

## TREATMENT OF POMPHOLYX WITH DAPSONE

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Seventy six patients having pompholyx of 1 month to 2 years duration were treated with dapsone (DDS) initially with 4 mg/kg/day in two divided doses till clearance of lesions occurred and then with 2 mg/kg/day for a period of 2 weeks. Complete clearance of lesions occurred in all cases in 4 to 18 days (average 7.62 days). Relapse was noted in 4 cases, only one of which required long term maintenance dose for 3 months. A control group of 16 patients were treated with placebo and saline compresses for 3 weeks. Only 3 cases of this group showed clearance of the lesions.

Key Words : Pompholyx, Dapsone

### Introduction

Pompholyx is a term given to Eczema of palms and soles which is modified by its special site and in which oedema fluid accumulates to form visible vesicle and bullae. It is nonspecific type of reaction in response to a number of different eliciting and provoking factors. The treatment of acute phase is with saline soaks with or without topical and systemic antibacterial agents. Chronic and relapsing cases require topical and rarely systemic steroids but results of most of the therapeutic regimes were found to be unsatisfactory more so in chronic and relapsing variety. We are reporting the results of treatment of pompholyx with DDS including chronic and relapsing cases.

### Material and Methods

Ninety two patients having pompholyx were taken up for study after ruling out any associated factors like dermatophytosis,

contact dermatitis, septic focus, or drug intake by clinical and routine lab examination. Seventy six were treated with dapsone (DDS) and 16 were taken as control group.

Cases in 'DDS treated group were initially given DDS in a dose of 4 mg/kg/day in two divided doses (maximum dose given was 100 mg twice daily) till complete clearance of all the lesions. Later these case were given a maintenance dose of 2 mg/kg/day (to a maximum of 100 mg daily) for 2 weeks. No other topical or systemic therapy was given to the patients. The response was recorded as complete clearance of existing lesions and stopping of appearance of new lesions. Patients were observed for relapse. Relapse cases were again treated with same schedule but not taken as fresh case. Sixteen patients were kept in control group and were treated with placebo and saline soaks thrice daily for 3 weeks. Those cases who did not show improvement after 3 weeks were put on DDS but not included in the DDS group.

### Results

Age group of patients were from 8 to

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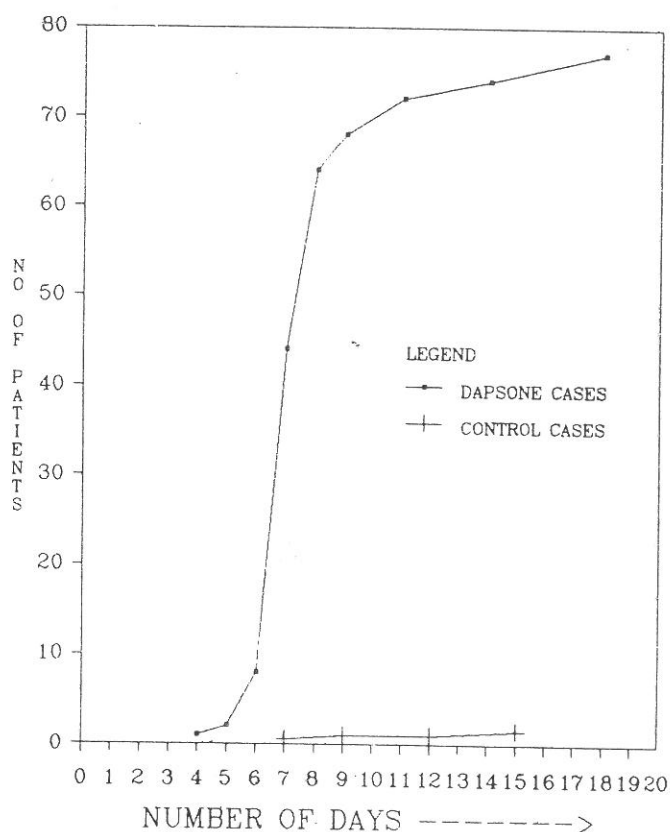
37 years but majority (82) were from 20 to 30 years of age. Duration of symptoms were from 1 month to 2 years. Only 4 cases were having symptoms for more than 6 months. Distribution of lesions in patients is as per table I. Patients treated with DDS showed

**Table.1. Distribution of Pompholyx lesions**

Group	Palms (No. of cases)	Palms and Soles (No. of cases)	Soles (No. of cases)
DDS Group	58	18	Nil
Control	16	Nil	Nil

complete clearance of lesions in 4 to 18 days (average 7.62 days) (fig. 1 and table II)

**Fig.1 CLINICAL RESPONSE TO DAPSONE**



**Table.II. Clinical Response**

Group	No. of days															
	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
DDS	1	3	16	23	22	4	2	1	-	-	2	1	-	-	1	
Control	-	-	-	1	-	1	-	-	-	-	-	-	1	-	-	

Relapse occurred in 4 cases after 2 weeks of discontinuation of therapy. They were again treated with DDS with complete clearance of lesions. One case came with repeated relapses who was finally given DDS 100 mg daily for 3 months with no further relapses in past 6 months. No severe

adverse effect to DDS therapy were noticed during study. The control group showed clearance of lesions of only 3 cases in 3 weeks therapy. The nonresponding cases were treated with DDS with good response but these cases of control group were not included in DDS group.

## Comments

Dapsone is one of the main drugs used in leprosy however, it has also proved a very valuable drug in the management of a wide range of dermatoses. Its mode of action is not fully understood but many of the diseases found empirically to respond to this drug have in common the involvement of either polymorphs or immune complexes.<sup>1,2</sup> It is effective in the management of a few vesiculobullous disorders like dermatitis herpetiformis, subcorneal pustular dermatosis, and pemphigoid. Keeping the

above factors in view dapsone was tried in pompholyx, which also has an immunological basis of origin and found very effective in this study.

## References

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