ABSTRACTS FROM CURRENT LITERATURE

Neurosyphilis after treatment of latent syphilis with benzathine penicillin, Jorgensen J, Tikjob G and Weismann K : Genito-Urin Med, 1986; 62 : 129-131.

Two patients developed neurosyphilis after treatment of latent syphilis with intramuscular benzathine penicillin in a dose of 1.8 gm a week for three weeks. Authors have emphasised that the common treatment regimens with benzathine penicillin and procaine penicillin do not ensure a treponemicidal concentration of penicillin in the CSF. They recommend administration of water-soluble benzyl penicillin 18 to 21.6 gm a day intravenously, which will ensure safe treponemicidal CSF penicillin concentration.

Deepak A Parikh

Ulcerative balanoposthitis associated with non-syphilitic spirochaetal infection, Piot P, Duncan M, Dyck EV et al : Genito-Urin Med, 1986; 62 : 44-46.

This study described the microbiological and clinical features of patients with extensive superficial genital ulcers or ulcerative balanoposthitis, with special reference to non-syphilitic spirochaetal infection. They isolated this organism in 12% of patients. All were uncircumcised. Patients presented with large, serpiginous, superficial, foul-smelling and tender ulcers, the base of which was purulent with undermined edge. According to authors, finding of non-treponemal spirochaetes associated with large numbers of bacteria on dark-field examination confirms the diagnosis. Treatment with penicillin and metronidazole helps to prevent progression to phagedenal complications.

Deepak A Parikh

The response of generalized granuloma annulare to dapsone, Czarnecki DB and Gin D : Acta Dermato-Venereol, 1986; 66 : 82-84.

Six cases of generalised granuloma annulare (GA) were treated with dapsone. Their ages ranged from 11 to 76 years. Skin lesions cleared within 1 to 3 months. Optimum dose of dapsone was 100 mg a day. Most of the patients were free of skin lesions for 6-19 months.

Deepak A Parikh

Cell kinetic basis for pathophysiology of psoriasis, Weinstein GD, Mc Cullough JL and Ross PA : J Invest Dermatol, 1985; 85 : 579-583.

Ever since the concept of psoriasis as a hyperplastic epidermal disease was developed by Van Scott and Ekel in 1963, many studies have attempted to define and quantitate this process. The major questions that have been asked are, (i) do psoriatic and normal epidermal cells proliferate at the same rate i.e. do they have same cell cycle parameters, (ii) are the growth fractions similar in the proliferative compartments of the two tissues, (iii) can cell cycle and growth fraction parameters as measures of cell proliferation be related to independent measurements of transit times and cell population in two tissues. The authors have tried to answer some of these important questions on the basis of their experimental study. The short 36 hour duration of the psoriatic cell cycle (Tc) was confirmed with the first double peaked fraction of labelled mitoses (FLM) curve in human subject.

The cell kinetic basis for the pathophysiology of psoriasis consists of atleast 3 proliferative abnormalities in comparison to normal epidermis. By far the largest alteration is the

shortening of Tc from 311 to 36 hours. There is also a doubling of the proliferative cell population in psoriasis from 27,000 to 52,000 cells/mm and an increase in the growth fraction from 60% to 100%. As a consequence of these abnormalities the psoriatic epidermis produces 35,000 cells/day from a proliferative compartment of 52,000 cells/mm^2 surface area. Thus, a 28 fold greater production of cells than the 1,246 cells/day produced in normal epidermis. The control factors remain elusive.

Bhushan Kumar

Dermatitis herpetiformis, Olbricht SM, Flotte TJ, Collins AB et al : Arch Dermatol, 1986; 122 : 418-421.

Dermatitis herpetiformis (DH) is a pruritic papulo-vesicular skin disorder of unknown cause, characterized by granular IgA deposits in the dermis along the dermo-epidermal junction. It is associated with gluten-sensitive enteropathy and increased IgA production by the gut lymphoid tissue. Four cases of immunologically documented DH studied by immunofluorescence technique were reported. Monoclonal antibodies against the IgA subclasses IgA 1 and IgA 2 were used. IgA 1 without IgA 2 was found in the cutaneous deposits in each case. The IgA 1 had both light chains in approximately equal quantities. Because normal gut-associated lymphoid tissue produces 70% IgA 1 and 30% Ig A 2 while circulating IgA is primarily IgA 1, it could be concluded that the IgA in the skin of DH patients is not produced in the gut. However, the subclass restriction of the IgA produced by pathologic gut-associated lymphoid tissue is unknown. Alternatively, both IgA 1 and IgA 2 may be produced by the gut, but only IgA 1 is involved in the production of cutaneous lesions.

