Adenocarcinoma of the Mouth in a Patient with Psoriasis under Short-Term Cyclosporine Therapy

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Key Words

Psoriasis
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Cyclosporine (CsA) can be effective in the treatment of several diseases, however, an increased risk of developing malignant neoplasms including lymphomas and solid tumors has also been reported. We describe a case of adenocarcinoma of the mouth of minor salivary gland origin which developed during the course of oral CsA therapy in a patient with psoriasis.

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A 46-year-old man with psoriasis vulgaris was referred to our hospital. Psoriasis area and severity index score were 12.0. His cutaneous lesions had not been fully controlled by several treatments including topical steroids, etretinate, and psoralen photochemotherapy. Oral CsA was started of 100 mg/day (1.2 mg/kg/day) after informed consent and the doses were gradually increased by 50 mg per day every 2 weeks. The psoriatic lesions improved, however, he noticed a hard intraoral nodule 1 month after the dose reached 300 mg/day (3.5 mg/kg/day). Physical examination showed a 2x2 cm nodule on his left buccal mucosa. A biopsy specimen revealed a number of glandular tumor nests invading throughout the dermis to the muscle layer, which had the feature of an adenocarcinoma. Investigations for metastasis were negative. Radiation therapy was performed and resulted in tumor regression. However, 7 months later irradiation was resumed because of tumor recurrence, and afterwards he was carefully monitored.

CsA, a potent immunosuppressive agent, has been reported to be effective in the treatment of severe psoriasis [1,2]. However, development of malignant neoplasms besides high blood pressure, gingival hyperplasia and renal dysfunction have been reported especially in organ-transplanted patients [3-6]. In a review of 842 patients with psoriasis under CsA, 6 patients developed malignant or premalignant skin and other solid tumors within an average of 11.2 months after starting CsA [7]. A few cases of squamous cell carcinoma of the mouth have been reported in patients under CsA [7-9], of whom 2 patients underwent a renal transplant [8, 9]. To our knowledge, this is the first case of oral adenocarcinoma in a patient with psoriasis under CsA

therapy. Although it is suggested that mucosal cancer is prone to develop earlier than cutaneous cancer, the duration of occurrence of oral malignancy is still unknown. In our case, as oral adenocarcinoma developed 3 months after starting CsA, and it is unlikely that CsA directly affected the occurrence of this tumor. However, the possibility that growth of a preexisting lesion was accelerated by the immunosuppressive therapy cannot be excluded.

It is important to screen patients for malignancy before CsA is started.

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- Postmenopausal Female Rosacea Patients Are More Disposed to React with Migraine
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Key Words

Gender differences migraine · Postmenopausal female · Rosacea

Rosacea is a cutaneous vascular disorder [1] which is related to migraine [2, 3] and ocular symptoms. Ramelet [3] stressed that migraine is frequently associated with rosacea only in women, whereas the frequency of migraine in men in his series of 48 patients with papulopustular rosacea corresponds to the expected ratio.

In the late 1980s we performed a clinical investigation [2] of 809 randomly selected office employees. Ten per cent of this population had rosacea, most of them of a relatively mild type.

Eight per cent had the erythematotelangiectatic (ET) and 2% the papulopustular (PP) type. Rosacea was significantly more common (Fisher's exact test, two-sided) in women (table 1), especially the ET type, while PP rosacea was equally distributed between the genders.

Migraine, defined as a history of intense unilateral paroxysmal headache often accompanied by nausea and visual symptoms [4], was found in 14% of the whole group of 809 persons, and was significantly more common in women (table 1). However, as in Ramelet's series, women with rosacea had migraine significantly more often than women without rosacea (27 vs. 13%; $p < 0.01$), which was not so evident in men (11 vs. 7%; N.S.). There was no difference between the

ET type and the PP type regarding association with migraine. The increased frequency of migraine in female rosacea patients was, however, found only in the age group between 50 and 60 years, not in other age groups (fig. 1).

In this study, rosacea was defined according to typical signs (papules and/or pustules, a stable erythema, telangiectases and swelling) and a history of rosacea. Using this definition, the frequency of rosacea in our sample was rather high. Rosacea is said to be more common in individuals with light complexion [5], as in northern countries like Sweden.

In summary, our results support Ramelet's findings that female rosacea patients are more prone to react with migraine. This is caused by an increased frequency of migraine in the age group between 50

Table 1. Comparison of frequencies of rosacea and migraine in the study group of 809 office employees, 56% women and 44% men, mean age 45 years

	Women, %	Men, %	p
Rosacea	14	5	< 0.001
ET	11	5	< 0.001
PP	3	1	N.S.
Migraine	20	7	< 0.001

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