lary dermis was observed in biopsy specimens from nodular lesions (biopsy was done twice), and it would appear that a disturbance of the local fibrinolytic system is one of the causative factors in pemphigus vegetans.

Drug: Betamethasone-Rinderon, Shionogi & Co. Ltd.; Prednisolone-Prednisolone, Shionogi & Co. Ltd.; Clobetasol propionate-Dermovate, Nippon Glaxo Ltd.

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White Fingernails Preceded by Multiple Transverse White Bands

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Abstract. In a patient with hepatocellular damage due to abuse of alcoholic liquors, multiple transverse white bands were found in all fingernails. On examination 3 months later the bands had disappeared, and the nails had developed into typical white nails. The changes were located in the nail bed, and were possibly caused by vascular alterations.

Key words: Multiple transverse white bands; White nails

In 1954 Terry described white nails in hepatic cirrhosis. In 82 of 100 consecutive patients with cirrhosis he found characteristic changes in the fingernails. The proximal part of the nails exhibited an opaque whiteness extending from the base of the nail, where the lunula was indistinguishable, to within 2 mm of the distal border, leaving a distinct distal zone of normal pink. No preceding abnormalities were noted (3).

In the following we report on a patient with hepatocellular damage due to abuse of alcoholic liquors, in whom multiple, transverse white bands preceded the development of white nails.

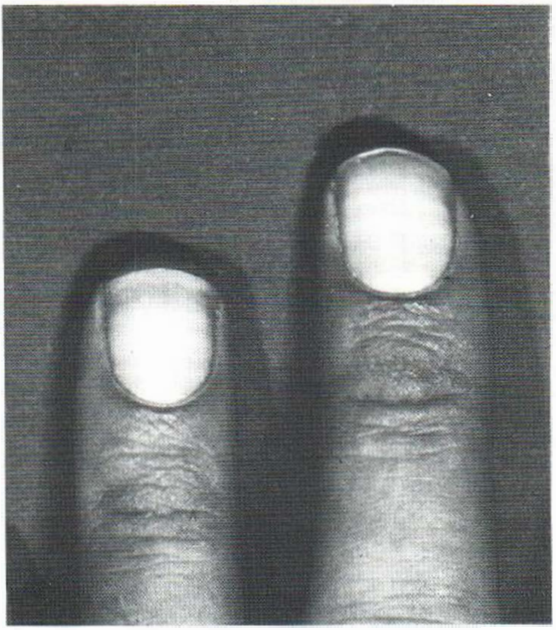

Fig. 1. Nails of 3rd and 4th left finger, showing multiple transverse white bands.

CASE REPORT

The subject is a 28-year-old male, a heavy abuser of alcohol for 10 years. In all nails 3–4 transverse, white bands ran parallel to the lunula, separated from each other by pink zones of normal appearing nail (Fig. 1). The bands were most pronounced in the fingernails. When blanching the fingertips, the bands disappeared. Otherwise the nails were normal. Laboratory evaluation showed an elevated serum-aspartate-amino-transferase (s-ASAT). The following tests were normal: Erythrocyte sedimentation rate, leukocyte count, serum alkaline phosphatase, prothrombin, serum bilirubin, serum creatinine, serum electrophoresis. When the patient was seen 3 months later the bands had disappeared, and the fingernails had assumed the typical picture of white nails (Fig. 2). Repeated laboratory examination showed only an elevated s-ASAT as 3 months earlier.

DISCUSSION

Nail dyschromias can be classified according to the site of alteration, i.e. the nail plate or nail bed. When blanching the fingertip, discolorations located to the nail bed tend to disappear, whereas changes located to the nail plate will remain grossly unaltered (1). In the patient described, the changes

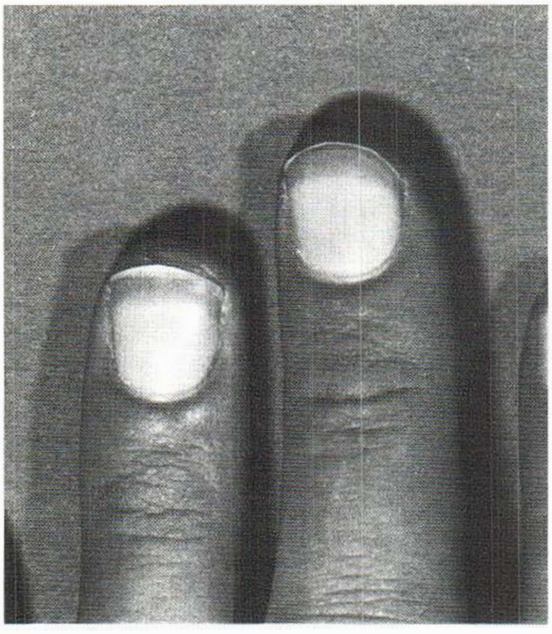

Fig. 2. The same nails 3 months later, now typical cases of white nail.

were located to the nail bed. This is also the case in white nails and in the so-called bands of Muehrcke (2), where two white bands run parallel to the lunula. From the number of bands and lack of hypoalbuminaemia, which is found in patients with Muehrcke's bands, our patient is clearly distinguished. Multiple transverse white bands were not noted in Terry's patients (3), and to our knowledge no similar case has been reported. The cause, which leads to the formation of white bands and later to white nails, remains uncertain, but it could be a progressive alteration of the vascular system in the nail bed.

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Is Sebosuppression by Cimetidine an Antiandrogenic Effect?

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Abstract. By using the Syrian hamster ear model it is shown that cimetidine inhibits cell proliferation in the sebaceous gland. Furthermore, the S phase of sebaceous gland cells is lengthened and the number of labelled cells still in contact with the basal lamina of the sebaceous gland 6 days after isotope application related to the total number of labelled sebaceous gland cells is reduced. The effect of cimetidine is absolutely identical with that of cyproterone acetate, but is quite different from that of the nonhormonal sebosuppressive agent benzoyl peroxide.

Key words: Cimetidine; Antiandrogenic effect; Sebaceous gland

Lyons et al. (3) have demonstrated that cimetidine significantly reduces sebaceous gland secretion in man. The authors pose the question of whether this phenomenon is an antiandrogenic effect or is caused by blockade of the H2 receptors. Several investigations using the nonhormonal sebosuppressive agent benzoyl peroxide and the antiandrogen cyproterone acetate on the Syrian hamster ear model have clearly shown that hormonal and nonhormonal sebosuppression differ in their effect upon various parameters of cell kinetics in the sebaceous gland (2, 8). It therefore seemed appropriate to investigate the mechanism of sebosuppression with cimetidine by using the Syrian hamster ear model.

MATERIALS AND METHODS

Sixty male Syrian hamsters were investigated (weight at start of experiments 90–110 g; breader: Babin, Alzey, FRG). Thirty animals were injected i.p. three times daily for 2 weeks with 22.9 mg cimetidine-HCl (corresponding to 20 mg cimetidine; Tagamet® injection solution of Smith Kline Dauelsberg GmbH, Göttingen, FRG) diluted to 0.5 ml with normal saline solution. The other animals were left untreated.

After 2 weeks of treatment, an in vivo double labelling autoradiography with [^{3}H] and [^{14}C]thymidine was carried out on 15 treated and 15 untreated animals. The investigations were performed at the same time of day to avoid fluctuations due to circadian rhythms. Injections of 30 μCi