A K Bajaj

Solar urticaria, Kojima M, Horiko T, Nakamura Y et al : Arch Dermatol, 1986; 122 : 550-555.

Six cases of solar urticaria were studied immunologically and photobiologically. Serum in five patients and plasma in one patient yielded an immediate reaction when injected into the patient's own skin after light irradiation. These photoallergens were gel filtrated, and the molecular weights were determined. The result was compared with the action spectrum obtained by a monochromater. In three patients, with the action spectrum in short visible light range (400 to 500 nm), the molecular weight of the photoallergen was 25,000 to 45,000 daltons. In a patient with an action spectrum from ultraviolet A to short visible light range (330 to 520 nm), there was another photoallergen with a molecular weight that was 300,000 to 1,000,000 daltons. In a patient with a wide action spectrum from ultraviolet B to long visible light range (290 to 630 nm), photoallergens, which were believed to be multiple, were generated only from plasma.

A K Bajaj

Topical application of isotretinoin gel improves oral lichen planus, Giustina TA, Stewart JCB, Ellis CN et al : Arch Dermatol, 1986; 122: 534-536

In a double-blind study, 20 patients with oral lichen planus were treated twice daily with 0.1% isotretinoin gel or the vehicle alone for two months. Subsequently, patients who used the placebo received the active preparation for another two months. Patients treated with the active medication displayed significantly greater improvement than patients receiving the placebo. Patients who were treated initially with the placebo showed statistically significant improvement after receiving the topical isotretinoin treatment for two months. Side effects from using the gel were primarily a transient burning sensation or irritation on initial application.

A K Bajaj

The bone marrow in urticaria pigmentosa and systemic mastocytosis, Ridell B, Olafsson JH, Goupe G et al : Arch Dermatol, 1986; 122 : 422-427.

The bone marrow sections from five normal subjects and 18 patients with mastocytosis were examined to establish criteria to distinguish urticaria pigmentosa from systemic mastocytosis. Nine patients had increased numbers of mast cells in bone marrow sections stained with a long toluidine blue staining technique specific for mast cells, whereas five patients exhibited increased numbers of mast cells on May-Grunwald-Giemsa-stained smears of bone marrow. A positive correlation between the number of mast cells in sections of the bone marrow and the urinary excretion of the main histamine metabolite telemethylimidazolcacetic acid was found. In ten of the examined bone marrow specimens, focal lesions containing mast cells, lymphocytes and eosinophils appeared. The presence of these focal lesions together with either an increased number of mast cells in bone marrow sections and/or increased urinary excretion of telemethylimidazolcacetic acid is considered diagnostic of systemic mastocytosis. No patient exhibited myeloproliferative condition or other major hematologic abnormality.

A K Bajaj

Allylamines : Topical and oral treatment of dermatomycoses with a new class of antifungal agents, Ganzinger U, Stutz A, Petranyi G et al : Acta Dermato-Venereol (Stockh), Suppl, 1986; 121 : 155-160.

The first number of a new class of synthetic antifungal agents, the allylamine derivatives, was synthesized at the Wander Laboratories in Berne. The unexpected antifungal activity of this compound, Naftifine, was discovered during routine screening at the Sandoz Research Institute in Vienna. As a class, allylamines are highly active in vitro against dermatophytes, moulds, and moderately active against yeasts. Good results were obtained by oral or topical treatment of guinea pigs with artificially induced dermatophyte infections. The details of two compounds of this class of drugs, Naftifine and SF 86-327, are described in the article. Naftifine has been developed as an agent for the topical treatment of dermatomycoses, while SF 86-327 is under development in both topical and oral formulations.

