

ABSTRACTS FROM CURRENT LITERATURE

Kerscher M, Volkenandt M, Grun C, et al J Am Acad Dermatol 1998; 38: 21-26.

The results in ten consecutive patients with severe localised scleroderma (LS) treated with UVA, (340-400nm) phototherapy were promising. This study describes the results in an additional twenty consecutive patients.

Twenty patients with severe LS not responding to conventional treatment, were included in the study. The diagnosis was established by clinical and histopathological criteria. The duration of the disease varied from one to twenty years.

Clinical, histopathological and ultrasonal assessment were done at the beginning of the study, after six weeks and at the end of phototherapy. No other treatment had been given for at least six weeks before initiation of UVA phototherapy. Clinical severity of LS before and after phototherapy was assessed by a scoring system (Rook et al)

Total whole body UVA phototherapy was administered in a high intensity UVA cabin emitting exclusively, the wavelengths in the 340-400nm range. Phototherapy was given four times a week for six weeks, then once weekly for another six weeks, resulting in a total of thirty treatment sessions with a dose of 20 J/cm² at each session (cumulative UVA, dosage 600 J/cm² after 30 sessions). Emollients were applied only once daily in the evening.

The therapy was well accepted and no side effects were observed during and after phototherapy. Clinical and

ultrasound assessment revealed marked improvement in eighteen patients in less than three months. Two patients did not respond and both had subcutaneous lesions of LS. Residual plaques remained in areas with little or no UVA exposure because of anatomical reasons (e.g. axillary region, submammary areas in obese patients). This suggests that local rather than systemic effects of UVA, are responsible for the therapeutic effect. Histopathological evaluation also revealed normalisation of dermal collagen.

In this study, UVA irradiation alone in low doses of only 20 J/cm² without earlier photosensitisation of skin by psoralen, induced clearing of sclerotic lesions. No significant acute or long term side effects are known or are likely to occur at these doses. Although the mechanism by which UVA phototherapy induces remission remains to be elucidated, it is likely to be due to induction of collagenase activity.

C Lakshmi

Psoriasis and bullous pemphigoid treated with azathioprine. Primka J E, Camisol C. J Am Acad Dermatol 1998; 39:121-123.

Coexistence of bullous pemphigoid (BP) and psoriasis is more often found due to anti psoriatic treatment such as photochemotherapy, UV treatment with coal tar or anthralin, topical dithranol and salicylic acid. Treatment of co-existent BP and psoriasis produces practical difficulties. The authors describe three cases of psoriasis with BP. 1) A 68-year-old white woman having psoriasis for the last 60 years developed blisters on head,