If this theory is valid, one could propose the same therapy for an acute crisis in PV as for an AIP in relapse, that is, infusions of hematin (4, 9).

It has been stated that crises in PV are provoked by medicinal alcohol, starvation, or infections (5, 10). This was also the case in our patients.

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# Dimethyl Sulphoxide and Macular Amyloidosis


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Macular amyloidosis is a chronic pruritic disease which is only partially controlled by topical steroids. The demonstration by Ravid and others (1) of the solubilization of amyloid fibrils by dimethylsulphoxide (DMSO) led us to try it topically in these patients. Two of five gave us their informed consent.

The first patient, a 79-year-old woman, had a 5-year history of macular amyloidosis of the back, confirmed by histological, histochemical, and ultrastructural analysis (2). Topical steroids were partially effective on pruritus. Pure DMSO was applied weekly from September to December, 1977, then, during the next 9 months, twice a week in a 50% lotion with betamethasone dipropionate. The pruritus improved slightly but pigmentation persisted. A biopsy was then performed. The deposits of amylosis observed by thioflavine T persisted but some of these appeared to be fibrillar.

The second patient, a 70-year-old woman, had had typical but mild macular amyloidosis of the back for 15 years, as demonstrated by histological and histochemical studies (Thioflavine T, Congo Red). DMSO was applied in a 50% solution as in case 1, every 2 days, from March to September 1978. During the 9 months since therapy was stopped, pruritus has not recurred, but the pigmentation has persisted. However, the patient refuses a biopsy.

DMSO is a substance which crosses the skin quite rapidly. It has been tried in a great number of dermatological conditions, with greater or lesser success, or as a vehicle for active molecules. The favorable though subjective effect observed in our second patient, prompted us to report it. Moreover, since macular amyloidosis is not a particularly rare disease and in view of the ability of relieving pruritus in some patients by topical DMSO, therapy must be investigated more extensively.

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