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ABSTRACTS FROM CURRENT LITERATURE

Plasmapharesis as an alternative or adjunctive therapy in problem cases of pemphigus, Ruocco A, Astarita C and Pisani M : Dermatologica, 1984; 168:219-223.

Seven patients having pemphigus unresponsive to or with side-effects from conventional therapy were treated by plasma exchange. Three patients received small volume exchange and 4 patients received large volume exchange. During the plasmapharesis, the doses of corticosteroid and/or immunosuppressive drugs were kept at a minimum. All patients showed a remarkable clinical response though sometimes, a transient rebound effect was observed. The reduction of pemphigus antibodies was however inconsistent. The current drawbacks related to plasma exchange could be overcome in future by dialysis of the patient's own plasma through suitable immuno-adsorbent materials.

Neena Vaswani

Treatment of chronic actinic dermatitis with azathioprine, Leigh IM and Hawk JL: Brit J Dermatol, 1984; 110:691-695.

Fourteen patients with severe unremitting chronic actinic dermatitis were treated with oral azathioprine in a dosage of 100-200 mg daily for a mean of 11.5 months. Follow up for 2 years showed clinical improvement in 9 patients. One patient relapsed, 2 patients failed to respond, while in another 2 patients the treatment had to be stopped because of gastro-intestinal side effects. Repeated phototests done in 4 patients during the remission showed no change in these tests despite the clinical improvement.

Neena Vaswani

Circulating androgens in male acne, Van Der Muren HLM and Thijssen JH : Brit J Dermatol, 1984; 110 : 609-611.

Total serum testosterone, free testosterone, sex-hormone-binding-globulin, albumin and dehydroepiandrosterone sulphate were measured in 35 men with severe acne and 23 healthy males taken as control. No striking differences were demonstrated suggesting that acne may result from a disturbance localised at the level of the target organ, i. e. in or around the sebaceous gland.

Neena Vaswani

Diminished contact sensitivity response in vitiliginous skin, Uehara M, Miyauchi H and Tanaka S : Arch Dermatol, 1984; 120:195-198.

Thirty patients having vitiligo were sensitized with dinitrochlorobenzene (DNCB). Subsequent challenge tests with DNCB on the uninvolved and the vitiliginous skin revealed diminished contact sensitivity reactions to DNCB in the vitiliginous areas while the uninvolved skin reacted normally. Tuberculin reactivity was not suppressed in the vitiligo lesions. The diminished reactivity may be due to functional changes in the Langerhans cells, or to an alteration of the carrier (skin) proteins in the lesions.

Neena Vaswani

Suppressor cell number and function in alopecia areata, Hordinsky MK, Hallgren H, Nelson AH et al : Arch Dermatol, 1984; 120:188-194.

Certain immunological parameters of 14 patients having alopecia areata, alopecia totalis or alopecia universalis were compared with appropriate controls matched by age and sex. In the patients, auto-antibodies were found more frequently. The concavalin-A induced suppression of lymphocyte response to mitogens was greater, the ratio of the suppressor cells to the cytotoxic cells in the peripheral blood was increased and the absolute B cell count was decreased. However, patients who had spontaneous regrowth of the hair showed a higher suppressor cell activity than patients who did not show spontaneous regrowth of hair.

Neena Vaswani

Recurrent vaginitis and oral sex, White W and Spencer-Phillips PJ : The Lancet, 1979; 1:621.

A study of the sexual habits of patients having recurrent candidial vaginitis revealed a high degree of correlation between oral sex and recurrent candidial vaginitis. It was found that a mere kissing the penis or vulva was not enough to cause the infection. Rather a prolonged oro-genital contact, like sucking the penis and vulvo-vaginal exploration with tongue and dribbling of saliva into the vagina for lubrication followed by genital intercourse were the usual range of activity in the affected individuals. In this manner, oral organisms from both the partners were transferred to the vagina. It was concluded that a woman with recurrent vaginal candidosis should be asked about the oro-genital sex, and the possibility of reinfection by this route should be explained to her and her husband.

Ramji Gupta

Dermatophyte infections in hereditary palmo-plantar keratoderma—frequency and therapy, Nielsen PG : Dermatologica, 1984; 168 : 238-241.

The frequency of infection with dermatophytes in hereditary palmo-plantar keratoderma of the Unna-Thost variety in 280 patients admitted to the Department of Dermatology, Boden during 1977-1981 was found to be 35%. The type of fungi did not differ from that found for the total number of dermatophytes. An almost complete therapeutic resistance was found with micronized griseofulvin and topical econazole cream. Treatment with 50% propylene glycol in distilled water gave poor results but when 1% econazole nitrate was added to 50% propylene glycol in water, negative cultures were found in 86.4% of the patients within 3 weeks.

A. S. Kumar

Psoriasis and hereditary palmo-plantar keratoderma complicated with a dermatophyte infection, Nielsen PG : Dermatologica, 1984; 168 : 293-295.