Naftifine appears superior to the existing antifungal agents. The clinical and mycological cure rate achieved with this ranges between 87% and 100%, and the rapid improvement of clinical symptoms is stressed. Side effects after topical use included irritation, redness and dryness of the treated skin.

K Pavithran

Anthralin stick (Anthraderm) in the treatment of mosaic warts, Hjorth N, Madsen K and Norgaard M : Acta Dermato-Venereol (Stockh), 1986; 66 : 181-182.

Two percent anthralin stick has been found to be effective for the treatment of common warts when used for a period of 2 months. It has been ascribed to its antimitotic properties. The authors tried this drug in 30 patients with mosaic warts of the soles. They were asked to pare down the warts after a soap-water soak once a week and to apply anthralin stick confined to the warts every evening. They were followed up once every one or two months for a maximum of 10 months. Among the 30 patients, 6 were lost for follow-up, 17 cleared within ten months, while in 7 the warts persisted. The median period of treatment was 7 months (range 3-10). Except for mild staining of bed-linen, no side effects were observed. The satisfactory results of treatment could hardly be due to psychotherapeutic factors, since mosaic warts are notoriously resistant to treatment. The authors have not performed a double blind study using anthralin due to the staining pro-

perties of the active substance. So it cannot be determined whether the cure was due to the wax base, or the anthralin.

K Pavithran

Treatment of primary and secondary syphilis : Serologic response, Fiumara NJ and Boston MPH : J Amer Acad Dermatol, 1986; 14 : 487-491.

Aim of this study was to evaluate the effectiveness of the penicillin treatment schedule by reviewing the records of 88 patients who had primary syphilis and 101 patients who had been treated for secondary syphilis. All of them had their first infection with this disease, positive results on repeated RPR-CT and FTA-ABS tests, and had no evidence of reinfection on follow up examination. All patients were followed up until the RPR-CT tests had become non-reactive. The treatment given for primary and secondary syphilis was penicillin G benzathine, 2.4 million units given as intramuscular injection weekly for 2 weeks, for a total of 4.8 million units.

In primary syphilis it was observed that the speed of sero-reversal was dependent on the height of the reagin titer, which depended on the duration of the lesion. In this study all patients with primary syphilis had sero-negative test results within 12 months. The type of the rash in secondary syphilis is influenced by the duration of the secondary stage. First clinical expression is the macular rash, followed by maculo-papular, papular and lastly, pustular lesions. The type of the rash determines the height of the reaginic titer, which in turn influences the speed of the sero-reversal response. The mean reagin titer of patients with macular lesions was 1:8, maculo-papular 1:32, and papular 1:128. All patients after treatment became sero-negative within 2 years.

K Pavithran

Bullous lichen planus : Diagnosis by indirect immunofluorescence and treatment with dapsone, Camisa C, Neff JC, Rossana C et al : J Amer Acad Dermatol, 1986; 14 : 464-469.

Two cases of bullous lichen planus are reported in a 58-year-old woman and a 42-year-old man. Both these cases were previously diagnosed to be bullous pemphigoid on the basis of clinical and histopathological features. But direct and indirect immunofluorescence studies did not support the diagnosis of bullous pemphigoid. But indirect autologous immunofluorescence assay revealed deposits of immunoglobulins in the stratum granulosum, and the indirect allogenic immunofluorescence assay was positive for the same pattern, confirming the diagnosis of bullous lichen planus. Bullous lichen planus with bullous pemphigoid-like histopathologic features can be differentiated from bullous pemphigoid on the basis of the indirect autologous and allogenic immunofluorescence assays for circulating antigranulosum antibodies. One of these patients responded to systemic corticoid therapy alone, whereas the other responded to a combination of dapsone and steroid. Some patients with bullous pemphigoid respond to dapsone. Authors conclude by commenting that there may be a subset of patients with lichen planus (perhaps those with prominent oral disease or bullous skin lesions with bullous pemphigoid-like histopathologic features) who benefit from the addition of dapsone to the therapeutic regimen.

K Pavithran

Fixed drug eruption to mefenamic acid, Watson A and Watt G : Aust J Dermatol, 1986; 27 : 6-7.

