prevalence of these forms of cancers found in our previous study (6) was not due to a certain treatment modality. However, there is a tendency that the psoriatic patients with cancer have received more treatment modalities than the control patients, which could mean that they have more severe psoriasis than the controls. On the other hand, in our previous study (6) the overall prevalence of cancer was not elevated among the psoriatic patients, and the observation of elevated risks for the two types of cancer investigated in the present study, could be a chance association that emerged as a result of multiple testing. The present knowledge does not permit us to conclude whether these cancer forms are associated with psoriasis, but they do not seem to be associated with a specific treatment modality.

REFERENCES


Received September 26, 1990.

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How Common is Gluten Intolerance among Patients with Psoriasis?

Sir.

Dermatitis herpetiformis is associated with gluten enteropathy and in most patients the skin lesions improve substantially or disappear when a gluten-free diet (GFD) is taken for some time. It is also well known that various other types of skin lesions may occur in patients with malabsorption. Psoriasiform lesions, for example, are seen occasionally and usually disappear when the malabsorption is properly treated.

In the last few years we have also had six patients with moderate to severe psoriasis vulgaris and one patient with severe palmo-plantar pustulosis with durations of 6-37 years and total or almost total clearance of the lesions on a gluten-free diet with no other treatment. Conventional treatment, in four of the seven cases, including methotrexate, retinoids, and retinoids + PUVA for years, had either not resulted in total clearance or had to be given for unusually long periods.

Only one of the seven patients had a history of loose stools and weight loss. Five patients showed elevated levels of serum IgA antibodies to gliadin with the ELISA technique (1), whereas the two patients first diagnosed had normal antibodies as demonstrated with older screening methods. Duodenal or jejunal biopsies revealed a flat mucosa in four patients, inflammation in one and no abnormalities in two (one of whom had started a gluten-free diet by mistake a few weeks before the biopsy).

The response to a gluten-free diet has been impressive and the effects have exceeded those of any other previous treatment. Studies are under way to find out whether gluten intolerance is more common among patients with psoriasis than has previously been known.

REFERENCE


Received September 26, 1990.

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