

CONTROL OF CHRONIC FOLLICULITIS OF LEGS WITH PUVASOL AND COTRIMOXAZOLE

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Four patients having chronic folliculitis of the legs were treated with a combination of PUVASOL and cotrimoxazole resulting in remissions without recurrences for 1½ months compared to recurrences within 15-20 days with other regimens.

Key words : Chronic folliculitis of legs, PUVASOL, Cotrimoxazole.

Chronic folliculitis of the legs is common in young Indian males but it persists for years and is resistant to treatment. We treated 4 cases of this disease with 8-methoxypsoralen and sunlight in combination with cotrimoxazole and obtained prolonged remissions.

Case Reports

Four young males having chronic folliculitis for 2 to 6 years were included in our study. Each one had received various antibiotics, topical and systemic, but the lesions would recur within 10 to 20 days after discontinuation of treatment. *Staphylococcus aureus* sensitive to cotrimoxazole and other antibiotics were isolated from all the four cases. Treatment with cotrimoxazole (sulfamethoxazole 800 mg and trimethoprim 80 mg) twice daily along with 20 mg of 8-methoxypsoralen at 8 a.m. followed 2 hours later by exposure to sunlight for 15 minutes was administered for 15 days. In none of the patients, the lesions recurred at the end of 1½ months when the patients were last examined.

Comments

Chronic folliculitis of the legs has been

reported from all parts of our country.¹⁻³ and all studies stress recurrence of the lesions after the treatment is stopped. Resistant pyodermas are generally attributed to septic foci, severe underlying systemic abnormalities such as diabetes, anaemia, malnutrition, malignancy and hypoglobulinemia, although none have been significantly associated with chronic folliculitis of legs.² Effectiveness of the same regimen in the management of lupoid sycosis has been reported by the authors.⁴ The remissions observed in our patients were longer than the remissions obtained with previous regimens. Although studies on more patients with a longer follow-up are necessary, vasodilation known to accompany PUVA⁵ may have effectively raised the local concentration of antibiotics. PUVASOL may also have acted directly by the lethal photosensitizing effect of UVA activated 8-methoxypsoralen on the bacteria.⁶

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