Unfortunately the present study failed to show any effect of TA in CU. Good results in the preliminary studies (6) must have been due to a placebo effect, which often is recorded in CU (8). The lack of effect could either be because plasmin plays no part at all in the development of symptoms of CU, or because patients with only a slightly reduced C₄-esterase inhibitor level have an almost normal inhibition of plasmin, so that treatment with an inhibitor will not give rise to any noticeable change in the symptoms.

REFERENCES

Treatment of Alopecia Areata with DNCB—An Immunostimulation?
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Abstract. Ten patients with long-standing areate type alopecia totalis were sensitized with 1-chloro, 2, 4-dinitrobenzene (DNCB). Following sensitization they were painted once weekly on a 40×20 mm area of the vertex with DNCB in acetone, in concentrations adjusted to the allergic response. After 7 weeks, growth of hair was seen in the painted area in 3 patients and after 8 weeks all over the scalp in 3 other patients.

Key words: Alopecia areata; DNCB; Immunostimulation

Alopecia areata is often combined with atopy, thyroid diseases, vitiligo, chronic mucocutaneous candidiasis, and the presence of specific autoantibodies.

At the Department of Dermatology, the Finsen Institute, Copenhagen, 60 patients with alopecia areata were screened clinically and immunologically and 10 patients with alopecia totalis were treated with 1-chloro, 2, 4-dinitrobenzene (DNCB) according to the method described by Rosenberg (1).

Close relatives of two-thirds of the 60 patients had alopecia areata, atopy, or autoimmune-endocrine diseases. Abnormal immunological reactions and conditions usually connected with reduced resistance to infections were found in two-thirds of the patients. A group of 10 patients with alopecia totalis (average duration 2 years) were sensitized with 1 mg DNCB in acetone (closed patch test). 14 days later a DNCB dilution series was applied and the weakest dilution in µg/cm² to give ++ reaction was recorded as the sensitization titre. The reactions to DNCB did not differ from sensitization titres in normal individuals. Thereafter a 40×20 mm area symmetrically over the centre line of the scalp was painted with DNCB in acetone. A

Fig. 1. Hair growth after twelve applications of 1-chloro, 2,4-dinitrobenzene in acetone.
bullous allergic inflammation developed within the
next 2 days. The procedure was repeated every
week for 12 weeks or until hair growth was seen.
After 7 weeks of treatment with DNCB, growth of
hair on the painted area was noted in 3 patients.

After 8 weeks, 3 more patients showed growth of
hair, not only on the painted area, but all over the
scalp.

Excision biopsy from the border of the treated
area 2 weeks after the last DNCB application (Fig.
1) showed histologically a normal quantity of nor-
mal hair follicles throughout the biopsy. From the
part of the biopsy without visible hair, the follicles
were situated in the upper dermis as seen in
alopecia areata. In the other part of the biopsy,
where hair growth had started, the follicles were
situated in the hypodermis.

Direct and indirect immunofluorescence in-
vestigations proved negative. The histological find-
ing suggests a normalization of follicle siting, but
the mechanism seems obscure. However, the effect
of the induced allergic inflammation, as well as the
high frequency of immunological abnormalities in
patients with alopecia areata and their families,
favours the assumption that alopecia areata is a
skinmanifestation of an altered immunoreactivity.

REFERENCE