ABSTRACTS FROM CURRENT LITERATURE

On arthropathic psoriasis: X-ray peculiarities, Lomuto M, Cammisa M and Ditano G : Dermatologica, 1984; 168 : 82-86.

The aim of this report is to study bone behaviour, during the course of psoriasis, in the absence of clinical arthropathic symptoms. A radiographic study of both hands was carried out in a group of 58 patients suffering from different clinical forms of psoriasis, with the exception of the arthropathic type. A group of 58 controls was made up of subjects suffering from various pathologies, articular diseases being excluded. A significant statistical incidence for the following lesions was revealed : (a) focal discontinuity and irregularity of the tuft cortical, similar to a nail-stroke; (b) focal lamellar thickening of the periosteum; (c) small intraspongous geodes; (d) increase of the intracortical striae, and (e) small juxta-articular erosions. The radiological aspect of the hands, characterized by monolateral and variously combined lesions (with the almost constant presence of the erosions of the tuft cortical) is characteristic; enough to be recognized as a marker of the disease. The authors assume that psoriasis is a systemic disease characterized by accelerated turnover, and that cutaneous and bone lesions represent a different clinical expression of this same biological process.

K Pavithran

Toxicity of handcleaners, Van Ketel WB, Bruynzeel DP, Bezener PD et al : Dermatologica, 1984; 168 : 94-99.

Soaps and surfactants may influence the barrier function of the horny layer, and may therefore lead to irritant contact dermatitis. However, the opinion of some investigators is that old fears of alkaline soaps as irritants, are largely exaggerated. In this study the irritancy of commercially available liquid handcleaners was determined by means of soap chamber test (with Big Finn Chambers). This in vivo method appeared to registrate the irritant effects of the cleaners very well. Several alkaline soaps were tested in addition to surfactants and soaps with a neutral or low pH. Alkaline soaps were not extra-irritating than other handcleaners. The cleaner with the highest irritancy score had a low pH. It was concluded that the pH was not a useful parameter to predict the irritancy of handcleaners.

K Pavithran

Annular erythema with histologic features of leukocytoclastic vasculitis in ulcerative colitis, Aram H, Rubinstein N and Granot E : Cutis, 1985; 35 : 250-252.

Cutaneous lesions occur in 10 to 20% of patients with ulcerative colitis. The most common and distinctive skin lesions include pyoderma gangrenosum, erythema nodosum, toxic erythemas and vascular thrombosis. The pathogenesis of these associations is not known; however, a partial defect in cellular immunity common to the skin and bowel has been suggested.

A 30-year-old woman with ulcerative colitis had painful nodular lesions of fifteen years' duration on her legs and erythematous annular plaques on the upper extremities. Histopathological examination of one of the annular plaques showed features of leucocytoclastic vasculitis. The authors conclude that these skin lesions may be considered as a hypersensitivity manifestation of allergic cutaneous vasculitis associated with ulcerative colitis.

K Pavithran

Shoreline nails : Sign of drug induced erythroderma, Shelley WB and Shelley ED : Cutis, 1985; 35 : 220-224.

Erythroderma has long been observed to produce a non-specific inhibition of nail synthesis. A distinctive nail change associated with drug induced erythroderma was seen in all nails as a wave of interrupted nail plate formation preceded by a white leukonychial band. Its clinical appearance made the authors to call it shoreline nail. In the first case there were transverse lines of discontinuity in nail plate. Each was preceded by a period of faulty keratinization, as evident in bands of leukonychia. The appearance of each band correlated with the time of administration of penicillin-type compounds to which the patient was sensitive.

Unlike the nail changes associated with exfoliative dermatitis due to psoriasis, atopy and lymphoma, in drug induced erythrodermas, the arrest of mitosis in nail matrix is only shorter because the offending drug is recognized early and eliminated. This leads to resumption of matrix function and the reappearance of new nail plate, before the old plate has been shed, with the resulting wave pattern of nail plate.

In these patients, total lack of nail plate synthesis was preceded by a transverse band of leukonychia. This indicated that initially the drug reaction caused only defective keratinization, while later there was total matrix arrest. This combination of a trough of nail plate absence preceded by a white streak suggests white-capped waves.

K Pavithran

Pityrosporum folliculitis, Jillson OF : Cutis, 1985; 35 : 226-227.

