

effect of the gold treatment on the deposits first demonstrated, but there is no reason to suspect any relation to the treatment with Penicillamine.

The deposits at the dermal-epidermal junction might be evidence of an iatrogenic immune-complex disease, i.e. a type-III reaction. The last episode of fever and rash, induced by Levamisole, developed in a very short time, and the findings of histamine liberation on challenge of the patient's basophils as well as the positive prick tests indicate a type-I reaction as an additional pathogenic factor. Evidence of reaginic hypersensitivity to Levamisole as well as to gold salts has previously been found by other techniques (2, 14).

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Acne-like Eruptions Induced by PUVA-Treatment

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Abstract. Photochemotherapy with psoralen and long-wave ultraviolet light, so-called PUVA-treatment, is currently being evaluated in many dermatologic departments. Side effects such as nausea, pruritus and erythema are well known. Recently the development of acneiform eruptions was reported in a British patient treated with PUVA (3). We found that 4 out of 80 patients treated in our clinic with 8-methoxy-psoralen according to the usual weight schedule (6) and long-wave ultraviolet irradiation developed perioral dermatitis, in 2 cases, together with acneiform eruptions localised to the forehead.

Key words: Acne; Perioral dermatitis; PUVA treatment; Rosacea

CASE REPORT

Case I

This 35-year-old female with vitiligo was treated with PUVA for 4 months before she developed small red papules and pruritus on the distal half of the face. No pustules were seen. PUVA treatment was discontinued but the skin changes persisted. After 3 weeks, therefore, treatment with tetracycline (1 g orally, daily) was instituted 2 weeks later the dermatitis cleared.

Case II

The second patient, a 26-year-old female with extensive psoriasis, was also treated with PUVA. After 2 months she developed an itching and burning rash characterised by scaling, erythema and small papules in the perioral region. UVA irradiation to the face was prevented by shielding and the rash then disappeared gradually without any other counter-measure.

Case III

A 31-year-old female with rather extensive psoriasis and psoriatic arthritis received PUVA treatment for 1 month before she developed small papules and excoriations in the perioral as well as in the frontal region. There were a few pustules. As her arthritis worsened, the treatment was replaced by Methotrexate. 1½ months later the skin changes had disappeared.

Case IV

This 50-year-old psoriatic was treated with PUVA for 6 months. He then got small papules and pustules localised to the frontal area and to the cheeks and chin. No similar changes were seen elsewhere on the body. The skin changes persisted throughout the period of weekly PUVA treatment. Later on the clinical picture resembled rosacea with the patient complaining about swelling, erythema and burning in the malar and frontal region occurring especially on treatment days.

DISCUSSION

Acne-like eruptions on the face, induced by light, were first described by Frumess & Lewis (1) using the term *Light-Sensitive Seborrhoid*. Hjort et al. (2) used the designation *Acne Aestivalis* or *Mallorca Acne* for a papular eruption localised to the acne area, occurring after intense sun exposure.

Wolf et al. (7) noted an unexplained transient eruption resembling a polymorphous light eruption in 5 out of 91 patients undergoing PUVA treatment. The location of these changes was not indicated. Recently Jones & Bleehen (3) described an acneiform eruption on the chest and back occurring after 6 weeks of PUVA treatment in a 37-year-old male with psoriasis. The skin changes persisted throughout the period of PUVA treatment.

Our 4 patients all reported with acne-like skin changes. The most prominent findings were located periorally, where the lesions resembled perioral dermatitis (5). None of the patients had a previous history of acne. They had never previously experienced adverse reactions to light. Two of the patients had been using lanolin-containing cream (vaselinum aquosum). As mentioned by Kligmann & Mills (4) this cream may be contributory cause of these acneiform eruptions.

In all our patients the skin changes occurred during maximum UVA irradiation. In 2 of these patients the dermatitis disappeared after discontinuation of PUVA treatment and did not recur on repeated treatment with less intensive UVA irradiation.

It seems obvious that acneiform eruptions can be

induced by PUVA treatment. Shielding of the face or temporary discontinuation of PUVA treatment is considered to be an adequate counter-measure in most instances.

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Intermittent Treatment of Psoriasis with Clobetasol Propionate

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Abstract. Clobetasol propionate cream, applied intermittently for 2 weeks, induced a rapid clinical and histological clearing of psoriatic infiltrates. The serum cortisol level was transiently lowered. By maintenance therapy, with the corticosteroid given only one day a week, 8 of 12 patients were kept in remission for an average period of 5 months.

Key words: Psoriasis; Clobetasol propionate; Cortisol

The recently introduced, highly potent corticosteroids will probably increase the risk of local as well as systemic side effects. It was the aim