Photopheresis and the Red Man Syndrome

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After the initial publication by Edelson and coworkers in 1987 on the beneficial effects of photopheresis (ECP) on cutaneous T-cell lymphoma [1], a number of additional studies have followed which in essence confirm these observations [2-8]. Even though research on the precise mechanisms of ECP has not yet produced a definitive explanatory and convincing answer, additional clinical evaluation in this as well as other T-cell-mediated conditions lend growing support and validity for its use in a controlled clinical setting [9-15].

Developments in the technology used including improvement of drug bioavailability by extracorporeal application of the currently used drug 8-methoxypsoralen should certainly contribute to reduce an important possible source of impaired treatment response [16]. In this issue Zachariae et al. present evidence for the efficacy of ECP in the treatment of an idiopathic therapy-resistant exfoliative dermatitis termed by some the red man syndrome or pre-Sézary syndrome. Indirectly, their small study lends further support to the emerging concept that an intact population of

CD8+ cytotoxic T cells is associated with potentially longer-lasting remissions. An early host immune response to the underlying disease can thus be effectively activated. From this perspective one could thus argue that very early use of ECP in patients suffering from red man syndrome or early true Sézary syndrome could significantly improve their quality of life, reduce total treatment time, improve survival and, in the long run, reduce total expenses associated with alternative treatment regimes. The documented low side effect profile of this treatment modality, associated with a very high rate of compliance, should motivate selected treatment centers to think of an earlier introduction of ECP in the treatment of patients with red man syndrome and cutaneous T-cell lymphoma.

As data accumulate on larger groups of patients, for significant longer observation periods in well-designed trials we will, hopefully, in the not too distant future be able to define the place of ECP in dermatology and associated specialties in our therapeutic choice for this and related T-cell-mediated diseases.

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Editorial