ROLE OF COLCHICINE IN PRIMARY LOCALISED CUTANEOUS AMYLOIDOSIS

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Fifteen patients with primary localised cutaneous amyloidosis (PLCA), of which 8 had macular amyloidosis (MA) and 7 lichen amyloidosis (LA), received oral colchicine 1 mg/day in 2 divided doses for a period of 3 months. Pruritus completely disappeared in all MA patients and 30-60% diminution occurred in LA patients within 15 days. Intensity of pigmentation started to decrease within 7-14 days in all MA patients. Flattening of the papules and diminution in thickness of the skin also started within one month in all LA patients, within 90 days of therapy pigmentation almost disappeared in all patients of MA and size of papules decreased by 80-98% in all LA patients. No significant side effect was seen in these patients due to colchicine therapy.

Key Words: Colchicine, Amyloidosis

Introduction

Primary localised cutaneous amyloidosis (PLCA) patients are quite common in out patients clinic of Dermatology. But treatment of MA and LA is frequently unsatisfactory. No specific treatment is available.[1] Topical steroids with or without occlusion are the mainstay of treatment.[2] In the present study, we evaluated the usefulness of oral colchicine in the management of PLCA.

Materials and Methods

The study was carried out in 15 patients of PLCA. Clinical features were so characteristic that other investigations for confirmation of diagnosis were not cousidered necessary. Previously most of them (13) had been treated by topicl corticosteroids with or without occlusion but without any significant result. Four cases of LA received intralesional corticosteroids without significant improvement. Baseline investigations included a complete hemogram, blood sugar and urine analysis. All of them were healthy. Pregnant lady and patients suffering from other systemic diseases were not included in this study. We treated all the patients with oral colchicine 1 mg/day in 2 divided doses after food for 90 days. Patients were evaluated every week in the first month and then fortnightly. Total and differential count of leucocytes, total count of erythrocytes, hemoglobin percentage and urine analysis were done at monthly interval to detect the side effects of colchicine.

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Results

Out of 15, 9 were male and 6 were female. Their ages ranged from 30 to 60 years and duration of illness from 5 to 30 years.

After 15 days of therapy, pruritus disappeared in almost all MApatients and 30 to 60% diminution occurred in LA patients. After 1 month of therapy, intensity of pigmentation diminished in all patients and itching almost disappeared in all LA patients. In LA group, papules also decreased in size following 1 month of therapy. After 3 months of therapy pigmentation almost disappeared in all MA patients and 80 to 90% papules disappeared in LA patients.

In all MA patients, there was no recurrence of disease during a follow-up period of another 3 months. In 3 LA patients papules became slightly raised in subsequent 3 months and treatment was started again for another 3 months. The lesions cleared up completely leaving only mild hyperpigmentation.

Periodic blood counts did not show any significant change. None of the patients suffered from diarrhoea due to colchicine.

Discussion

There is no specific therapy for PLCA. All the patients of this study received several types of therapy for a prolonged period but without significant result. All of them started to show improvement steadily on colchicine therapy and without any local therapy. Disappearance of pruritus and clearance and almost clearance of pappules and pigmentation in all the patient was quite encouraging. As the disease appears in adult age group and the drug is well tolerated in this low dose for a short period, it can be routinely used in PLCA. We have not tried the medicine beyond 3 months continuously but it may be tried if no side effects appear.

References

1. Black MM. Amyloid and the amyloidosis of the skin. In: Textbook of Dermatology (Champion RH, Burton JL, Ebling FJG, eds). 5th edn. Oxford: Blackwell Scientific Publications 1992: 2338.
2. Fine JD, Moschella SL. Lichen amyloidosis. In: Dermatology (Moschella SL, Hurley HJ, eds): 2nd edn. Philadelphia WB Sanders Company, 1985, 1486-7.