Mefenamic acid is one of the fenamate series of non-steroidal anti-inflammatory agents and its primary indication is the treatment of dysmenorrhoea and primary menorrhagia. Occasionally, it is used to relieve dental pain and soft

tissue pain. Two female patients aged 40 and 25 years developed fixed eruption after intake of this drug for menstrual pain. The patients attributed the rash to menstruation. The patients were advised to try taking the mefenamic acid in the middle of their menstrual cycle and within hours of taking one tablet each, they felt burning of existing lesions and developed new lesions. Most hormonally related dermatoses (eg autoimmune progesterone dermatitis) are usually associated with premenstrual hormonal changes. The history of flare with menstruation confirms that this was a fixed eruption to mefenamic acid. Authors conclude by the statement that the diagnosis of fixed eruption should be considered in any patient with recurring single or multiple lesional eruption, despite an initial denial on the part of the patient that any drugs are being taken.

K Pavithran

Terfenadine in chronic urticaria : A comparison with clemastine and placebo, Frederickson T, Hersle K, Hjorth N et al : Cutis, 1986; 38 : 128-130.

Sedation and anticholinergic responses are the most troublesome adverse effects of traditional antihistamines. The advent of new, non-sedating drugs of this class has aroused new interest in antihistamine treatment of urticaria. The authors carried out a multicenter trial involving sixty patients with chronic urticaria to compare the efficacy of and adverse reactions to terfenadine, clemastine and placebo. Each agent was taken separately for two weeks.

In this trial, terfenadine proved more effective than clemastine and was associated with significantly less sedation. The dose recommended was 60 mg twice a day. An unexpected side effect which occurred in one patient was severe laryngeal oedema on the first day of terfenadine therapy. She reported a lump in her throat that subsided after she stopped using the drug. A few patients responded better to clemastine than to terfenadine. This may have been because terfenadine is a specific H-receptor antagonist whereas clemastine is anticholinergic, antiserotoninergic and antiadrenergic and such responded patients may have had mainly non-histamine-mediated urticaria.

K Pavithran

Immune complexes in patients with contact dermatitis, Picardo M, Santucci B, Pastore R et al : Dermatologica, 1986; 172 : 52-53.

Contact allergic dermatitis is a classical example of type IV hypersensitivity disease and T-lymphocytes are the predominant cells that take part in it. But in some patients systemic manifestations due to the presence of immune complexes may occur. Here the authors studied 30 subjects who were patch-test positive to nickel or chromium, to evaluate the frequency of circulating immune complexes (CIC)by C1 q binding assay. CIC were found in 19 out of 30 patients. But their presence was not associated with generalised manifestations but a positive correlation was observed with the presence of CIC and the duration of dermatitis (more than one year). It is possible that B cell system also takes part in contact allergic dermatitis and may be responsible for disseminated manifestations.

K Pavithran

Atopic cataract induced by severe allergic contact dermatitis, Vehara M and Sato T : Dermatologica, 1986; 172 : 54-57.

Cataract is an important ocular complication in adolescent and young adults with atopic dermatitis. Patients with more severe atopic dermatitis affecting the face have more chance for atopic cataract. Usually cataracts are absent in patients with severe atopic dermatitis who have no skin lesions on the face.

The authors here had seen a 31-year-old woman with atopic dermatitis with mild skin lesions and the possibility of developing cataract in her was thought to be very remote since she had only mild skin lesions. But later, she developed severe allergic contact dermatitis to a natural cosmetic containing essence of various plants such as apricot, eucalyptus and others. After 7 weeks' use of this cosmetic she developed eye symptoms of cataract which gradually progressed. Ophthalmological examination revealed a mature cataract in the left eye and anterior subcapsular opacity in the right eye. This report suggests that prompt control of severe dermatitis of the face in patients with atopic dermatitis is important for prevention of atopic cataracts, whether the dermatitis of the face is atopic or non-atopic in nature.

K Pavithran

Cutaneous lesions in 67 cyclosporin-treated renal transplant recipients, Bencini PL, Montagnino G, Sala F et al : Dermatologica, 1986; 172 : 24-30.

