ABSTRACTS FROM CURRENT LITERATURE

Follicular mucinosis presenting as an acneiform eruption - report of four cases. Wittenberg P G, Gilson E L, Pittelkow E M, et al.J Am Acad Dermatol 1998; 38 : 849- 851.

Follicular mucinosis is an inflammatory disease of pilosebaceous units, first described by Pinkus in 1957. It can be a primary idiopathic disease or a secondary disease associated with alopecia and with minimal inflammatory changes. When it appears in childhood or adolescence, it is usually primary and self limited. In this article the authors describe four cases of follicular mucinosis occurring in early adulthood that had protracted courses. Each presented with an unusual acneiform eruption that failed to respond to antiacne medications. Biopsy findings were consistent with follicular mucinosis in all the cases. Two of the cases demonstrated a clonal genetic rearrangement of the T-cell receptor within the cutaneous lymphoid infiltrate, a finding not previously reported. Although its significance is not clear, the clonal lymphocytic expansion indicates a need for continued surveillance of these patients.

K Jyothi

Calcipotriol improves the efficacy of cyclosporine in the treatment of psoriasis vulgaris. Kokelj F, Torsello P, Piozzer C. J Eur Acad Dermatol Venereol 1998; 10:143-146.

The aim of the study was to evaluate the efficacy and tolerability of the combination of calcipotriol ointment (50 μ g/gm) plus cyclosporine, versus cyclosporine alone in the study , with a mean age of 46 years. These patients were treated with cyclosporine at an initial dose of 4-5 mg/kg / day and the dose reduced if clinical improvement was present. Two symmetrical lesions one on the right and the other on the left side were chosen on each patient and calcipotriol ointment was applied twice daily over the plaque on the right side and all other lesions treated with white petrolatum till healing or till 30 days. Based on erythema, scaling and infiltration, a digital scoring was adopted to evaluate the response with 0 = no lesion, 1= mild, 2 = moderate and 3= severe. Out of the 18 patients who completed the study, 17 patients showed more evident improvement with combination therapy with the digital score coming down to 1.33 and 0.68 after 15 days and 30 days respectively, from a baseline of 5.45. With cyclosporine alone, the digital score came down to 2.18 and 1.28 after 15 days and 30 days respectively. In this study the authors have shown that calcipotriol has got a synergistic action with cyclosporine by increasing its immunosuppressive effects. Thus, it confirms the usefulness of the combination to reduce the total dosage of cyclosporine and consequently minimise its toxic efects during the treatment of psoriasis.

B Deepa

Cutaneous malakoplakia in a patient with acquired immuno deficiency syndrome. Wittenberg GP, Douglan MC, Lee MW, et al. Arch Dermatol 1998; 134: 244-245.

Malakoplakia is a rare benign granulomatous disease commonly occurring in immunocompromised individuals. Genito urinary tract is most commonly affected. This is report of a case of cutaneous malakoplakia in a patient with AIDS. He was a 51- year - old man who presented with a subcutaneous mass over

the left groin with a discharging sinus. Histopathological examination showed numerous macrophages in the dermis which contained numerous rod shaped microorganisms, eosinophilic granules and basophilic spherical bodies which were Von Kossa positive. On electron microscopy, they were found to be phagolysosomes containing bacilli and those containing hydroxy apatite crystals respectively. The lesions healed completely in 5 weeks with ciprofloxacin.

Malakoplakia was first described by Micheallis and Gutmann. The name was given by Von Hansemann. The macrophages are called Hansemann macrophages and the inclusions Michelis Gutmann bodies . Faulty bacterial killing by macrophages is supposed to be the pathogenic mechanism. The most common bacteria isolated are Gram negative rods and Gram positive cocci. Diagnosis is made by biopsy. Treatment is with antibiotics or by excision.

U C Anoop

UVB phototherapy is an effective treatment for pruritus in patients infected with HIV. Lim HW, Vallurupalli S, Meola T. J Am Acad Dermatol 1997 ; 37 : 414 - 417.

Pruritus is a common and often intractable symptom in HIV disease, the common conditions responsible being eosinophilic folliculitis and primary pruritus. Oral antihistamines, topical corticosteroids, PUVA, UVB phototherapy, isotretinion, and itraconazole have all been tried earlier.

This study evaluated the efficacy of UVB phototherapy in patients unresponsive to oral antihistamines and to topical corticosteroids. 21 HIV positive patients with such unresponsive pruritus and known CD4 counts were selected. UVB phototherapy was started based on the minimal erythema dose determined.

