

## LETTERS TO THE EDITOR

### TREATMENT OF MELASMA INNOVATING NEWER IDEAS

#### To the Editor

Melasma is a pattern of pigmentation seen mainly in women though in Asia it is frequently seen in men.<sup>1</sup> It is more prevalent in our country due to darker complexion (Type IV to VI)<sup>2</sup> and areas with increased U. V. radiation.<sup>2</sup> Treating this condition is a challenge and mainstay of it has always been hydroquinone containing creams.

Kligman and Willis noticed that efficacy of hydroquinone (5%) increased when used with tretinoin (0.1%) and dexamethasone (0.1%).<sup>3</sup> Gano and Garcia used 2 % hydroquinone with 0.05% tretinoin and 0.1% betamethasone valerate.<sup>4</sup> Pathak et al determined the ideal concentration of these to be hydroquinone (2%) and 0.1% to 0.05% retinoic acid.<sup>5</sup>

We do not have a cream in market containing hydroquinone, retinoic acid and steroid. Thus to make use of Kligmans knowledge in our own way we advised the patients to mix a small quantity of Melalite cream (hydroquinone 2%) with half amount of clobetasone butyrate (0.05) (a mild steroid) with same amount of 0.05%

transretinoic acid). These three are mixed in the palm and applied the first time being in front of the doctor. We have noticed that compared to hydroquinone alone the results are seen faster and also the complaints of itching / burning sensation have decreased .

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#### References

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### PROBABLE MECHANISM OF ACTION OF COLCHICINE IN MACULAR AND LICHEN AMYLOIDOSIS

#### To the Editor

It has been found that colchicine is reasonably effective in the treatment of macular and lichen amyloidosis if given for a sufficient length of time. But

how colchicine acts in primary localized cutaneous amyloidosis (PLCA) is still unknown. The mechanism of action of colchicine given for gout and various disorders

appears to be inhibition of polymorphonuclear (PMN) cell activity, notably chemotaxis. But in PLCA, inflammatory cells are scarce or absent. So colchicine probably does not act via its usual mode of action. i.e. through suppression of PMN function in PLCA.

Now we can have a glimpse of the origin of macular and lichen amyloidosis. In these cases amyloid originates from degenerated epidermal cells in susceptible subjects. Epidermal origin of amyloid has been confirmed by electron microscopic study and positive staining with antikeratin monoclonal antibody. Degenerated epidermal cells contain tonofilaments and lysosomes. It may be assumed that degenerated tonofilaments are recognised

as foreign bodies by cells own lysosomal enzymes. Such digestion produces amyloid filaments by conversion of alpha-pleated sheet configuration of tonofilaments to beta-configuration of amyloid. This amyloid gets deposited extracellularly in close apposition to basal layer of the epidermis and contains a few melanophages.

Now, we can conclude that colchicine probably blocks the release of lysosomal enzymes within the degenerated epidermal cells thereby preventing conversion of tonofilaments into amyloid. Preexisting amyloid is cleared by body's own digestive mechanism.

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## DRY, SCALY DERMATITIS OF SCROTUM

### To the Editor

We often see patients having pruritic scaly dermatoses of scrotum. Scrotal skin becomes dry with dirty brown scales. Lesion often has mild serosanguinous discharge which soon dries up to form brown crusts. Whole area becomes erythematous and sometimes telangiectasia may be seen. Patients are adult males concerned by intense itching and often burning sensation of scrotum, particularly at bed time. They suffer for months or years together with relapse and remission. Area involved is diffuse often spreading to the undersurface of penis upto prepucial margin. Scales are loosely attached, some seem to enjoy picking of scales. Patients are commonly seen to be under stress and may be depressed.

In a minority of patients seborrhoeic dermatitis

involving classical areas are seen, who readily respond to topical hydrocortisone, while in a few patients oro-oculo-genital syndrome is a feature due to riboflavin and/or zinc deficiency.<sup>1</sup> Riboflavin and other vitamin B complex deficiency occasionally produce scrotal dermatitis, perleche, sore lips, tongue, and mouth.<sup>2</sup>

In differential diagnosis, lichen simplex chronicus has a well-defined margin. Diffuseness of the lesion and lack of involvement of other areas of the body excludes psoriasis. Sparing of the groins and negative fungal scraping excludes dermatophytosis.

Regarding treatment, topical corticosteroid in ointment base gives temporary relief of symptoms but often invites secondary fungal infection. In cases of riboflavin