Cyclosporin, a cyclic endecapeptide compound, is used as an immuno-suppressive agent in renal transplant patients. The systemic side effects from this drug include nephrotoxicity and hypertension. The authors studied the mucocutaneous manifestations observed in 67 kidney transplant patients treated with cyclosporin and methyl prednisolone. Sixty five patients had dermatological lesions. The drug-induced skin lesions included hypertrichosis, gum hypertrophy, sebaceous hyperplasia, cysts, keratosis pilaris, acne, erythrosis, striae rubrae and Bateman's purpura. Most of the lesions concerned the pilosebaceous unit. Lesions associated with renal failure were half-and-half nails, hyperpigmentation and xerosis. Among the infectious manifestations, viral lesions were the most frequent and were very severe in the first month after transplantation. Two patients developed a squamous-cell epithelioma and a probable lymphoma, respectively. Authors conclude that since it is difficult to differentiate exactly between the effects of steroids and those of cyclosporin on the induction of several of these lesions, long-term follow-up of a large number of patients treated exclusively with cyclosporin is warranted.

K Pavithran

Mercury intoxication after topical application of a metallic mercury ointment, Bourgeois M, Dooms-Goossens A, Knockaert D et al : Dermatologica, 1986; 172 : 48-51.

Two cases of mercury poisoning are reported in a 40-year-old man and his girl friend. They applied an ointment containing 9 gm lard, thinking that they were suffering from pediculosis. He applied 30 gm of this ointment to his entire body and left it on for 5 hours. On the second occasion he left the ointment for 30 hours. Three days after application he developed headache, tinnitus, vertigo, painful lesions in the mouth, ulceration of the gums and ruby-red lesions all over the body. The rash was prominent on the genital region, flexures of the elbows, knees and in the axillae, with a tendency to purpura formation. The diagnosis of mercury intoxication was confirmed by finding mercury in the urine. He was treated with dimercaptol (BAL) intramuscularly and D-penicillamine orally. The rash and other signs and symptoms subsided gradually. The other patient had only mild toxicity and was treated with D-penicillamine only. The unusual exposure route (cutaneous) and predominant cutaneous manifestations are the interesting features of mercury poisoning observed in these two cases.

K Pavithran

Von Recklinghausen neurofibromatosis and hereditary plasminogen deficiency, Priollet P, Roncato M, Vayssairat M et al : Dermatologica, 1986; 172 : 62-63.

Abnormal plasminogen is a rare molecular abnormality found in patients with recurrent thrombo-embolic disease. The pattern of abnormal plasminogen inheritance has been described as autosomal dominant. The authors report a case of von Recklinghausen neurofibromatosis in a 26-year-old man who was found to have associated stasis ulcer with incompetence of small saphenous system on the right leg. All laboratory tests were normal except for a decreased plasminogen activity when measured by an amidolytic assay after formation of a plasminogen-streptokinase complex. His mother also showed plasminogen deficiency. She had only one cafe-au lait spot larger than 1.5 cm diameter. All other families were examined and found normal. Plasminogen deficiency in this case appears to have been inherited from the maternal side. Authors suggest that further studies on the concentration of plasminogen in patients with neurofibromatosis are warranted.

K Pavithran

A comparison of the new topical antibiotic mupirocin (bactroban) with oral antibiotics in the treatment of skin infections in general practice, Villiger JW, Robertson WD, Kanji K et al : Curr Med Res Opin, 1986; 10 : 339-345.

Mupirocin is a new topical antibiotic produced by the submerged fermentation of *Pseudomonas fluorescence*. The mechanism of action is by inhibition of bacterial protein synthesis. It is highly effective against streptococci and staphylococci including the resistant strains. It also acts on Gram negative cocci and to a lesser extent on Gram negative bacilli. It is non-toxic and non-irritant and does not produce sensitisation. No cross resistance has been demonstrated between mupirocin and other antibiotics.

A comparative clinical trial with topical mupirocin three time daily for 4-10 days and orally administered erythromycin and flucloxacillin was done. The clinical response with mupirocin was significantly better than erythromycin and similar to that of flucloxacillin.

Mollykutty Francis

Diabetic retinopathy and Campbell de Morgan's spots, Shah KC : J Dermatol, 1986; 13 : 464-466.

