experience with the use of venlafaxine (Efexor; Wyeth Ayerst Pharmaceuticals, St. Davids, PA, USA), a serotonin and noradrenaline reuptake inhibitor, in the treatment of primary erythromelalgia. Venlafaxine had previously been reported to improve the symptoms in one case of Raynaud's phenomenon and two cases of erythromelalgia. The results of this pilot study indicate that venlafaxine may be a safe and effective therapeutic option for patients with primary erythromelalgia.

British Journal of Dermatology, Feb. 2002; 146:331-344.

Prokeratosis of Mibelli: successful treatment with 5% imiquimod cream

S. Agarwal; J. Berth-Jones.

We report a patient with prokeratosis of Mibelli that was successfully treated with topical imiquimod 5% cream. Treatment of prokeratosis is notoriously difficult although a wide variety of treatment regimens has been described. Treatments include keratolytics, topical 5-fluorouracil, tretinoin, carbon dioxide laser, cryosurgery, electrocautery and excision. While surgical excision is the most definitive approach, this can be technically difficult in some cases. T-helper (Th) 1 cells are the principle cells required

in immune surveillance, and imiquimod has been shown to induce cytokines such as interferon (IFN)- γ , which promote a Th1-type cell-mediated immune response. The pleasing response observed in our patient to topical imiquimod cream suggests that it may be a novel treatment option worth considering for prokeratosis of Mibelli.

British Journal of Dermatology, Feb. 2002; 146:331-344.

Topical tacrolimus and pimecrolimus are not associated with skin atrophy.

J. D. Bos.

The development of new topical inflammatory cytokine inhibitors such as tacrolimus (FK506, Protopic) and pimecrolimus (SDZ ASM 981, Elidel) will change the therapy standards in atopic dermatitis. These compounds have a similar mode of action to systemic cyclosporin, but may be used topically. Their efficacy and safety in atopic dermatitis have now been well studied.

British Journal of Dermatology, Feb. 2002; 146:331-344.

Calcipotriol for erythema annulare centrifugum

R. Gniadecki

Erythema annulare centrifugum (EAC) is an uncommon inflammatory skin disease of unknown aetiology. No therapy is currently available. We describe a 73-year-old woman with a 3-year history of EAC that was resistant to topical and systemic glucocorticoids, antifungals, and psoralen plus ultraviolet A treatment. After 3 months of treatment with topical calcipotriol the lesions cleared completely and did not recur during a 6-month follow-up period. Vitamin D analogues may be of value in the therapy of EAC.

British Journal of Dermatology Feb. 2002; 146:317-319.