Pityrosporum folliculitis, caused by *Pityrosporum orbiculare*, occurs predominantly on the upper back, chest, shoulders and neck. The primary lesions are 2 to 4 mm, discrete, erythematous papules and pustules. Number may vary from a few to more than 100. It is associated with some pruritus and if not treated, persists for years. A biopsy specimen may show a profusion of the unipolar budding cells in dilated plugged follicles. A potassium hydroxide preparation is of little help. It responds to drugs like salicylic acid, sodium thiosulphate, selenium sulphide and ketoconazole. Author's view is that acne aestivalis and drug induced pityrosporum folliculitis are the 2 subsets of this disease. The latter is commonly seen in patients with acne treated with systemic tetracyclines or other antibiotics, especially during a period of heat and humidity. One theory for this effect is that tetracycline inhibits *Propionibacterium acnes* and allows the overgrowth of *P. orbiculare*. The author comments that hyperpigmentation noted in tinea versicolor is the result of stimulation of large melanosomes by *P. orbiculare*, whereas hypopigmentation is the result of *P. orbiculare* producing tyrosinase inhibitors.

K Pavithran

Lichen amyloidosus; a new therapeutic approach, Monfrecola GR, Iandoli R, Bruno G et al : Acta Dermato-Venereol (Stockh), 1985; 65 : 453-455.

A 74-year-old man with biopsy proven lichen amyloidosus was treated with topical application of dimethyl-sulphoxide, 4 ml on each leg, once daily for 2 weeks. Itching improved within 5 days and considerable flattening of the papules occurred in 2 weeks. A post-treatment biopsy revealed a decrease in the amyloid deposits in the dermis. No relapse was observed 3 months after the treatment was stopped.

M Ramam

Pathogenesis of orally induced flare-up reactions at old patch sites in nickel allergy, Christensen OB, Beckstead JH, Daniels TE et al : Acta Dermato-Venereol (Stockh), 1985; 65 : 298-304.

In 5 patients with positive patch tests to nickel, skin biopsies were taken from the patch test sites 6-8 weeks after the patches were

removed. In all 5 patients, the biopsies revealed an increased number of epidermal Langerhans cells and small, perivascular, mononuclear cell infiltrates mainly composed of T lymphocytes. Oral challenge with 25 mg nickel sulphate resulted in flare-up reactions in 3 patients. In 2 patients a strong flare-up at the patch test site occurred within 12 hours of oral challenge, and was accompanied by a generalised exanthematous rash. Biopsies of the patch test sites revealed a dense perivascular infiltrate of polymorphonuclear leukocytes and lysed granular fragments from these cells. In 1 patient the flare-up reaction was confined to the patch test site, and there was a dense perivascular infiltrate consisting mainly of T lymphocytes. It has been suggested that some cells, probably macrophages, which are capable of promoting both polymorphonuclear chemotaxis and T lymphocyte proliferation may play an important role in the initiation of flare-up reactions.

M Ramam

Treatment of cutaneous lupus erythematosus with etretinate, Ruzicka T, Meurer M and Braun-Falco O : Acta Dermato-Venereol (Stockh), 1985; 65 : 324-329.

Eleven patients with discoid lupus erythematosus (DLE), 8 patients with subacute lupus erythematosus (SCLE) and 1 patient with systemic lupus erythematosus who had no evidence of hepatotoxicity, hyperlipidemia or pregnancy were treated with etretinate 50 mg daily which was reduced to 25 mg daily when improvement occurred and to 10 mg daily if improvement continued. Etretinate was given for a total of 6 weeks combined only with topical sunscreens. In 8 patients there was complete clearing of all lesions. In 3 patients a good but incomplete response was noticed. These patients were given a short course of systemic corticosteroids to effect a complete cure. The side effects observed were cheilitis, hyperlipidemia, hair loss, pruritus and painful desquamation of soles. Hyperlipidemia was severe enough to necessitate stoppage of treatment in one patient. It is suggested that etretinate is a useful drug in DLE and SCLE especially if antimalarials or corticosteroids are contraindicated. Its major drawback is its teratogenicity. Since, the drug is retained in the body for prolonged periods of time, all female patients of childbearing age must not conceive during therapy and for 2 years afterwards.

M Ramam

Minimal effect of complete H1 receptor blockade on urticaria pigmentosa, Krause LB and Shuster S : Acta Dermato-Venereol (Stockh), 1985; 65 : 338-340.

Complete H1 receptor blockade was produced in 6 patients suffering from urticaria pigmentosa by giving them astemizole 10 mg tds for 6 weeks. All these patients showed whealing when the lesions were stroked with a standardised spring-loaded stylus prior to H1 receptor blockade. The wheal and flare response to intradermal histamine was tested in 3 patients following H1 receptor blockade and was completely inhibited in all the three. However, there was only a slight change in the whealing obtained over the lesions of urticaria pigmentosa following treatment with astemizole, suggesting that histamine acting at H1 receptor sites is not responsible for the whealing in urticaria pigmentosa.

M Ramam