Chronic Hepatitis C Infection and Psoriasis

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We were interested to read the recent report of interferon-induced psoriasis in a patient with chronic hepatitis C [1]. Following the detection of chronic hepatitis C virus infection in one of our patients with severe, chronic plaque psoriasis we undertook a pilot study to assess whether hepatitis C virus, or hepatitis B virus infections are seen more commonly in this group of patients. Thirteen adult patients with longstanding psoriasis (7 male) requiring second-line therapy (etretinate, methotrexate, or PUVA) were assessed. Antibody to hepatitis C virus was not detected in any of

these patients by ELISA, and only 1 patient, with a past history of alcohol abuse, had evidence of hepatitis B virus infection with antibody to hepatitis B core antigen. No other patients were considered to be in a high risk group for viral hepatitis, and liver function tests were normal in all patients at the time of assessment. Interestingly, unlike the case reported by Garcia-Lora et al. [1], treatment of chronic hepatitis C with alpha-interferon, in our index case, was not associated with a deterioration of her psoriasis.

The results of our pilot study do not support the suggestion that hepatitis C virus is involved in the genesis of psoriasis [1]. We believe there is insufficient evidence for psoriasis to be added to the list of dermatoses associated with hepatitis C virus infection, although larger studies are required.

Reference

Garcia-Lora E, Tercedor J, Masare E, Lopez-Nevot, Skiljo M, Garcia-Mellado V: Interferon-induced psoriasis in a patient with chronic hepatitis C (letter). *Dermatology* 1993; 187: 280.

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We appreciate the interest in our report manifested by Dr. Burrows and coworkers.

Superantigens have been implicated in the propagation of psoriasis lesions due to the induction of self-reactive T cell clones [1]. In this regard, there may be an important interaction between hepatitis C virus and interferon-alfa. The study by Burrows et al. in a small series of psoriasis patients failed to detect antibodies to hepatitis C virus. In order

Reply

to clarify the possible link between hepatitis C virus infection and psoriasis, we think that larger studies on the prevalence of psoriasis in patients infected with hepatitis C virus compared with the prevalence of psoriasis in the general population are needed. Until such studies are

concluded, it is premature to exclude the possible relationship between hepatitis C virus infection and psoriasis.

Reference

Nickoloff BJ: The cytokine network in psoriasis. Arch Dermatol 1991;127:871-884.

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