Clofazimine for Residual Nodulocystic Acne Lesions

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Patients affected by nodulocystic acne treated with isotretinoin, at the correct dose and during an adequate time, may present some residual suppurative fibrocystic nodules, principally on the back of the neck. There are few therapeutic possibilities for such lesions. Local and systemic antibiotics do not help, radiotherapy gives only a transitory response and surgery, which necessitates a wide incision, leaves a very visible scar.

Recently 3 patients who presented this kind of residual suppurative fibrocystic nodule on the back of the neck have been treated with clofazimine. The results were spectacular, between 1 and 3 months after completed treatment. The patients were all male, aged 27, 22 and 24 years, and had a nodulocystic acne which had been treated by isotretinoin (0.5-0.75 mg/kg/day) for 5 months. They presented recurrence of acne 1 year later needing a second isotretinoin cycle at a dose of 1 mg/ kg/day for 3 months. On completing the second treatment the acne lesions were cured, but a residual suppurative focus persisted on the back of the neck. The residual nodule of the third patient was treated by radiotherapy (Siemens Dermopan II; total dose 600 cGy, 50 kV, 25 mA, FSD 15 cm, filter 1.0 Al) with only slight improvement.

The patients (weight 70 ± 5 kg) were given oral clofazimine 100 mg/ daily, two for 3 months, one for 7 months. The suppurative focus cleared. No side effects or skin pigmentation were seen. Some months after stopping clofazimine a discrete recurrence has been observed in the first and third patient, easily controlled by topical erythromycin

Letters to the Editor

ACA RP + ACA RP

RP = Raynaud's phenomenon; PSS = progressive systemic sclerosis; SLE = systemic lupus erythematosus; MCTD = mixed connective tissue disease; RA = rheumatoid arthritis; LS = localized scleroderma forms; SS = primary Sjögren's syndrome; O = patients with other different autoimmune diseases; H = healthy individuals; ND = not defined. 1 Percentage of ACA positivity in the indirect immunofluorescence assay on HEp-2 cells.

2% in solution. From 5 to 20 months the patients have remained with no activity of the residual nodules.

Clofazimine enhances the phagocytic and antimicrobial activity of human neutrophils and macrophages, by increasing lysosomal enzyme levels [1]. This drug has also immunosuppressor and anti-inflammatory properties. Because of this we have tried its effects on residual fibro-

cystic acne lesions proving its efficiency. We believe it is a drug to have in mind when treating these cases.

(ACA). They showed that cases with the simultaneous presence of ACA and Raynaud's phenomenon tend to exhibit the clinical signs of systemic sclerosis during the disease course [1]. We have recently shown that the frequency of ACA positivity is relatively low among our Hungarian patients with progressive systemic sclerosis, indicating that geographical, ethnic, environmental (and other) differences may influence the frequency of this antibody [2]. Similarly to the results of Takehara et al., our ACA-positive cases with Raynaud's phenomenon exhibited the clinical signs of systemic sclerosis, while 4 other ACA-positive patients with systemic lupus erythematosus or rheumatoid arthritis showed no symptoms characteristic of Raynaud's syndrome (table 1). Our results also confirm that the simultaneous presence of ACA and Raynaud's phenomenon strongly suggests the CREST variant of systemic sclerosis, while in the absence of Raynaud's symptoms, the outcome is not necessarily systemic sclerosis.

Reference

1 Anderson R, Zeis ZM, Anderson JA: Clofazimine-mediated enhancement of reactive oxidant production by human phagocytes as a possible therapeutic mechanism. *Dermatologica* 1988;176:234-242.

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Anticentromere Antibody and Raynaud's Phenomenon

In a recent issue of *Dermatologica*, Takehara et al. [1] have published a longitudinal study about patients with anticentromere antibody