LETTERS TO THE EDITOR

ARTHRITIS MUTILANS

To the Editor,

The association of arthritis in cases of psoriasis usually with a negative serology constitutes psoriatics arthritis.[1] Arthritis mutilans (AM) is a severely deforming arthritis with destruction of bone and widespread ankylosis. Osteolysis may cause "telescoping" of the digits and even complete dissolution of phalanges.

AM is a relatively uncommon, severely deforming arthritis involving fingers and toes predominantly. Gross osteolysis may cause digital foreshortening and ankylosis. Radiologically, widespread changes due to complete disappearance of heads of metacarpals and metatarsals leaving tapered bone, looking like sharpened pencil with pencil in cup appearance at metacarpo and metatarsophalangeal joints is seen. Such gross osteolysis may be followed by bony fusion. In advanced cases, it results in "opera glass hand" where fingers can be pulled in and out due to gross destruction and absorption of bones.

One 56-year-old female had extensor type of psoriasis since 35 years and arthritis of hands and feet since 22 years. Gross deformity of hands and feet with loss of phalanges and malunion of bones at places with marked loss of function was seen (Fig.1). Initially, there was bilateral symmetrical swelling of joints of hands and feet with moderate pain. Inflammation and pain used to subside at times with treatment but recurrences resulted in gradual loss of function with shortening of digits, loss of phalanges and gross deformity of hands and feet. There was occasional mild pain since 8-9 years. Nail changes of psoriasis in the form of

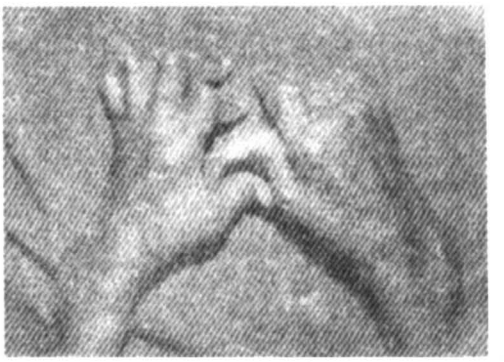

Fig. 1. Gross swelling of joints with swan neck deformity of thumbs and flexion deformity of fingers

discolouration, thimble pitting, subungual hyperkeratosis and deformity were seen. Well-defined erythematous plaques covered with silvery white easily detachable scales were seen on scalp and extensors of limbs. Auspitz sign was positive. Investigations revealed Hb-8g%, ESR-70 mm in 1st hour, serum calcium-9mg%, TSP-4.8 g%, A:G ratio 2:2.8, serum uric acid 8.6 mg%. Skin biopsy showed hyperkeratosis, parakeratosis, irregular granulosis, regular acanthosis with club shaped rete-ridges, papillomatosis, suprapapillary thinning, dilatation and perivascular mononuclear infiltration of papillary vessels ie, changes of psoriasis. Radiologically, osteolysis, pencil-in-cup appearance at metacarpo and metatarsophalangeal joints and bony ankylosis with deformity of digits were seen ie, changes of arthritis mutilans (Fig.2).

AM is a rare type of psoriatic arthritis associated with gross deformity and marked loss of function. Patient was without any pain

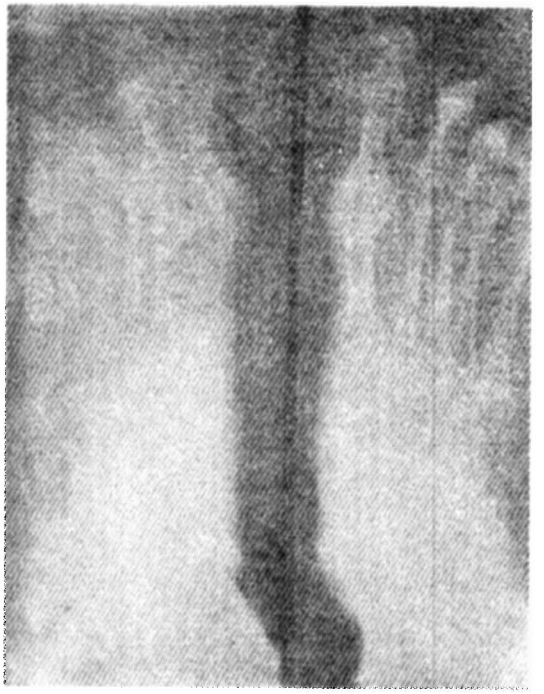

Fig. 2. Sharpened pencil appearance of metatarsals with osteolysis of their heads. Osteolysis and new bone formation at base of phalanges is seen.

in spite of marked deformity and this is a salient clinical feature of AM.

R R Mittal, Seema Gupta, Chagan Lal
Patiala

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MINOCYCLINE IN CHRONIC FOLLICULITIS OF LEGS

To the Editor,

Chronic folliculitis of legs (CFL) is a chronic and recurrent problem caused by Staph aureus. This condition is encountered in young Asian males commonly.[1] Various agents like Cotrimoxazole, Ciprofloxacin[2] and PUVA therapy have been partially successful. Minocycline which is a broad spectrum antibiotic with relatively low toxicity is effective against staphylococci which is resistant to other tetracyclines.[3] This pilot study was undertaken to know the response of minocycline in CFL.

Ten consecutive patients who attended the OPD of Rajah Muthiah Medical College Hospital and were clinically diagnosed to have CFL were included in the study. All baseline parameters were measured and clinical work up done. Minocycline, in a dose of 100mg once daily 1 hour before food, was given to all patients for 21 days. Two patients were lost to follow up. Among 8 patients, there was 50% clearance at the end of 2 weeks and complete clearance in 3 weeks period. Patients were followed up upto 6 months and only 2 out of 8 patients (25%) showed a mild clinical recurrence.

Since minocycline is effective in resistant cases of Staph aureus, this drug may be tried as a first line of therapy in CFL. None of our patients developed any side effects due to minocycline and hence this drug may be considered safe. However, a long term follow up is needed in a larger number of patients to know the effect of this drug.

P V S Prasad
Annamalainagar

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References

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