LAMPRENE IN VITILIGO
(A preliminary observation)

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Summary

A preliminary trial of B663 (Lamprene) in Vitiligo cases is reported. 30 cases were studied. 1 Cap of 100 mg. B663 was given daily. Out of 30, excellent results were seen in 21 cases.

Introduction

While treating leprosy cases with lamprene(R) hyperpigmentation was observed in most of the patients after 2 to 3 months of therapy. Browne[1] reported development of red and black pigmentation during treatment of leprosy with 'B 663' (lamprene). On the basis of the above report and observation a trial with B 663 was conducted in vitiligo patients.

Material & Method

30 patients with vitiligo were studied. Detailed history was taken and physical examination done to detect evidence of any associated disease. Haemoglobin, V.D.R.L. test and stool examination for helminths were done in all cases. Where history or examination indicated presence of previous or existing liver trouble, liver function tests were also performed. Many of the patients gave history of past psoralen and U. V. ray therapy without any substantial benefit.

Each patient was given one capsule of lamprene (100 mg.) daily for 2 to 6 months.

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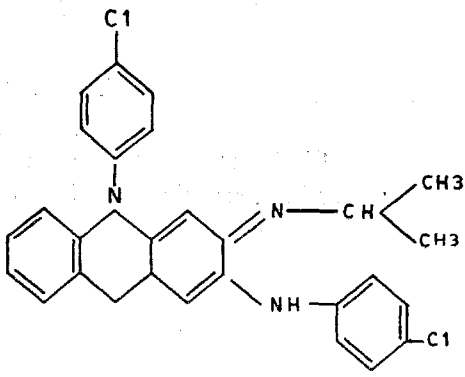
Observations

Repigmentation appeared betweeen 15 days to one month after starting therapy. There was first a change in colour of the patch from chalk white to pink and later black. The normal nonvitiligious skin also showed some hyperpigmentation. Within 2-3 months small vitiligo patches disappeared and within 6 months large patches in extensive vitiligo cases also got repigmented. Out of 30 cases 7 cases did not show any repigmentation.

Structural Formula



Structural formula of lamprene (fig.1)

Discussion

Lamprene (B 663) is a substituted iminophenazine dye synthesised by

Barry et al[2,3]. It is 3 — (P — Chloranilino) — 10 — (P — Chlorophenyl) — 2, 10 — dihydro — 2 — (ISO — propylimino) phenazine.

It is absorbed from the G. I. track, passes into the blood stream and from there rapidly into all organs, where it is taken up chiefly by cells of the reticulo endothelial system and in due course stored in all organs including skin. The drug is eliminated slowly only a few micrograms being excreted daily via the kidneys. A small quantity is lost through the sebaceous and sweat glands[4]. The beneficial effect of the drug in cases of vitiligo — may be on the basis of stimulation of the melanocytic system by the drug.

REFERENCES

1. Browne SG: Red and black pigmentation developing during treatment of leprosy with 'B663' Leprosy Rev, 36: 17, 1965.
2. Barry VC: A new series of phenazines with high anti-tuberculosis activity, Nature 179: 1013, 1957.
3. Barry VC: Absorption, distribution and retention of rimino compounds in the experimental animals, Irish J Med Sci, 416: 345, 1960
4. Conalty ML: Reminophenazine and the reticulo endothelial system, Irish J Med Sci, 491: 497, 196 .

TRUE or FALSE?

CNS, renal and cardiac complications are observed in urticaria unassociated with serum sickness.

(Answer Page No. 330)