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Is the Use of Ro 10-9359 (Tigason®) in Children Justified?

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Abstract. In 5 children ranging in age from 8 to 12 years, treatment with Ro 10-9359 for either psoriasis or etythrokeratodermia variabilis for periods of between 11 and 17 months did not cause marked growth retardation and gave excellent therapeutic results.

In many skin diseases characterized by abnormal keratinization, for instance psoriasis vulgaris, several forms of ichthyosis, erythrokeratodermia variabilis, and Darier's disease, Ro 10-9359 has opened up important new therapeutic prospects. Because these conditions often manifest themselves in childhood, the question arises whether the use of this new drug is warranted in this age group. This question must be asked because in rats (but not in other experimental animals) retinoid may impair bone growth (Loefler, personal communication). Furthermore, several authors (1, 2) state that they are concerned that Ro 10-9359 might interfere with bone growth in children.

In 5 children whom we treated successfully with Tigason® we monitored growth over a relatively long period by regular measurement of not only height but also the total 24 h urine hydroxyproline excretion. The latter parameter is considered to be a good indicator for an abnormal growth rate in children (3). In all cases we obtained informed consent from the parents for the treatment.

PATIENTS AND RESULTS

Relevant data concerning the patients are given in Table I. Regularly performed laboratory tests, including renal and liver function tests and determination of hydroxyproline excretion, gave normal results. The growth rate is shown in Table II.

DISCUSSION

It is well known that when growth is retarded in children due to illness or under the influence of drugs, catch-up growth will occur after cure or cessation of drug treatment. If time permits and growth inhibition has not been too severe or prolonged, adult height will lie within normal limits.

In the first 5 children we treated with Ro 10-9359, we regularly measured the height as well as the hydroxyproline excretion. A decrease in the latter could indicate growth retardation. In no case were pathologic values measured in the urine; the growth rate in all cases was within the normal range.

Our data do not exclude the possibility of growth retardation caused by the use of Ro 10-9359. We therefore recommend monitoring of the height every 3 months during treatment. When growth retardation is encountered in a child receiving Ro 10-9359, catch-up growth after cessation of treatment will prove that the retardation has been due to this therapy. In view of the excellent results obtained with Ro 10-9359 in the current therapeutic

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Table I. *Relevant data of the patients*

Pat. no.	Sex	Age (y.)	Initial body-weight (kg)	Diagnosis	Dosage (initial treat-ment)	Duration (initial treatment)	Dosage (main-tenance treatment)	Duration (main-tenance treat-ment)	Thera-peutic results	Side effects
1	F	8	23	Psoriasis vulgaris	25 (mg/day)	6 weeks	12.5 (mg/day)	15.5 (months)	Excellent	Moderate cheilitis
2	F	8	24	Psoriasis vulgaris	25	4 weeks	12.5	12	Excellent	None
3	F	12	38.5	E.K.V.[b]	25	12 months[a]	–	–	Excellent	None
4	F	10	38	E.K.V.	30	6 weeks	15	9.5	Excellent	Moderate cheilitis
5	M	10	33	E.K.V.	30	6 weeks	15	9.5	Excellent	Dry lips

[a] Reduction of the dosage led to a slight exacerbation.
[b] Erythrokeratodermia variabilis.

Table II. *Growth rate of the patients*

Patient no.	Duration of therapy (months)	Growth rate (cm/y.)
1	17	5.6
2	13	4.6
3	12	6.0
4	11	4.6
5	11	5.5

dosage, we consider its use acceptable in children —provided that regular monitoring of the height is carried out.

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Azathioprin in the Treatment of Airborne Contact Dermatitis from Compositae Oleoresins and Sensitivity to UVA

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Seven patients with contact dermatitis from compositae oleoresins were described by Hjorth et al. 1976. The dermatitis was localized on light-exposed areas and had previously been diagnosed as photodermatitis or actinic reticuloid.

The treatment of these patients has been beset by difficulties. Topical steroids do not control the disease—and avoidance of the allergens is impossible since they are airborne.

The management of these patients, therefore, presents us with serious problems.

CASE REPORTS

Case 1. A 57-year-old male farmer with dermatitis on light-exposed areas from May to December since 1950. The skin on his face and hands was extremely lichenified and erythematous—clinically resembling actinic reticuloid. He felt the condition to be extremely disabling. He had many positive patch tests to compositive oleoresins and also proved to be sensitive to UVA. Steroid