Generalised angiopathy of small vessels is an important pathologic feature of diabetes mellitus and affects capillaries, venules and arterioles of all organs including the skin. There is a direct relationship between the diabetic microangiopathy in the retina and cutaneous microangiopathy in the form of Campbell de Morgan's spots. In a comparative study, these spots were found to be more in diabetic patients than in normal individuals and even more numerous and prominent in diabetic patients with retinal microangiopathy than in diabetic patients without retinal microangiopathy.

Mollykutty Francis

Therapeutic activity of lactate 12% lotion in the treatment of ichthyosis—Active versus vehicle and active versus a petrolatum cream, Buxman M, Hickman J, Ragsdala W et al : J Amer Acad Dermatol, 1986; 15 : 1253-1258.

In a clinical comparative study, 12% lactic acid lotion was found to be significantly more effective than both its vehicle and a petrolatum based cream in both treatment and regression phase. The 12% lactic acid lotion is specially neutralised to a pH of 4.5-5.5. The active ingredient is ammonium lactate salt which has a moistening effect and decreases the hyper-

keratosis and re-establishes the integrity of the skin. It also gives a symptomatic relief of pruritus. In addition it has the added advantage of less stinging in comparison with the acid form, while retaining the therapeutic activity of alpha-hydroxy acid.

Mollykutty Francis

Gardnerella vaginalis **associated balanoposthitis, Burdg DR, Bowie WD and Chow AW : Sex Trans Dis, 1986; 13 : 159-162.**

The clinical features, microbiologic investigations and response to therapy of three patients with *Gardnerella vaginalis* associated balanoposthitis are described. All of them presented with diffuse erythema and pruritus of urethral meatus and coronal sulcus, irritation of prepuce and minimal urethral discharge. They were un-circumcised. None had ulceration, vesiculation, frank pus, inguinal adenopathy or systemic symptoms. A characteristic fishy odour for the urethral discharge was the complaint and it was confirmed on examination. Saline, KOH and Gram-stained preparations were examined for the presence of leucocytes, bacteria, yeasts, *Trichomonas vaginalis* and 'clue cells.' Only 'clue cells' were seen in 2 cases. *Gardnerella vaginalis* was isolated from culture in all 3 cases. Cervical and vaginal discharge from female partners of these patients were examined as for the male patients. Patients and their female partners were treated with oral metronidazole and they responded with this therapy initially. But two patients showed relapse but ultimately responded to clindamycin. Authors suggest a polymicrobial and synergistic aetiology for this balanitis involving *Gardnerella vaginalis* and anaerobic bacteria similar to bacterial vaginosis.

Sobhanakumari

Vaginal colonization with *Mycoplasma hominis* **and** *Ureaplasma urealyticum*, **Mc Cormack WM, Rosner B, Alpert et al : Sex Trans Dis, 1986; 13 : 67-70.**

Authors studied vaginal cultures from 481 unselected young women with the aim of determining the factors predictive of vaginal colonization with *Mycoplasma hominis* and *Ureaplasma urealyticum*. *Ureaplasma urealyticum* was isolated from 273 (56.8%) of 481 participants. Black race, absence of antibiotic use, cigarette smoking and the number of sexual partners during the last year were the factors significantly predictive of colonization. *Mycoplasma hominis* was isolated from 85 (17.7%) of the 481 participants. Factors causing colonization were black race, young age, users of non-barrier methods of contraception and life time number of sexual partners. Sexually inexperienced women had low rates of colonization similar to those seen among pre-adolescent girls. This colonization presumably reflects acquisition of the organism from the maternal birth canal. It is concluded that barrier methods of contraception protect the women from colonization with *Mycoplasma hominis* and *Ureaplasma urealyticum*.

