

started involving the upper arm and shoulder. At this juncture, dapsone, 100 mg twice daily, was introduced, alongwith topical application of an emollient cream. The patient responded dramatically with almost complete resolution of all the lesions, including the primary one, within a week. Dapsone was then continued, in the same dose for another week, and then tapered to 100 mg once daily, and stopped after a fortnight. After complete resolution, the patient has not had any recurrence of lesions.

Dapsone has found useful in a wide variety of inflammatory cutaneous disorders viz., vesiculobullous disorders, vasculitides, pustular psoriasis, and the like.¹ However, despite reports of its efficacy in Erythema elevatum diutinum,² and Granuloma annulare,³ its use in the treatment of Erythema Annulare Centrifugum has not been documented. Dapsone is purported to have a suppressor action on polymorphonuclear leucocytes, inhibits mitogen stimulated lymphocyte transformation, and also has effects on membrane associated phospholipid metabolism, lysosomal enzymes, and tissue proteinases, but the specific mechanism of action of dapsone, and how it affects a wide variety of dermatological diseases, are unknown.

*Rajesh Sankar
Cochin*

References

1. Greer KA. Dapsone and sulfapyridine. In: Systemic Drugs for Skin Diseases (SE Wolverton, JK Wilkin, eds) 1st edn. W B Saunders Company, 1992; 247-63
2. Fort SL, Rodman OG. Erythema elevatum diutinum response to dapsone. Arch Dermatol 1977; 113:819-22.

3. Saied N, Schwartz RA, Estes SA. Treatment of Generalised Granuloma Annulare with Dapsone. Arch Dermatol 1980; 116: 1345-6

JARISCH-HERXHEIMER REACTION IN EARLY SYPHILIS

To the Editor,

This is with reference to letter to the editor 'Febrile herxheimer reaction' (Ind J Dermatol Venereol Leprol 1995; 61: 180-1). We wish to share our experience of a similar study whereupon clinical, haematological and histological features of J-H reaction were studied in 50 cases of early syphilis after penicillin therapy.¹ J-H reaction was observed in 40% of patients with primary syphilis, 70% and 33% of patients with secondary and early latent syphilis respectively. The febrile response followed a uniform temporal pattern with height of fever as chief variable being highest in patients with early manifestations of secondary syphilis. Polymorphonuclear leukocytosis and raised ESR were detected in 37% and 88% of cases with J-H reaction. Subepidermal oedema, dilated blood vessels with endothelial prominence and perivascular round cell infiltration were the consistent histological features of cutaneous reaction.

Gurcharan Singh, Y P Jalpota

References

1. Singh G, Jalpota YP: Jarisch-Herxheimer reaction in early syphilis. Indian J Sex Transm Dis 1992; 13: 57-9.