Three treatments were given per week. Pruritus was assessed on a subjective score of 0-10 (0 for no pruritus and 10 for the most severe pruritus). Fourteen patients had CD4 cell counts less than 200/ml fourteen had CD4 cell counts less than 100/ml . All 21 patients had severe pruritus at enrollment (mean pruritus score 8.6 - 0.4).

After 7 weeks of UVB phototherapy the pruritus score improved markedly to a mean of 2.2 + 0.5 . Of the 21 patients, only 3 did not improve more than 50%. Patients with eosinophilic folliculitis and primary pruritus responded well.

The usefulness of UVB phototherapy in eosinophilic folliculitis had been reported in 1988. This study provides additional confirmation. Response of primary pruritus to UVB phototherapy has been reported only in one patient so far.

PVK Harikrishnan

Plasma concentration of IFN - Y - and TNF -X in psoriatic patients before and after local treatment with dithranol ointment. Chodorowa G J. Eur Acad Dermatol Venereol 1998;10:147- 151.

Interferon - Y and TNF - x are believed to play an essential role as mediators of inflammatory reaction. They can activate a number of genes for enzymes and cytokines, potentiate granulocyte and macrophage phagocytosis and stimulate the production of acute phase proteins together with IL-1 and IL-6. They increase the keratinocyte and endothelial ICAM-I expression, are potent inducers of keratinocyte TLFX production and promote keratinocyte IL-1 synthesis. They influence recruitment of inflammatory cells into skin, neutotrophil and monocyte chemotaxis and are involved in the control of keratinocyte growth. In this study, the author studied the plasma level of IFN - Y and TNF-X in psoriatic patients treated with dithranol.

Twenty - seven psoriatic male patients

Twenty - seven psoriatic male patients with moderate or severe psoriasis were included in the study. Their ages ranged from 18 - 63 years . Blood samples were taken from all patients (a) during active phase of disease before treatment and (b) after efficient local treatment with 0. 125 - 2% dithranol ointment. Control group consisted of 20 healthy male persons aged 19 - 58 years. An ELISA was used to detect and quantify the presence of IFN- r and TNF -x levels in plasma. The levels were elevated in psoriatic patients compared to healthy controls. Decrease in cytokine levels after treatment was also significant compared to values before treatment. IFN-r and TNF-x are involved in the pathogenesis of a variety of skin disorders including psoriasis. IFN-r is involved in the early stage and TEN-x takes part both in the early and maintainance phase of psoriasis. It has been shown that psoriatic epidermis is less susceptible to inhibition by IFN -r than TNF -x compared with normal cells. The plasma levels of these cytokines are related to the phase of psoriatic activity. So biopsy samples have demonstrated the presence of TNF-x alone or with IFN r and IL - 6 not only in psoriatic skin but also in lesion free skin . This finding contributes to the idea that immune alterations precede the clinical manifestations of psoriasis. This study supports the belief that IFN-r and TNF-x constitute important links in the cytokine network leading to the development and maintainance of the inflammatory process in psoriasis

Shailaja T V

Absence of toxicity of oats in patients with dermatitis herpetiformis. Hardman CM , Garloch JJ, et al . N Engl J Med 1997; 337:1884-1887.

People with gluten sensitivity should avoid foods containing wheat, rye and barley, but there has been debate about whether they should avoid oats. Patients with celiac disease have recently been shown to tolerate oats, but not much is known about the effect of oats in patients with dermatitis herpetiformis.

Ten patients of mean age of 58 years , with biopsy- confirmed dermatitis herpetiformis who had followed a strict gluten- free diet for a mean of 15.8 years, obtaining control of their rash and enteropathy were included in the study. Oats without any gluten contamination was added to their diets for twelve weeks (daily intake 62. 5+- 10. 8g).

None of the patients had any adverse effects, Serologic tests for antigliadin, antireticulin and antiendomysial antibodies were negative before oats were introduced into the diet and after they were discontinued . Villous architecture including the ratio of the height of villi to the depth of crypts and the mean enterocyte heights remained normal. Duodenal intraepithelial lymphocyte counts also remained within normal limits before the diet and afterward . Dermal IgA showed no significant changes.

Oats belong to a different tribe Aveneae in contrast to wheat, rye and barley which are grasses of the tribe Triticeae. The seed storage proteins of oats are also structurally different. The toxic proteins are rich in proline and glutamine (prolamins). Oat prolamin (avenin) has a lower proline content than prolamins in wheat, rye and barley (gliadin, secalin and hordein respectively). Also the toxic core sequence glutamine-glutamine- proline- phenylalanine- proline found in prolamins of wheat, rye and barley has not been found in oats so far. Patients with dermatitis herpetiformis can include moderate amounts of oats in their gluten- free diets without deleterious effects to the skin or intestine.

Lakshmi C