Sobhanakumari

Gonorrhoea in heterosexual men : correlation between gonococcal W sero-group, *Chlamydia trachomatis* **infection and objective symptoms, Ruden A, Backman M, Bygdoman et al : Acta Dermato-Venereol, 1986; 66 : 453-455.**

Two hundred and ninety two patients were included in this study. Presence of gonococci and *Chlamydia trachomatis* were confirmed by culture. All gonococcal isolates were subgrouped by co-agglutination test using monoclonal antibodies. By this technique gonococci can be divided into two subgroups W1 and W II/III. The antigen is the outer membrane protein. Serogroup W1 and WII/III correspond

to two different proteins 1A and 1B respectively. Seventy percent of the patients showed the subgroup WII/III. One of the proteins had two gonococcal strains of different subgroup at the same time. The rest 30% of the patients infected with WI strains had a co-existing chlamydial infection whereas only 16% showed co-existing infection from WII/III subgroup. Men infected with WI strain had less objective symptoms as judged by the number of leucocytes/ HPF and by discharge than men infected with WII/III strain. Because of the less definitive symptoms, patients infected with WI strain consult doctor after a long time. During this period they had greater opportunity to acquire chlamydial infection than patients infected with WII/III strain.

Sobhanakumari

Dapsone in the treatment of cutaneous lupus erythematosus, Lindskov R and Reymann F : Dermatologica, 1986; 172 : 214-217.

Thirty three patients suffering from discoid lupus erythematosus have been treated with dapsone. Excellent response was seen in 8 (24%) patients, some effect in another 8 (24%) patients and no effect in 17 (52%) patients. Thirty patients with discoid lupus erythematosus treated with hydroxy-chloroquine showed excellent results in 23 (76%) patients, some effect in 5 (17%) patients while no response was seen in 2 (7%) patients. The authors conclude that dapsone might be an alternative or a supplement to hydroxy-chloroquine in the treatment of discoid lupus erythematosus, when the latter causes adverse reactions or fails to be effective. However, hydroxy-chloroquine remains the drug of choice when systemic treatment is needed. Controlled trials with dapsone are warrented.

N Surendran Pillai

Response of male acne to anti-androgen therapy with cyproterone acetate, Misch KJ, Dolman WFG, Neild V et al : Dermatologica, 1986; 173 : 139-142.

Sixty-three unmarried male patients suffering from moderate or severe acne vulgaris were treated with 25 mg cyproterone acetate plus oral tetracycline 250 mg twice daily and topical benzoyl peroxide gel. All the patients in the study had previously failed to respond to conventional acne therapy, including oral tetracycline 500-1000 mg daily for 6 months plus topical benzoyl peroxide. Fifty seven showed considerable response. The mean time to complete clearance of acne was 5.2 months. Fifty (88%) out of 57 patients relapsed within 3 months after discontinuing therapy, back to the condition before treatment. The main side-effect was nodular swelling below the nipple in 13 (21%) patients. This was reversible and cleared 3-4 months following cessation of therapy. This study indicates that male acne is certainly an androgen dependent condition responding to anti-androgen therapy. Although cyproterone acetate is not a standard therapy for male acne, it could be used in severe cases where isotretinoin is unavailable or contra-indicated.

N Surendran Pillai

An investigation of the ability of anti-psoriatic drugs to inhibit calmodulin activity : a possible mode of action of dithranol (anthralin), William FG, Tucker MB, Neil SM et al : J Invest Dermatol, 1986; 87 : 232-235.

Levels of intracellular calcium binding protein calmodulin (CaM) have been shown to be elevated in both lesional and non-lesional psoriatic epidermis. CaM regulates a wide range of intracellular processes several of which have been reported to be altered in psoriasis. A study was conducted to see whether any of the established topical and systemic methods for treatment of psoriasis had any inherent CaM

antagonistic activity. Accordingly authors investigated the ability of 3 topical agents, dithranol, hydrocortisone and crude coal tar and three systemic drugs etretinate, methotrexate and 8-methoxy psoralen to inhibit the CaM activation of a CaM-sensitive enzyme beef heart phosphodiesterase. Dithranol (anthralin) alone whether freshly prepared or oxidised, produced substantial inhibition of CaM activity and was found to be a potent competitive antagonist of CaM, suggesting another possible therapeutic mode of action of dithranol in psoriasis.

N Surendran Pillai

Langerhans cells in human warts, Chardonnet Y, Viac J and Thivolet J : Brit J Dermatol, 1986; 115 : 669-675.

