Ind J Dermatol Venereol Leprol 1995; 61 : 72-3

# ABSTRACTS FROM CURRENT LITERATURE

## MONITORING PATIENTS TAKING METHOTREXATE FOR HEPATOTOXICITY. DOES THE STANDARD OF CARE MATCH PUBLISHED GUIDELINES?

**Marco P, Marti JR, Cron GJ, William HR, Jane M, Grant K. J Am Acad Dermatol 1994; 31: 969.**

Controversy exists regarding the validity of the published guidelines for the monitoring of methotrexate-induced hepatotoxicity. The American College of Gastroentrology (ACG) suggests pre-treatment liver biopsy, while American College of Physicians suggests pre-treatment liver biopsy only if patient has pre-existing liver disease. While Psoriasis Task Force suggested biopsy after 2 to 4 months of MTX therapy. Authors conducted mail-in questioneire survey of Gastroentrologist regarding MTX induced hepatotoxicity.

The Authors concluded that more data are required before the standard can be made. They believe that liver biopsy should be performed within the first 2 to 4 months of the initiation of MTX therapy and that a repeat biopsy should be performed at every additional 1.5 gm of cumulative MTX dosage.

**D Parikh**

## TREATMENT OF CLASSIC PITYRIASIS RUBRA PILARIS.

**Charles HD. J Am Acad Dermatol 1994; 31: 997-9.**

Author reviewed 75 patients with pityriasis rubra pilaris seen from 1982 to 1992. Of 15 patients treated with isotretinoin, 10 had complete and 2 had partial clearing. Of 6 treated with etretinate, 4 had clearing. All 8 patients treated with methotrexate had a fevourable response. Other forms of treatment, including Goeckerman regimen, corticosteroids, vitamin A, and cyclosporine, were ineffective. If retionids fail or cannot be used MTX should be considered.

**D Parikh**

## EVALUATION OF THE PHOTO-PROTECTIVE EFFECT OF ORAL VITAMIN E SUPPLEMENTATION.

**Karla W, Mohsen M, Jag B, Randall M, Jeffery BB, Barbara AG. Arch Dermatol 1994; 130: 1257.**

Sun induced cutaneous damage is mediated partly via oxidative pathways. Some evidence exists for a photoprotective role of antioxidants. In a double-blind, placebo-controlled study, the authors examined the effect of a long-term, orally administred antioxidant against UV-induced epidermal damage. Healthy human subjects supplemented their usual diet daily with either 400 IU of oral vitamin E (alphatocopherol acetate) or placebo over a 6 month period. Minimal erythema dose and histologic respeonse to three fold minimal erythema dose exposure were determined at baseline, 1 month, and 6 months.

The minimal erythema dose did not vary substantially at the three time points within each treatment group of in the vitamin E supplemented group verses the placebo group. The number of sunburn cells produced by a threefold minimal erythema dose exposure was also not significantly different between the two groups. Of note, however, vitamin E levels in plasma increased only modestly and in skin biopsy specimens were unchanged following 1 months and 6 months of supplementation.

No clinical or histologic difference in the response to UVB could be detected between the placebo and vitamin E-supplemented groups. In this small study, daily ingestion of 400 IU of oral L-tocopherol daily did not provide meaningful photoprotection.

D Parikh

## THE HISTOPATHOLOGIC SPECTRUM OF PALISADE NEUTROPHILIC AND GRANULOMATOUS DERMATITIS IN PATIENTS WITH COLLAGEN VASCULAR DISEASE.

**Paul C M, Kari C, Philip EL. Arch Dermatol 1994; 130: 1278.**

Patients with lupus erythematosus, rheumatoid arthritis, and other diseases in which circulating immune complexes occur can develop a papular eruption on the extremities. Terms including Churg-Strausss granuloma, cutaneous extravascular necrotizing granuloma, rheumatoid papules, superficial ulcerating rheumatoid necrobiosis, and interstitial granulomatous dermatitis with artritis have been given to this entity. The authors evaluated the clinical and histopathologic features of six patients with systemic lupus erythematosus, two patients with rheumatoid arthritis, and one patient with an incompletely characterized collagen vascular disease who developed cutaneous papules.

The lesions were located largely on the extremities and were symmetrically distributed in most of the patients. They ranged from a few to many and from skin coloured to erythematous, and they had smooth ulcerated, or umbilicated surfaces. Histopathologic examination showed a spectrum of changes that, the author believe, reflect the evolution of lesions i.e., leukocytoclastic vasculitis with dense neutrophilic infiltrates and degenerated collagen in early lesions; palisaded granulomas surrounding leukocytoclastic debris, fibrin and altered collagen granulomas with dermal fibrosis and scant neutrophilic debris. Each stage of development elicits a different differential diagnosis, which can be resolved by the application of histopathologic criteria.

The histopathologic finding are consonant with the evolution of an immune complex-mediated disease. The diverse histopathologic, and sometimes clinical, appearances account for the variety of names given to this condition. The authors propose the name palisaded neutrophilic and granulomatous dermatitis of immune complex disease to reflect the histopathlogic evolution and clinical aspects of this condition.

D Parikh

## ORAL CALCITRIOL AS NEW THERAPEUTIC MODALITY FOR GENERALIZED MORPHOEA

**Mieke M H, Stan P, Ferdinand CB, Ben ACD, Jan V. Arch Dermatol 1994; 130: 1290**

Treatment of scleroderma is unsatisfactory. Authors used oral calcitriol (1,25 dihydroxy vitamin D3) in 3 patients with generalized morphoea in doses of 0.5 to 0.75 mg per day. After 3 to 7 months of treatment they observed, improvement in mobility of joints and skin extensibility. They did not observe any side effects. Improvement persisted after discontinuation of the therapy during a follow-up period of 1 to 2 years. Authors believe that calcirtiol may be effective by inhibiting growth of human demand fibroblasting and T-lymphocyte mitogenesis. It may be suppressing interleukin.

D Parikh