

Author's Response - The efficacy of azithromycin in pityriasis rosea: A randomized, double-blind, placebo-controlled trial

Sir,

We would like to thank Drago *et al.* for their interest in our publication.^[1] The authors also point out that macrolides including azithromycin are known to have antiinflammatory and immuno-modulatory actions and therefore, their efficacy does not necessarily support bacterial infection (s) or exclude viral infection (s) from being the cause of pityriasis rosea (PR).^[2] In 2000, Sharma *et al.*^[3] published a study that showed great success with oral erythromycin in inducing resolution of pityriasis rosea in a group of 45 patients. Similarly, Villarama *et al.* also found erythromycin to be effective in a randomized double-blind control trial (unpublished).^[2] There was a dearth of randomized double-blind control trials of macrolides in pityriasis rosea. Amer *et al.*^[4] reported the only randomized double-blind placebo-controlled published trial in which azithromycin was not found to be effective. Their study comprised only 49 pediatric patients (mean age: 8 years) while the present study comprised a larger sample size of 70 and included patients with a mean age of 23.3 years (range 2–44 years). Further there were 2 other differences: pityriasis rosea was diagnosed by dermatologists and the objective pityriasis rosea severity score (PRSS) was employed in our study.^[4] Chuh *et al.*, in their comprehensive systematic review of interventions in pityriasis rosea, had recommended more randomized controlled trials in particular to investigate the efficacy of oral erythromycin or other macrolide antibiotics.^[2] Also, it is pertinent to note that there have been several recent published case reports reporting successful treatment of pityriasis rosea with various macrolides including clarithromycin and roxithromycin.^[5,6] The aim of our study was not to find the ideal treatment for pityriasis rosea but to evaluate the efficacy of azithromycin in a double-blind placebo-controlled trial. The negative results obtained by us do not favor the prescription of azithromycin for pityriasis rosea.^[1] The excellent results of acyclovir obtained by other workers can also be validated by similar double-blind placebo-controlled trial using a tool such as pityriasis rosea severity score (PRSS) in a large cohort of patients.^[6,7] Finally we concur with the author's statement that as of now no treatment can be recommended on the basis of

evidence-based medicine, and pityriasis rosea remains a self-limiting exanthematous disease that probably just needs reassurance of the patient, which significantly was also the concluding statement of our study.

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