

LETTERS TO THE EDITOR

DERMATITIS HERPETIFORMIS

This is in reference to the two articles published in your esteemed journal about dermatitis herpetiformis (Ind J Dermatol Venereol Leprol, 1988; 54 : 207-208 and 1988; 54 : 202-204). We wish to make the following comments :

Apart from dapsone, the three sulphonamides that have been found to be useful in this condition are sulphapyridine, sulphamethoxy-pyridazine and dimethoxysulphanilamido-diazine (Madribon).¹ The beneficial effects of other sulphonamides have been very poor.¹ Since, none of these is freely available, one is forced to use other sulphonamides. We however think that co-trimoxazole, though useful in the reported case, should not be the drug of first choice in such circumstances as it contains trimethoprim, an antimetabolite. Since the treatment of dermatitis herpetiformis is likely to be required for years, it may be advisable to avoid an antimetabolite. Sulphasalazine, used in ulcerative colitis is partially hydrolysed to sulphapyridine in the intestine. We suggest that this may be used as it is freely available.

The second point that we want to make is regarding the patch test done with 1% solution of the fluoride-containing toothpaste. The

value of potassium iodide patch test in diagnosing dermatitis herpetiformis is controversial.² Moreover, the concentration of KI required is recommended to be 30%³ and 50%² by different authors. In a 1% solution of toothpaste, the concentration of fluoride is likely to be a fraction of one percent. This may be a reason for a false negative result. Also, while using a toothpaste, the friction of the toothbrush with the gums and the resultant minor injuries are likely to result in a greater absorption of the fluoride ions through the oral mucosa. This factor is absent while conducting the patch test on the skin.

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References

1. Alexander JO : Dermatitis herpetiformis, in : Major Problems in Dermatology, Vol 4, WB Saunders, London, 1975; p 285-312.
2. Alexander JO : Dermatitis herpetiformis, in : Major Problems in Dermatology, Vol 4, WB Saunders, London, 1975; p 313-321.
3. Fisher AA : Contact Dermatitis, Second ed, Lea and Febiger, Philadelphia, 1973; p 402.

REPLY

I agree with the comments.

K Pavithran

We have used cotrimoxazole as sulfapyridine was not available. We have been checking the blood count and liver function tests periodically and we did not find any toxicity. We did not try sulfasalazine as it was not available in

the hospital and it was costlier than cotrimoxazole. The patient responded very well to cotrimoxazole.

We have not done any patch test with fluoride containing toothpaste.

P A Sarojini.