Adverse side effects

Adverse side effects of the treatment were few, but 8 patients developed nausea on taking 8-methoxypsoralen, and in 1 PUVA had to be stopped for this reason. Two patients developed verrucae vulgaris on the hands during therapy; another complained of diffuse pruritus but continued with PUVA until healing occurred.

The laboratory findings were essentially normal in all patients.

DISCUSSION

The present investigation in a series of 38 patients shows that PUVA gives good results in chronic, therapy-resistant eczematous dermatitis of the palms. 20 patients (53%) were completely free from lesions at the time when PUVA was discontinued, and 11 (29%) were improved. Patients given maintenance treatment after the initial course were partly selected, but with maintenance treatment the clearing rate was slightly higher than in the group given only initial PUVA. With both initial and maintenance courses the average total UVA dose was more than twice as high as with the initial course alone (187 and 73 J/cm²). The remission time was longer for the patients given both initial and maintenance PUVA (>14 months) than for those given only initial PUVA (>8 months).

The patients treated with PUVA for plantar lesions were fewer, but 7 (41%) of the 16 thus treated showed healing and 7 improved. The plantar dermatitis remained healed for an average >16 months in the 7 patients in whom healing was complete.

The present study thus shows that PUVA therapy may be effective in chronic eczematous dermatitis of palms and soles when other treatment has failed. Furthermore, PUVA apparently tends to mitigate subsequent relapses.

REFERENCES


Lichen amyloidosus: A New Therapeutic Approach

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The result of topical treatment by dimethyl sulphoxide (DMSO) in a patient with lichen amyloidosus is reported. Itching improved within five days of therapy. Remarkable flattening of the papules was obtained within two weeks. The clinical result was confirmed by
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Lichen amyloidosus (LA) is an unusual disease characterized by deposition of amyloid in circumscribed skin areas. Topical treatment with corticosteroids slightly reduces the epidermal changes and pruritus, but does not modify the amyloid deposits in the upper dermis. A new therapeutic approach to LA is here suggested.

CASE REPORT

A 74-year-old man with a two years' history of severe itching on the lower legs. Eight months before our observation he developed on the same areas many brown papules which persisted despite topical application of corticosteroids. At the admission he presented on the extensor aspects of the lower legs several hemispherical yellow-brown discrete papules (2-3 mm in diameter) slightly scaling (Fig. 1). The lesions were intensely pruritic. Histological findings (hematoxylin-eosin) showed focal deposits of amyloid within dermal papillae. Treatment consisted of topical application of dimethylsulphoxide (DMSO), 4 ml on each leg, once daily for two weeks. Itching improved within five days of therapy. Remarkable flattening of the papules was observed at the end of the trial period (Fig. 2). To remove residual scales a salicylic acid ointment was then applied twice daily for one week. No other treatment was given. The clinical results were confirmed by histological examination which revealed partial disappearance of amyloid deposits in the papillary dermis. No relapse three months after the treatment period was observed.

DISCUSSION

DMSO is a solvent, practically without odor or colour, used as paint and varnish remover, antifreeze, etc. Proposed in medicine as analgesic and antiinflammatory topical agent,
DMSO is a penetrant carrier to enhance percutaneous absorption of topically applied drugs (1). Amyloid deposits partially disappeared in mice with casein-induced amyloidosis under influence of DMSO with coincident appearance of amyloid-like material in the urine (2). In 11 patients with amyloid nephropathy amyloid-like fibrillar substance was found in the urine after a single parenteral dose of DMSO (3).

In 1979 Van Rijswijk et al. (4) treated two patients with severe renal amyloidosis by DMSO 15 g/day in three doses by mouth for more than one year, with remarkable improvement of glomerular filtration-rate, effective renal plasma flow and creatinine clearance. The authors did not confirm the appearance of amyloid-like material in the urine. Nevertheless they found a fall in serum levels of C reactive protein (related to amyloid P component) and SAA (a serum factor, immunochemically related to protein AA, the major protein component of secondary amyloid). Therefore they suggested that DMSO could reduce the amyloid fibril formation. These reports on renal amyloidosis and the favourable effect on pruritus of topically applied DMSO in macular amyloidosis (5) prompted us to try it in LA. For the most part, management of LA is symptomatic. Topical steroids under occlusive dressing are helpful especially to reduce itching but often they fail, as in our case, to produce any clinical improvement. The remarkable improvement of clinical manifestation and histological picture noted in our patient indicates that topically-applied DMSO has a therapeutic potential in LA.

REFERENCES

Treatment of Chancroid with Enoxacin

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Chancroid (ulcus molle) was treated in 7 male patients with enoxacin (2×400 mg/die). Microbiological and clinical examinations proved complete healing in all cases after 7 to 12 days. No side effects were mentioned. Enoxacin seems to be an excellent alternative treatment for this sexually transmitted disease. Key words: Chancroid-ulcus molle; Enoxacin. (Received February 11, 1985).

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Enoxacin (CI 919, AT 2266) is a totally synthetic broad spectrum antibacterial agent of the quinolone-azaquinolone class for oral administration. Its antibacterial effect is achieved by inhibition of bacterial DNA-gyrase. The main target organisms are staphylococci and a