In a 29-year-old woman suffering from hereditary palmo-plantar keratoderma of the Unna Thost variety, psoriasis appeared at an age of 28 years. The keratoderma on the soles was complicated with a dermatophytic infection which made the differential diagnosis towards psoriasis difficult. Histopathologic examination of the punch biopsy from the sole showed no conclusive signs of psoriasis. The horny layer was found to have increased thickness and on PAS staining it showed fungal hyphae.

A. S. Kumar

Phenytoin therapy for junctional epidermolysis bullosa (JEB), Rogers RB, Yancey KB, Allen BS et al : Arch Drrmatol, 119 : 925-926.

For junctional epidermolysis bullosa, several treatment modalities have been tried including systemic corticosteroids and oral vitamin E, but no form of therapy has been uniformly successful. Authors have treated a 4-month-old male patient having junctional epidermolysis bullosa with phenytoin leading to improvement.

Phenytoin therapy was started with a dose of 2 mg/kg/day which was gradually increased to 15 mg/kg/day maintaining the serum level of 12 to 15 mg/L. After 6 to 8 weeks, the blister formation decreased by more than 50%, and on one occasion when phenytoin therapy was interrupted, blistering noticeably worsened within one week. After reinstitution of the drug, the clinical improvement occurred again and it was maintained during the next 2 to 3 months, Elevated collagenase levels have been found in the blistered skin of patients with JEB, recessive dystrophic epidermolysis bullosa (RDEB), dominant dystrophic epidermolysis bullosa and in normal-appearing skin of patients with JEB and RDEB and some workers have suggested that phenytoin in pharmacologic doses (15 mg/L) inhibits collagenase in vitro.

Abhay Bhalme

A cutaneous manifestation of acute lymphoblastic leukemia mimicking urticaria pigmentosa, Foulds IS, Woodcock BE and Slate DN : Postgrad Med J, 1984; 60 : 366.

A 37-year-old female developed, over a period of 6 weeks, clinically classical lesions of urticaria pigmentosa. There was itching which was made worse by a hot bath. Darier sign was positive and light pressure on the lesions was painful. Total leucocytic and differential leucocytic counts were within normal limits but erythrocyte sedimentation rate was 130 mm. However, skin biopsy and special stains for mast cell markers showed no evidence of mastocytosis. The histopathology was suggestive of lymphoblastic leukemic skin infiltrates. Bone marrow aspirate revealed replacement by lymphoblasts. Cell markers studies however, showed these cells not to be B cell non-Hodgkin lymphoma, T cell lymphoma or leukemia.

The patient was treated twice with cytotoxic drugs; with CHOP regimen before cell marker studies were known, and during the relapse with 3 daily doses of adriamycin and a continuous infusion of cytosine arabinoside for 5 days. In both instances, the skin symptoms disappeared within 4 days and the rash cleared within 7 days of treatment. This treatment was continued till full haematological remission was obtained.

It has been speculated that the symptoms may be due to the release of a vasoactive peptide by the leukemic cells which occurs when pressure is applied on to the skin.

Kamlender Singh

The association of pregnancy and leprosy—Erythema nodosum leprosum in pregnancy and lactation, Duncan EM and Pearson JMH : Leprosy Rev, 1984; 55 : 129-142.

Seventy six female patients having leprosy (44 having borderline leprosy and 32 with lepromatous leprosy) were studied during 79 pregnancies and followed up for 24 months. Ten (22%) out of 45 pregnancies in borderline lepromatous (BL) patients and 20 (59%) out of 34 pregnancies in lepromatous (LL) patients developed erythema nodosum leprosum (ENL). Only 4 of these 30 patients had a bacterial index of zero, although the duration of previous therapy ranged from 1 to 14 years. Thirteen of the 30 ENL patients were suspected to have developed dapsone resistance during the study period. The incidence of ENL was maximum in the first trimester. Fifteen per cent of the women suffered from ENL almost throughout the third trimester and for 15 months post-partum. Nerve involvement was more frequent in the post-partum ENL than in the ENL occurring during pregnancy.

Neena Vaswani

A study of ocular complications in leprosy, Prasad VN, Narian M, Mukhija RD et al : Ind J Leprology, 1984; 56 : 241-250.

In the 380 leprosy patients (200 having lepromatous leprosy and 180 having non-lepromatous leprosy) studied, ocular involvement was found in 45 (19.95%) cases. Of these 45 patients, 14 patients were of lepromatous leprosy (LL) and 31 of non-lepromatous leprosy. Various changes seen included, madarosis (44.4%), lagophthalmos (29.1%), ectropion and entropion (5.4%), chronic conjunctivitis (33.3%), exposure keratitis (15.3%), diminished corneal sensitivity (43%) and chronic iridocyclitis (15.3%). Maximum cases of ocular involvement were seen in the patients having the disease for 5 to 10 years.

Neena Vaswani