Renu Roy, Gyaneswar Kalla
Department of Skin, V D & Leprosy
Jodhpur

References

1. King A, Nicol C, Rodin P. Early Acquired Syphilis, Venereal disease, 4th Edn. ELBS, Bailliere Tindall, 1980, 15-43.
2. Morton R S. The Treponematoses. In : Text Book of Dermatology (Champion RH, Burton JL, Ebling FJG, eds). 5th edn. Oxford : Blackwell Scientific publications, 1992; 1082-126.

To the Editor,

Recently we say a female patient ages 60 years with large tense bullae predominently over the trunk and proximal extremities. The bullae were present both on urticarial and non-urticarial base. She had no oral lesions. Bulla-spread sign was negative. A clinical diagnosis of bullous pemphigoid was made. Routine laboratory investigations showed a total leukocytic count of 12,400/mm^3 with differential eosinophilic count as high as 35%. The other causes of peripheral eosinophilia were carefully excluded. Skin biopsy from representative lesion was compatible with the diagnosis of bullous pemphigoid with eosinophils forming a large part of the infiltrate in the subepidermal bulla. She was put on 60 mg prednisolone daily. After 2 weeks of therapy, there was a good clinical remission with concomitant fall in peripheral eosinophilic count, which came down to 20%.

This case report, emphasizes the importance of peripheral blood eosinophilia in a patient of bullous pemphigoid. Peripheral blood eosinophilia in bullous pemphigoid has received attention in the past as well. Most interestingly, the concomitant fall in circulating eoisinophils with clinical remission makes us wonder if peripheral blood eosinophilia could serve as a useful guide to assess the disease activity in bullous pemphigoid.

Sumit Maru, Asit Mittal, Lalit Gupta,
Mukul. N K Bansal, M K Dube
Udaipur

References

1. Bumb RA, Singh S, Pemphigoidwith eosinophilia. Ind J Dermatol Venereol Leprol 1993, 95: 127-8

TETRACYCLINE THERAPY FOR BULLOUS PERPHIGOID

To the Editor,

Bullous pemphigoid is a autoimmune vesiculobullous disorder that tends to affect elderly person who frequently have pre-existing medical problems.[1]

Systemic steroids remain the mainstay of therapy for generalised disease.[2] Side effects resulting from therapy often tend to be more severe than the disease itself.

In the present case, in an attempt to avoid systemic steroids and other immunosuppressive agents, we treated the patient successfully with oral tetracycline.

A 50-year-old male patient presented with multiple fluid-filled lesions all over the body since 15 days. There was recent history of myocardial infarction and patient was on dipyridamole (100 mg) since then. Cutaneous examination revealed multiple tense bullous lesions all over the body, mainly involving trunk and flexor aspect of the proximal extremities. Oral, conjunctival and genital mucous membranes were spared. A provisional clinical diagnosis of bullous pemphigoid was made.

Routine haematological investigations were within normal limits except eosinophilia. Histology of biopsied specimen revealed findings consistant with the diagnosis of bullous

pemphigoid. For want of facilities immunofluorescence studies were not done.

Initial therapy for 2 weeks with dapsone 100 mg, once daily didn't show any response. Later therapy with oral tetracycline (500 mg tds) was started. Within two weeks appearance of new lesion stopped and the older lesion began to heal. Total clearance of the lesions was noted by the end of fourth week. Same dosage was continued for another 2 months and then reduced by 500 mg every fortnight. Five months followup after discontinuation of tetracycline did not show any relapse. No toxicity and morbidity was noted.

Systemic steroids remain the mainstay of therapy for generalised bullous pemphigoid. To reduce the dose of steroid and their side effects, immuno-suppressive agents such as azathioprine, cyclophosphamide, methotrexate, or chlorambucil are frequently used.[3]

Therapy with systemic steroids in an elderly debilitated patient has considerable potential toxicity. Topical steroids have generally been reserved for localized disease. Combination of tetracycline and niacinamide may also control moderate or severe bullous pemphigoid.[4] Recently treatment of generalized bullous pemphigoid with oral tetracycline and midpotency topical steroid cream has also been reported.

Tetracyclines suppress inflammation by inhibiting neutrophil chemotaxis and random migration in vitro and in vivo.[5] In bullous pemphigoid it may inhibit the complement-mediated inflammatory response to the basement membrane zone and mediators of the inflammatory response.[3] In addition, tetracycline has been shown to affect the cohesion of the dermoepidermal junction.[6]

It is worth trying a more benign treatment first rather than using systemic steroids or immunosuppressive agents, especially in bullous pemphigoid patients with associated medical problems.

Laxman Mavarkar, Arun Inamadar
Bijapur

References

1. Lever WF. Pemphigus and Pemphigoid, J Am Acad Dermatol 1979; 1: 2-31.
2. Karman N. Bullous Pemphigoid. J Am Acad Dermatol 1987; 16: 907-24.
3. Thomas I, Khorenian s, et al. Treatment of generalized bullous pemphigoid with oral tetracycline. J Am Acad Dermatol 1973; 28: 74-7.
4. Berk MA, Lorincz AL. The treatment of bullous pemphigoid with tetracycline and niacinamide. Arch Dermatol 1986; 122: 670-4.
5. Esterly NB, Furey NL, Flanogan LE. The effect of antimicrobial agents on leucocyte chemotaxis. J Invest Dermatol 1978; 70: 51-5.
6. Humbert P, Treffel P, Chapuis J-F, et al. The tetracyclines in dermatology. J Am Acad Dermatol 1991; 25: 691.-7.

SUBCORNEAL PUSTULAR DERMATOSIS

To the Editor,

Subcorneal pustular dermatosis (SCPD) is documented to be a disease of middle-aged women. Six of the seven patients initially described by Sneddon and Wilkinson were women and the mean age of onset was 54.8 years.[1] However. most of the cases reported in India are in a relatively younger age group and are males[2,3] as in the following report.

A 45-yerar-old male patient presented with recurrent vesiculopustular lesions localised predominantly on axillae and groins, not associated with itching, fever or any systemic complaints of 10 years duration. He had been treated with various topical and systemic antibiotics in past and response was marginal