Chloroquine-Quinacrine Association in Resistant Cutaneous Lupus

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Feldmann et al. [1] have recently suggested that a chloroquine-quinacrine combination may be efficient for chloroquine or hydroxychloroquine-resistant discoid lupus (DL) or subacute cutaneous lupus (SCL), erythematosus. In our experience, this combination was useful not only in these condi-

tions but also in patients with refractory cutaneous lesions of quiescent systemic lupus erythematosus (SLE).

From March 1993 to June 1994, 15 patients with histologically confirmed refractory cutaneous lupus lesions were included in this study (table 1). There were 14 women and 1 man. The mean age was 39.5 years (range 25-58). Eight patients did not fulfill ARA criteria for SLE: 6 patients with chronic DL, 1 patient with SCL and 1 patient with DL and SCL. Seven patients had SLE according to ARA criteria. Extradermatological manifestations had been quiescent for more than 6

Table 1. Patient characteristics and treatment results

Subsets of lupus	Sex	Age	Duration of cutaneous SLE (≥ 4 years lesions, years	Previous treatments
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Results of chloroquine-quinacrine association

months with low-dose corticosteroids which were maintained unchanged during the trial. Cutaneous lesions were however active: 6 patients had DL and 1 patient had SCL and DL. Previously, patients had been unsuccessfully treated with hydroxychloroquine (15 patients), chloroquine (5), thalidomide (8), retinoids (7) or dapsone (5).

The initial dose was chloroquine 3×100 mg/day and quinacrine 2×100 mg/day. The mean duration of treatment was 6.3 months. The evaluation was based on clinical criteria. Results were considered as excellent when all lesions disappeared (8 patients), good when they improved significantly ($\geq 50\%$; 4) and poor in the other cases (3). The distribution of patients according to lupus subsets is shown in table 1. Improvement occurred within the first month of treatment in 8

patients and within 3 months in 4 patients. Electroretino-graphic abnormalities appeared in 3 of the

15 patients, respectively, after 1, 5 and 15 months, with a blurred vision in 1 case. In these 3 cases (excellent response), withdrawal of the chloroquinequinacrine combination was followed by relapse of skin lesions within 1 month and disappearance of visual abnormalities.

These results confirm the efficiency of the chloroquinequinacrine association in the treatment of refractory cutaneous lupus, which has been first established in 1959 by Tye et al. [2]. Although chloroquine may present a greater risk of antimalarial retinopathy compared to hydroxychloroquine [3], the apparently high prevalence of retinal abnormalities observed with the chloroquinequinacrine combination is not yet understood [4]. Thus, it seems very important that the daily dose of chloroquine and quinacrine should be as low as possible. This treatment implies ophthalmologic examinations including visual acuity, funduscopy, visual field testing and electro-retinographic examination prior to the start of therapy and at least every 6 months.

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