

Therapeutic Abstracts:

Dissecting cellulites in a white male: response to isotretinoin

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Dissecting cellulites (DC), also known as perifolliculitis capitis abscedens et suffodiens, is an unusual disease of the scalp of unknown etiology. The disease is characterized by painful fluctuant scalp nodules, interconnecting sinus tracts, and abscesses and can lead to scarring alopecia. Isotretinoin 0.75 mg/kg/day was initiated because of the recalcitrant nature of the scalp lesions. After 2 months of this treatment there was no active disease of the scalp. Marked improvement with resolution of the abscesses, reduction of the size of the nodules, and regrowth of hair was observed. At 6 months of therapy improvement continued with disappearance of the nodules and regrowth of hair, and no new lesions were noted. Thereafter, the isotretinoin dosage was decreased to 0.5mg/kg/day. During this period new hair continued to grow within the areas of alopecia. Isotretinoin was discontinued after 9 months from the beginning of the therapy, by which time the disease was inactive and regrowth of hair had occurred. Three months following the cessation of isotretinoin the patient remained free from scalp disease and a relapse was not observed.

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A retrospective evaluation of azathioprine in severe childhood atopic eczema, using thiopurine methyltransferase levels to exclude patients at high risk of myelosuppression

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Azathioprine may prove a very valuable treatment for severe atopic eczema in children. We now feel confident to initiate therapy at dose levels of 2.5 - 3.5 mg kg, in those with a normal thiopurine methyltransferase.

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Evaluating the efficacy of allopurinol and meglumine antimonite (Glucantime) in the treatment of cutaneous leishmaniasis.

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One hundred and fifty patients suffering from cutaneous leishmaniasis were included in this study in Kerman (Iran). For each group, one of the following therapeutic methods was applied: (i) oral allopurinol (15 mg/kg/day) for 3 weeks; (ii) intramuscular injection of Glucantime (30 mg/kg/day), corresponding to 8 mg/kg/day of pentavalent antimony, for 2 weeks; (iii) combined therapy. The results obtained by the three therapeutic methods indicated that combined therapy with allopurinol plus Glucantime was much more effective than the obtained by each of the two drugs when used alone.

The International Journal of Dermatology Aug.2002, 41; 521-524.

Purpura annularis telangiectoides with vasculitic ulcers treated with colchicine.

Roma Pandhi, MD; Rajesh Jain, MD; Bishan Das Rodotra, MD; Bhushan Kumar, MD.

Purpura annularis telangiectoides of Majocchi is seen more frequently in the 20 to 40 year age group, and is characterized by symmetrical telangiectatic, purpuric and atrophic patches with a predilection for the lower extremities and buttocks, but may extend to the trunk and upper extremities. Classically the lesions progress in three stages: the first or telangiectatic stage is the most constant stage, characterized by miller seed-sized bright red macules that partially fade on pressure and perifollicular involvement is common. During the second or purpuric pigmentary stage, these lesions assume a darker, yellowish rust color that do not fade on pressure (because of decomposition of blood pigment and hemosiderin deposits). While primarily annular, these patches may be linear, macular, satellite, or serpentine in shape. In the third or atrophic stage, the patches progress to form a smooth depigmented and atrophic center. The complete cycle is observed in only a certain percentage of cases, with the third stage being the least reliable. The patient may experience only one outbreak, but relapses and remissions are common. The result of hematologic studies, including bleeding time, clotting time and thrombocyte count, are invariably normal.

Although the etiology of Majocchi's disease is unknown, it has been postulated that Langerhan's cell mediated injury and immune complex deposition result in the capillary leakage. Initially, our patient was started on topical steroids, but in view of recurrence of vasculitic lesions, he was treated with a colchicine dosage of 1 mg/day for one month. There has since been no recurrence.

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Therapeutic Response of a Brother and Sister with Xeroderma Pigmentosum to Imiquimod 5% Cream

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Imiquimod 5% cream was effective in treating facial BCCs in these siblings with XP. As well, we have noted a significant reduction in the development of new tumors within the imiquimod-treated area. The inflammatory response to this medicine was at opposite extremes among these two siblings. However, this did not appear to alter the therapeutic benefit of this therapy.

Dermatol Surg. June 2002; 28:518-523.

Intermittent dosing of fluticasone propionate cream for reducing the risk of relapse in atopic dermatitis patients.

