LOW DOSE CYCLOPHOSPHAMIDE THERAPY IN LICHEN AMYLOIDOSIS

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Nine patients (5 males and 4 females) with lichen amyloidosis were treated with 50 mg cyclophosphamide orally daily for 6 months to 1 year. Itching was decreased by 80-90% in all the 9 patients within 4 months. Two of these showed complete flattening of the papular lesions at the end of 8 months, and 4 patients showed 50 75% improvement at the end of 6 months but subsequently there was no further improvement. In the other 3 patients, there was no change in the papules during a follow-up of 6 months. The side effects possibly attributable to cyclophosphamide included a reversible leucopenia (less than 4000/mm^3) in one patient and transient diffuse alopecia in 3.

Key words : Lichen amyloidosis, Cyclophosphamide, Treatment.

Treatment of lichen amyloidosis is often frustrating. Topical corticosteroids with or without occlusion are the mainstay of treatment,[1] although dermabrasion has also been recommended.[2] Recently, topical dimethylsulphoxide (DMSO)[3] was reported to be useful but our experience with DMSO was disappointing. We, on the other hand found low dose cyclophosphamide therapy far more effective in lichen amyloidosis.

Materials and Methods

Nine patients having characteristic lesions of lichen amyloidosis were included in the study. None of them had responded to topical corticosteroids used for several months previously. Our treatment consisted of 50 mg cyclophosphamide orally daily. The patients were reviewed at 2-month intervals for a period varying from 6 months to 1 year. A periodic evaluation for total and differential leucocyte counts and RBC in the urine was undertaken to look for side effects.

Results

Out of 9 patients included in this study, 5 were males and 4 were females. Their ages ranged between 35 and 57 years. Duration of the disease was 3 to 20 years (mean 9 years).

Two months after treatment, itching had reduced by 25-50% in all the 9 patients and by 80-90% at the end of 4 months. Flattening of the papules by 25-50% was noticed in 6 patients by the end of 4 months. In 2 patients, all the lesions became completely flat by the end of 8 months. There was no recurrence in these patients during a follow-up for another 4 months. The other 4 patients showed 50-75% flattening of the papules at the end of 6 months, but subsequently there was no further improvement. These 4 patients were given a topical fluorinated corticosteroid under occlusion, but still there was no further improvement. In the other 3 patients, there was no flattening of the papules at all.

Urinalysis in all the patients was normal, while in one patient the total leucocyte count decreased to less than 4000/mm^3 at the end of 8 months. The count however, returned to normal with discontinuation of therapy. Three patients complained of transient diffuse alopecia, though this alopecia did not progress further despite continuation of therapy. One patient complained of fatigue and burning sensation of the hands and feet.

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Comments

Lichen amyloidosis does not as a rule regress spontaneously and all our patients had already had the disease for prolonged periods. Therefore, the improvement observed in our patients is most likely to be attributable to the treatment regime. Subsidence of itching in all the patients and complete or partial flattening of the lesions in a significant proportion (6 out of 9 cases) of our patients was quite encouraging. The mode of action of cyclophosphamide or the reasons for the lack of response in some patients are not clear. The age or sex of the patients or the duration of the disease did not seem to have any effect on the outcome of the treatment.

This dose of cyclophosphamide has been used by us for pemphigus, psoriasis and a few other diseases for prolonged periods, and has been found to be extremely safe. The few side effects recorded in these patients may in fact not be due to cyclophosphamide. Further experience with this simple and safe mode of treatment is worth a trial.

References

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