

The pathogenesis is probably related to the vacuolization of Huxley's layer, intercellular edema and dyskeratotic changes of Henle's cells (11, 13, 14). Cuticle cells of both the inner root sheath and the hair shaft also showed dyskeratotic changes. The structural abnormalities of the inner root sheath appeared to disturb the normal interdigitation between cuticle cells of the inner sheath and those of the hair shaft, altering the anchoring function of the inner sheath. Ultimately this alteration allows anagen hairs to be easily pulled out from the follicle.

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## Leukotriene Inhibitor May Be Effective in Treatment of Psoriasis

Sir,

It is reasonable to suppose that a systemic inhibitor of leukotriene synthesis may inhibit the inflammatory process observed in psoriasis. Szmurlo (1) attempted to use a topical leukotriene inhibitor in the treatment of psoriasis but unfortunately the results were not encouraging. Nevertheless, other preliminary studies suggest that leukotriene inhibitors may be effective in the treatment of other skin diseases (2). Recently, two leukotriene inhibitors, zafirlukast and montelukast, have become available in the USA for the treatment of asthma. We report here a case where zafirlukast (Accolate<sup>®</sup>) induced improvement in a patient with psoriasis.

### CASE REPORT

A 58-year-old woman with a long-standing history of severe psoriasis was recently diagnosed with systemic lupus erythematosus (SLE). Her psoriasis was initially controlled with PUVA treatments; however, they were later discontinued because of her SLE. The antinuclear antibody level was elevated at 1:640 with a homogenous pattern. The patient was administered prednisone by her rheumatologist; however, despite the use of moderate doses of the drug the psoriasis worsened. At the request of the primary care physician, skin biopsies were performed to confirm that the skin lesions were indeed psoriasis.

The patient completed a trial of topical calcipotriene, oral calcitriol and tazarotene gel without improvement. She was subsequently administered methotrexate 50 mg/week for several weeks. Following

an elevation in liver enzymes methotrexate was discontinued. At this time we decided to administer zafirlukast 20 mg b.i.d. Within 4 weeks, there was a dramatic improvement in the psoriasis. The patient tolerated zafirlukast without any side-effects. She maintained this regimen for over 2 years with satisfactory results. In the spring of 1998 the patient ran out of zafirlukast and, 2 months later, there was a severe flare-up of her psoriasis. Zafirlukast was restarted and the psoriasis resolved.

Zafirlukast was the primary therapy used to control this patient's psoriasis. Zafirlukast has been available in the USA for over 3 years and has an excellent safety profile, comparable to that of placebo (3).

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