

Necrobiosis lipoidica Treated with Ticlopidine

In reference to the successful use of ticlopidine in 2 patients with necrobiosis lipoidica by Bonnetblanc et al., some four years ago, I treated 33 cases of this condition with ticlopidine, 9 of whom cleared completely, 17 were improved and 7 remained static. The time of clearance of the lesions lay between 6 and 9 months in those successfully treated.

Necrobiosis lipoidica, granuloma annulare and diabetes are all characterised by "stiff" and altered collagen, and in our laboratories we have found increased levels in the sera of these patients of the enzyme lysyl oxidase which is responsible for cross linking collagen. It is interesting that in 5 patients treated with ticlopidine the levels of this enzyme fell while on treatment.

Some workers have correlated "stiff" collagen in the diabetic with angiopathy, but the retinae of our necrobiotic patients have been examined with fluorescent angiopathy and diabetic retinitis was only found in those with diabetes mellitus (1).

I did not pursue the treatment with ticlopidine because of the number of patients developing agranulocytosis on the drug and in Britain it is only used on a "named patient" basis and not generally released because of this. However, I have found it to be the most effective drug in the treatment of this condition.

REFERENCE

1. Clover PT, Misch KJ, Rhodes EL. Retinal findings in necrobiosis lipoidica, *Clin Exp Dermatol* 1983; 8: 439.

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Etretinate Therapy and Palmo-plantar Lesions

David et al. (1) recently reported in this journal on the occurrence of papular lesions of palms and soles after beginning etretinate therapy. We have seen similar lesions in patients treated with retinoids and considered them, after clinical and cytological observations to be due to focal epidermal splits possibly related to transient sweat retention in hyperhidrotic patients. We wonder if the Israeli patients had hyperhidrosis and whether David et al. would agree upon our interpretation that these lesions could represent a retinoid-induced palmoplantar miliaria.

REFERENCE

1. David M, Ginzburg A, Hodak E, Feuerman EJ. Palmoplantar eruption associated with etretinate therapy. *Acta Derm Venereol (Stockh)* 1986; 66: 87-89.

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