Reiter's Disease: Successful Treatment of the Skin Manifestations with Oral Etretinate

DONATA BENOLDI, ALBERTO ALINOV, GIOVANNI BIANCHI and GIANNI BUTICCHI

1Department of Dermatology, University of Parma.
and 2Medical Division II of Parma Hospital, USL 4, Parma, Italy


Cutaneous manifestations in a case of Reiter's disease were successfully treated by oral etretinate administration. The clinical and histopathological similarities between the skin lesions of Reiter's disease and those of pustular psoriasis, which is known to respond to aromatic retinoids, suggested this treatment. Key words: Reiter's disease; Etretinate.

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REPORT OF A CASE

A 54-year-old man was admitted on March, 1983, to Medical Division II of Parma Hospital for evaluation of long-standing pain and stiffness in several joints and a skin rash involving palms, soles and glans penis. In 1975 he presented at another hospital with fever, arthritis of his knees and wrists, hyperkeratotic lesions on soles and marked nail dystrophies. At that time a diagnosis of rheumatic fever was entertained and he was placed on antibiotics, corticosteroids and salicylates, with temporary improvement of his clinical state. Since then the patient experienced several relapses of his articular and cutaneous manifestations which became increasingly severe.

At the physical examination knees, wrists and feet were red, warm and swollen. Moreover fluctuation was felt at the knee joints. Abduction of the left shoulder was limited, the sacro-iliac joints were tender and a severe rigidity of the thoraco-lumbar spine was recorded. There was a mild bilateral conjunctivitis. Heavily heaped-up, cornified lesions and large pustules involved palms and soles (Fig. 1). Finger and toe nails were yellow and lifted-up at their distal margins by subungueal hyperkeratosis. Glans penis was affected by several, red, scaly macules coalescing into larger circinate patches.

Laboratory studies were normal, aside from an high sedimentation rate (1st h 98), fibrinogen 760 mg/dl, α2 globulin (17%), and a mild normochromic anemia. Tests for syphilis, rheumatoid factor and antinuclear antibodies proved to be negative. HLA-B27 was positive. Chlamydia trachomatis cultures from urethra and conjunctivae were negative. RX evaluation revealed narrowing of the joint spaces in the right carpal bones, 3rd metacarpal phalanx of the left hand, knees and sacro-iliac joints. Bone cysts in the phalanges of the feet and fluffy periostitis of the Achilles tendon insertion was observed. Scintigraphy showed abnormal uptake of the radionuclide (99 Te m-pertechnate) in the third left metacarpal joint and in the sacro-iliac joints. Greater uptake in the right carpal joint and in os calcanei was recorded.

Initial treatment with rolitetracycline (Reverin, Hoechst) 550 mg i.v./day and methylprednisolone (Urbason, Hoechst) 20 mg p.o./day was carried out for two weeks. Then oral doxicycline (Bassado, Poli) 100 mg/day and methylprednisolone 8 mg/day were given for two additional weeks. The patient was also placed on a non-steroidal, anti-inflammatory agent, diclofenac (Voltaren, Geigy) 100 mg/day for two months and then 50 mg/day up to day.
The skin lesions were treated with keratolytic agents and topical corticosteroids under occlusive dressings. Since one month later the cutaneous and joint manifestations did not improve, a trial with oral etretinate was considered. After informed consent was obtained, oral etretinate (Tigason, Roche) 0.8 mg/kg/day in two fractions after meals was given. Within 3 weeks a considerable clearing of the skin lesions was observed (Fig. 2). The treatment schedule was decreased to 0.5 mg/kg/day for 1 month. With a long-term maintenance dose of etretinate, 0.5 mg/kg every other day, no relapse has been observed after a follow-up period of 6 months.

DISCUSSION
Oral retinoids should be considered a significant breakthrough in the treatment of several keratinizing skin diseases. Many studies stressed the efficacy of etretinate in the management of psoriasis vulgaris and its clinical variants, including pustular psoriasis (1, 2, 3). The clinical and histopathological similarities between the cutaneous manifestations of Reiter's disease and those of pustular psoriasis provided the rational for testing etretinate in the treatment of Reiter's disease. According to previous authors (4, 5, 6), who similarly claimed good results, our patient showed rapid and substantial clearing of his skin lesions. Moreover, the long-term administration of oral etretinate at low dosage seems capable to prevent clinical relapses. In our case the etretinate-induced joint improvement allowed the patient to reduce the amount of the non-steroidal anti-inflammatory drug, as reported by Stollenwerk et al. (7) in psoriatic arthropathy.
Since the conventional topical and systemic therapy are not usually associated with significant clinical improvements, we suggest to consider oral etretinate as a valuable drug in the treatment of the skin and joint manifestations of Reiter's disease.

REFERENCES


Meclosorb®, a New Topical Antibiotic Agent in the Treatment of Acne Vulgaris: A Double-Blind Clinical Study

N. HJORTH, H. SCHMIDT, K. THOMSEN and K. DELA

Skin Clinic, Roskilde, Department of Dermatology, Odense, Department of Dermatology, Finsen Institute, Copenhagen and Basoderm, Herlev, Denmark


The clinical effect on acne vulgaris of topical treatment with meclocycline sulfosalicylate and systemic treatment with peroral tetracycline (500 mg daily) was compared in a double-blind study of 60 patients treated for 8 weeks. The reducing effect of Meclosorb® cream and tetracycline tablets on the number of closed comedones, pustules, papules and cysts was marked and not significantly different. The effect of Meclosorb® on open comedones was weak and of slow onset. No side effects were registered. Topical treatment with Meclosorb® is an effective and safe alternative to systemic tetracycline treatment of acne vulgaris. Key words: Acne; Meclocycline sulfosalicylate; Topical Treatment. (Received December 23, 1983.)

N. Hjorth. Skin Clinic, Roskildevej 264, DK-2610 Roskilde, Denmark.

Systemic administration of tetracycline has proved to be effective in acne vulgaris (1, 2) and therefore tetracycline has been the drug of choice in many cases (3, 4, 5, 6). Topical tetracycline agents, however, have not proved very effective in the treatment of acne vulgaris (7, 8).

Meclosorb® is a newly developed antibiotic for topical treatment of acne vulgaris. The active agent of Meclosorb®, meclocycline sulfosalicylate, is a tetracycline derivative with the same spectrum as other tetracyclines, however with a much larger antibiotic activity against propionebacterium acnes than tetracycline hydrochloride (9).