

ABSTRACTS FROM CURRENT LITERATURE

Topically administered fluorouracil in vitiligo, Tsuji T and Hamada T : Arch Dermatol, 1983; 119:722-724.

Intense pigmentation has been noted as a side effect of topical administration of fluorouracil. The authors treated 28 vitiligo patients with 5% fluorouracil cream applied daily to the vitiliginous lesions under occlusive dressings following epidermal abrasion on the first day. The treated lesions became completely eroded after 7-9 days of treatment, at which time further application was stopped. Epithelisation occurred within 10 days and repigmentation began one to two weeks later. Eighteen (64%) patients developed complete or almost complete repigmentation, 5 (18%) developed partial repigmentation, and 5 (18%) had no response. Of the 23 patients who did respond, three patients had a recurrence of vitiligo within one year. Neither epidermal abrasion alone, nor topical applications of fluorouracil without abrasion resulted in repigmentation in any of the control sites. No systemic toxicity was observed in these patients.

Maya Jacob

Methylprednisolone pulse-therapy in dermatomyositis, Yanagisawa T, Sveishi M, Nawata Y et al : Dermatologica, 1983; 167:47-51.

Methylprednisolone pulse-therapy was given to 3 patients with uncontrolled dermatomyositis (DM) and the effects compared with 5 patients with severe DM who were treated with 40-80 mg prednisolone daily. Methylprednisolone pulse-therapy consisted of giving 1 gm of methylprednisolone intravenously daily for 3 consecutive days in a week for 2-3 weeks. Thereafter, 60 mg daily of prednisolone was

prescribed orally. All patients showed a rapid decrease in muscle enzyme levels and a gradual recovery of strength. However, one patient who was also on cancer chemotherapy for lung cancer, developed interstitial pneumonitis and died soon after. Two patients in the control group died of aspiration pneumonia and cerebral apoplexia before evidence of normalization of the CPK levels, and 2 other patients in the control group did not recover their muscle strength within the 2 to 4 months follow-up period.

Methylprednisolone pulse-therapy was thus found effective in the management of severe and uncontrolled DM.

Maya Jacob

Symptomatic dermographism : Natural history, clinical features, laboratory investigations and response to therapy, Breathnach SM, Allen R, Milford Ward A, Greaves MW : Clinical and Experimental Dermatology, 1983; 8:463-476.

Fifty patients with symptomatic dermographism were investigated. The mean age of onset was 25.75 years. The mean duration at last follow up was 5.1 years. The duration was longer than 5 years in 22% and longer than 10 years in 10%. Ninety two per cent of the patients produced measurable wealing at a pressure of 3.5×10^5 Pa or less applied with a calibrated dermographometer. There was no increased incidence of atopic diathesis in these patients and no association with systemic diseases, food allergens or medications was established. Protein inhibitor profiles revealed a significant reduction in the level of circulating α_1 -antitrypsin inhibitor. In a double-blind randomized controlled trial of eight different antihistamine regimens in twelve patients, a