J. Hanifin; A.K. Gupta; R. Rajagopalan.

Subjects (aged 3 months to 65 years) with moderate or severe AD were enrolled into open-label Stabilization Phase of up to 4 weeks on daily emollients plus FP twice daily. The subjects who achieve 'treatment success' (Global Assessment Score <2, erythema, pruritus, are papulation/induration.oedema scores

<1) entered the double-blind Maintenance Phase. They continued with regular emollients and were randomized at a 2:1 ratio to either intermittent FP vehicle, once daily 4 days per week for 4 weeks followed by once daily 2 days per week for 16 weeks. Subjects who relapsed on intermittent FP were discontinued from the study. Those who did not relapse continued for an additional 24 weeks on intermittent dosing for safety monitoring results.

In pediatric and adult subjects, once stabilized with regular FP treatment, the risk relapse of AD can be significantly reduced by extended intermittent dosing with FP cream addition to regular emollient therapy.

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Botulinum Toxin Type A as an Effective Adjuvant Therapy for Hailey-Hailey Disease.

Nam-Gyu Kang, MD; Tae-Jin Yoon, MD, PhD; Tae-Heung Kim, MD, PhD.

Hailey-Hailey disease is a rare blistering disorder presenting as recurrent vesicles and erosion on the intertriginous area. It can be exacerbated by sweat, moisture and friction. Although most medical and surgical treatments, of Hailey-Hailey disease were difficult to maintain long term treatment, a recent report suggested botulinum toxin type A could be an excellent way to treat Hailey-Hailey disease. We describe a case of severe Hailey-Hailey disease that responded excellently to botulinum toxin type A as an adjuvant therapy but not as a curative.

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Pimecrolimus: A New Treatment for Seborrheic Dermatitis.

Charles E; Crutchfield III, MD.

Pimecrolimus is a member of a new class of non-steroidal agents – macrolactam immunomodulators. An ascomycin derivative, pimecrolimus has a molecular weight of 809 d. This agent was initially designated ASM 981 during development. Pimecrolimus, like the related macrolide agent tacrolimus, exerts its anti-inflammatory effects by inhibiting production of many of the cytokines involved in the inflammatory response. Specifically, pimecrolimus inhibits calcineurin, a calcium-dependent phosphatase enzyme. As a result, macrolactam immunomodulators also are known as calcineurin inhibitors. Calcineurin is essential in activating a nuclear transcription factor of activated T cells – a factor that enhances production of many of the cytokines involved in the inflammatory response. Pimecrolimus seems to not produce the side effects common with chronic use of topical steroids.

Cutis Oct. 2002; 207.

Topical tacrolimus for repigmentation of Vitiligo

Pearl E. Grimes, MD; Teresa Soriano, MD; Marlene T. Dytoc, MD.

We describe 6-patients with generalized Vitiligo who responded to treatment with tacrolimus ointment. Moderate to excellent repigmentation was achieved in 5 patients. Although the number of cases in this noncontrolled, nonblinded series is small, tacrolimus ointment may be an efficacious and safe treatment option for Vitiligo.

Tacrolimus inhibits T-cell activation by down regulating the transcription of genes encoding proinflammatory cytokines, namely interleukins (IL) IL-2, IL-3, IL-4, IL-5; interferon gamma; tumor necrosis factor ?; and granulocyte-macrophage colony stimulating factor in T-cells.

In our series of patients, we evaluated the efficacy of twice-daily application of topical tacrolimus in 6 patients with generalized Vitiligo involving less than 20% body surface area. Various degrees of repigmentation were achieved in all patients; excellent in 1 patient, moderate in 4 patients, and mild in 1 patient.

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Chronic onycholysis dramatically responds to enhanced intake of carotene-rich food.

E. De Vries; J. F.Dore; P. Auther; et al.

Here, we report two patients with prolonged history of chronic idiopathic onycholysis that improved dramatically after 12-weeks of ingestion of carotene-rich food.

Carotenoids are natural pigments that are synthesized by plants and are responsible for the bright colors of various fruits and vegetables. -carotene has been best studied as, in most countries, it is the most common carotenoid in fruits and vegetables. A lower risk of lung cancer has been observed in individuals who eat more fruits and vegetables that are rich in carotenoids, and in people who have higher serum, -carotene supplements associated with an increased risk for lung cancer among smokers was observed in two human intervention studies. Inconsistent results in chemoprevention of skin cancer or decrease in the risk of coronary heart diseases were also observed. The puzzle may be explained in that ?-carotene itself may act as an anticarcinogen or antiatherosclerosis agent (both by reduced free radicals through antioxidation), but its oxidized products (increased in smokers) may facilitate carcinogenesis.

A rough stimulation of the carotene intake in-patient 1, who ingested the recommended food more regularly in the first 6 weeks, was around 10gm daily, a level easily obtainable by a change in diet.

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