LETTERS TO THE EDITOR

EFFICACY OF DAPSONE IN LICHEN PLANUS

I wish to communicate that all types of lichen planus show dramatic and unequivocal response to orally administered dapsone, without any adjuvants. The usual dosage used was 2 mg/kg body weight. In a typical case, (1) no new lesion appears from the day of treatment, (2) itching is remarkably reduced by the second day and is completely absent by about a week's time, (3) erythema, oedema and secondary infection (where present), subside by four to five days. Wickham's striae are imperceptible by about a week's time. Mucosal ulceration or erosions heal by the end of a week, leaving only pigmentation or atrophy. By two weeks to a month, all the lesions become flat. Maintenance dose at 1 mg/kg may be required for suppression for a variable period of time. Occasional cases need upto 4 mg/kg for about a week.

The finding is surprising in view of the known action of dapsone on G-6 PD.

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HAIR GROWTH AFTER PUVASOL

This letter is in refernce to the case report by Dr. K. Pavithran, Hypertrichosis by topical psoralen, Ind J Dermatol Venereol Leprol, 1984; 50 : 158-160. I do not think that hair growth after PUVASOL therapy especially after local use of psoralens is rare. It actually many times, annoys the patient when the patch shows no pigmentation but overgrowth of hairs either black or white. The successful use of psoralens for hair growth in alopecia areata was reported long back by El-Mofty, Vitiligo and Psoralens, Ist Ed, Pergamon Press, Oxford, 1968; p 142. I am using local psoralens as a drug of first choice for more than ten years in alopecia areata. In private practice, controlled trials are not possible, but my personal impression is that local psoralens give better results than any other local remedy. Incidently, I would like to add that I am trying local psoralens to arrest the frontal regression of hair in males. I would like to know the experience of other dermatologists in this respect.

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Reply

I am glad to see that Dr. M. B. Gharpuray also has observed similar complication to topical psoralen. To the best of my knowledge, hypertrichosis as a complication of topical psoralen therapy has not been documented in the Indian dermatological literature. In the major text books of dermatology also, this has not been mentioned except the one which I have already cited in my article. It would have been well appreciated if Dr. Gharpuray had reported it earlier. Many a time simple but significant observations made by us remain unreported. Only after going through a published article, one recollects similar cases he had seen in the past.