Indirect immunofluorescent study was done on 76 warts using monoclonal antibodies specific for T-cell subsets, Langerhans cells and HLA-DR antigen. An abnormal distribution of Langerhans cells was present in 65% which contained Langerhans cells in the dermis. In 29% these cells were absent from the epidermis. The absence of Langerhans cells from the epidermis was associated with the presence of viral antigen and the presence of Langerhans cells in the dermis. It was not related to the presence of HLA-DR antigen or particular T-cell subset.

Mercy Paul

T-cell profiles in vitiligo, Grimes PE, Ghoneum M, Stockton T et al : J Amer Acad Dermatol, 1986; 14 : 196-201.

T-cell profiles in 20 vitiligo patients were compared with 64 healthy matched control subjects. The percentages of total T (OKT 3), helper (OKT 4) and suppressor (OKT 8) cells in the peripheral blood were determined using immunofluorescence and complement mediated cytotoxicity assays. A statistically significant decrease in helper cells and helper/suppressor ratios was seen in vitiligo patients ($P<0.01$). The reduction in helper cells was more in patients with a disease duration of less than one year and in those who produced serum autoantibodies.

Mercy Paul

Response of systemic amyloidosis to dimethyl sulphoxide, Wang W, Lin C and Wong C : J Amer Acad Dermatol, 1986; 15 : 402-405.

A 65-year-old female patient with systemic amyloidosis was put on dimethyl sulphoxide 40 mg/kg daily orally. By three months the skin lesions started improving. The treatment was continued for 4 years, when marked improvement of the skin lesions was noticed. No significant side effects were encountered.

Mercy Paul

Efficacy of combined treatment with oral and topical acyclovir in first episode genital herpes, Kinghorn GR, Abeywickreme I, Jeavons M et al: Genitourin Med, 1986; 62 : 186-188.

Fifty patients presenting with first episode genital herpes were randomly allocated to seven day treatment with either oral acyclovir plus 5% acyclovir cream or oral acyclovir plus matching placebo cream. Combined treatment with oral and topical acyclovir was associated with a shorter duration of itching in women alone($p=0.04$) but gave no clinical relief of other symptoms, the time to healing of lesions or the subsequent recurrence rate. The concomitant topical treatment with 5% acyclovir cream confers no advantage on patients who receive oral acyclovir.

S M Shanmugham Pillai

Three day oral course of Augmentin to treat chancroid, Ndinya-Achola JO, Nsanze H, Karasira P et al : Genitourin Med, 1986; 62 : 202-204.

Amoxycillin and clavulinic acid (Augmentin : Beecham Research Laboratories) was used to treat patients with bacteriologically proved chancroid in three different dose regimens. A single dose of Augmentin (amoxycillin 3 gm, clavulinic acid 350 mg) was found ineffective. A similar dose repeated after 24 hours was equally ineffective, but a dose (amoxycillin 500 mg, clavulinic acid 250 mg) given every 8 hours for three days was found to be effective. The drug was well tolerated and no side effects were noted in any of the patients treated. Antimicrobial chemotherapy against chancroid has attracted much attention recently. The occurrence of relatively high failure rates with sulphonamides and tetracyclins has increased the need to find new chemotherapeutic agents effective against this disease. In this study the three day amoxycillin and clavulinic acid used in 44 patients was safe and effective for chancroid.

S M Shanmugham Pillai

Single-dose therapy with trimethoprim-sulfametrole for chancroid in females, Dylewski J, Dcosta J, Nsanze H et al : Sex Trans Dis, 1986; 13 : 166-168.

Chancroid is a frequent cause of genital ulcers in both men and women, in tropical countries. In this study the authors investigated the response of women with culture-proved chancroid to a single oral dose of 640 mg of trimethoprim plus 3,200 mg of sulfametrole. Those who were allergic to sulphonamide and who were pregnant were excluded from the study. The drug was ingested as a single dose under the supervision of a drug dispenser. The patients were followed up on days 3, 7, 10, 14 and 28 following treatment. All 27 women who were treated with this regimen and adequately followed were cured. The drug was well tolerated by all patients. No rashes or untoward reactions were noted. Thus, a single dose of trimethoprim-sulfametrole appears to be an effective treatment regimen for women with chancroid.

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