

Hydroxychloroquine versus chloroquine in polymorphic light eruption

Sir,

We read the article titled “Comparative study of efficacy and safety of hydroxychloroquine and chloroquine in polymorphic light eruption: A randomized, double-blind, multicentric study” with great interest. However, we wish to point out the following incongruities observed in this study.

The conclusion drawn about superior efficacy and tolerability of hydroxychloroquine over chloroquine is not corroborated by the findings of the study, where only a marginal difference was observed in the efficacy of the two drugs, and in fact, chloroquine fared better in the side effect profile.^[1]

Negative serological tests for light eruption (LE) are pertinent and desirable for the diagnosis of polymorphic light eruption (PLE) patients as PLE and LE may often coexist and PLE precedes LE in a subset of the patients.^[2,3]

The lack of ocular toxicity observed in the hydroxychloroquine treatment group after a short course of therapy is understandable as the same is expected after long-term use only. The important risk factors for ocular toxicity associated with hydroxychloroquine therapy are: excessive daily dosage, increasing cumulative dosage, the duration of treatment and the patient’s age as well as coexistent renal or liver disease and concomitant retinal disease.^[4,5]

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