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LETTERS TO THE EDITOR

Epidermolysis Bullosa Acquisita: Correlation of IgE Levels with Disease Activity under Successful Betamethasone/Dapsone Combination Therapy

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Sir,
We report on a possible association between epidermolysis bullosa acquisita (EBA) and elevated levels of circulating IgE. A 23-year-old man with a 3-month history of intensely itchy blisters fulfilled the diagnostic criteria for EBA (subepidermal blisters, linear IgG deposits in basement membrane zone, circulating IgG antibodies to dermal part of the basement membrane zone in split skin test, circulating antibodies reacting with a 290 kD component in dermal extracts by immunoblotting) (1, 2). The patient was successfully treated with a combination of betamethasone and dapsone. After 10 months of treatment, direct immunofluorescence had become negative, and circulating antibodies to basement membrane zone components could no longer be detected. Treatment was discontinued after 15 months, and the patient has been in remission during the 2 months that have elapsed since the treatment was stopped.

Interestingly, the patient had elevated serum levels of IgE (3,480 IU/ml vs. normally <250 IU/ml) at the first visit. Radio-allergosorbent tests showed polyclonal IgE against a wide variety of common environmental allergens such as dust- and house mites, and *Candida albicans*. The serum IgE levels remained high as long as the patient had skin symptoms, but then gradually decreased to normal levels as the disease activity decreased.

This appears to be the first reported case of EBA in which IgE has been evaluated. Although the potential pathophysiological relevance of our findings is not clear as yet, we suggest that it may be useful to evaluate total immunoglobulin levels in new patients with EBA and possibly also in other blistering diseases (3, 4).

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Addition of Pentoxifylline Could Reduce the Side Effects of Fumaric Acid Esters in the Treatment of Psoriasis

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Sir,
Fumaric acid ester (FAE) therapy has proved to be effective in several multicentre trials, but while there are beneficial clinical effects, there are also some negative side effects (1). In a recent prospective multicentre trial including 101 patients, 69% reported adverse effects, mainly gastrointestinal complaints (50%; cramps, diarrhoea) and flushing (31%), in the first weeks after FAE treatment. These complaints led to cessation of the treatment in 4 patients (2). Other reports suggest a similar high incidence of side effects (1).

One explanation for the adverse effects could be a FAE-induced release of tumour necrosis factor-alpha (TNF-α) during the initial phase of therapy. This hypothesis is supported by our observation that monocytes secrete TNF-α after FAE stimulation *in vitro* (3). TNF-α is a potent proinflammatory mediator and a likely candidate for gastrointestinal complaints (4) and flushing. In speculating that a reduction of FAE-induced TNF-α secretion would improve tolerability of the compound, in a clinical survey we compared FAE therapy and the combination of FAE plus pentoxifylline (PTX), a potent suppressor of TNF-α release.

MATERIAL AND METHODS

Forty-four adult patients (18 women and 26 men; mean age 52.9) with moderate to severe psoriasis vulgaris were included

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