

self-medication and given drug card for various drugs causing reaction and to whom he is susceptible more.

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## References

1. Wilson HT. A fixed drug eruption due to paracetamol. *Br J Dermatol* 1975, 92: 214-5.
2. Hanumanthappa H. A clinical study of drug eruptions (50 cases). Book of Abstracts, 7th International Congress of Dermatology. New Delhi, 1994.

## RECALCITRANT PSORIASIS TREATED WITH TRETINOIN 0.05% CREAM

### *To the Editor,*

Psoriasis is a common dermatological disorder affecting 1-2% of Indian population. Treatment of psoriasis is frustrating despite various modalities available. A case of recalcitrant psoriasis treated with tretinoin 0.05% cream is described.

A patient with psoriasis of over 25 years duration reported to us in November 1990, and is under our treatment since then. There was an associated history of arthralgia for 1 year with coronary artery disease and hypertension for past 3 years. At the time of initial examination, patient had extensive plaque type of psoriasis, for which he was put on conventional coal tar therapy for an appropriate period. His response was partial. Subsequent treatment comprising PUVASol, corticosteroids and methotrexate also failed to give satisfactory response.

In May 1995, the patient reported with severe plaque psoriasis on both legs and mild-moderate plaque psoriasis on scalp and abdomen. At this time, we advised him to

apply topical tretinoin 0.05% cream twice daily, only on leg lesions. Clinically evident improvement was noticed in about a week, which progressed remarkably in 4 weeks time. Subsequently, patient applied tretinoin on his own to other areas as well. After 6 weeks the patient showed complete clearing of all lesions, which had never been observed during any of the above therapeutic modalities. At 6 weeks the patient was advised to stop applying tretinoin. Patient followed till 3 months showed no relapse.

Several past studies have drawn attention to the benefit of topical retinoids in chronic skin conditions, as compared to placebos.<sup>1-4</sup> In psoriasis, the therapeutic value of retinoic acid seems to be uncertain. In a study by Gunther,<sup>1</sup> done on various forms of psoriasis, there was an improvement in 16.7% of cases of chronic psoriasis, treated exclusively by topical retinoid in the strength of 0.1%. Observed side effects in his patients were folliculitis and irritant reactions. We suggest a revival of interest in the above drug for psoriasis and a larger study for further evaluation.

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## References

1. Gunther S. The therapeutic value of retinoic acid in chronic discoid, acute guttate, and erythrodermic psoriasis: clinical observations on twenty-five patients. *Br J Dermatol* 1973; 89: 51.
2. Fry L, Macdonald A, Mcminn RMH. Effect of retinoic acid in psoriasis. *Br J Dermatol* 1970; 83:391.
3. Macdonald A, Fry L. Retinoic acid in the treatment of psoriasis. *Br J Dermatol* 1972; 86: 524.
4. Mcminn, Macdonald RMH, Fry L. Effect of retinoic acid in psoriasis, long term study. *Br J Dermatol* 1972; 87: 256.