Topical Application of Fumaric Acid Derivatives

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We read with great interest the paper on the risk of sensitization upon topical application of fumaric acid derivatives by de Haan et al. [1]. Although in our wide personal experience oral dimethylfumarates have proven effective in psoriasis in 70% of the cases, it cannot be emphasized enough that topical application should be rigorously avoided.

In a histopathological study [2] on 8 patients we were furthermore unable to detect any differences between areas treated by emollients and those treated by topical fumaric acid. We therefore also recommend to avoid the use of topical fumaric acid.

References


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Lymphoma in the Setting of Dermatitis herpetiformis: Another Case

We read with interest the article on the development of lymphoma in the setting of dermatitis herpetiformis by Bose et al. [1]. To their 2 cases and the 30 others documented in the literature, we add another case.

A 47-year-old man developed pruritic vesicular eruptions on the extensor surfaces of his arms and legs in 1983. Dermatitis herpetiformis was diagnosed. He was treated with dapsone 100 mg twice daily, and responded well to therapy. Four years later, he developed right lower quadrant abdominal pain. At laparotomy, a diffuse large non-cleaved cell lymphoma (new international formulation) originating from the ileal mesentery was resected. The adjacent ileal mucosa appeared normal. He received com-

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bination chemotherapy with PROMACE MOPP, and remained well until 1993. At that time, after several years of quiescence, the dermatitis herpetiformis recurred. Evaluation revealed steatorrhea (14 g fat/24 h), but he denied abdominal pain, weight loss or diarrhea. Despite strong urgings from his physicians, he has declined to adhere to a gluten-free diet or to undergo small intestinal mucosal biopsy.

The vast majority of patients with dermatitis herpetiformis also have celiac disease, although intestinal involvement is often asymptomatic [2, 3]. The link between celiac disease and lymphoma is very well documented, but clinical information on the incidence of dermatitis herpetiformis in this population has not been reported [4]. We suspect that the 30 cases described by Bose et al. underestimate the association of dermatitis herpetiformis and lymphoma. We join the authors in emphasizing the relationship between dermatitis herpetiformis, celiac disease, and intestinal lymphoma, and encourage the use of gluten-free diet as a primary therapy for dermatitis herpetiformis [5].

References


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