Topical Ciclosporin in Nail Psoriasis

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To the Editor

The treatment of nail psoriasis is difficult and frequently unsatisfactory. Complete clearing of nail lesions is rare and relapses often occur. Systemic treatments are sometimes effective but they are not advisable when the disease is restricted to the nails, even though patients are often severely distressed by their illness. Topical tretinoin or corticosteroids are in general of limited value. Topical antimetabolites have been reported to be effective but their use is limited by possible side effects [1].

We recently obtained excellent results treating a patient for nail psoriasis with topical ciclosporin.

A 45-year-old woman affected by mild patchy psoriasis consulted us for a severe psoriasis of the nails lasting for 2 years. At the clinical examination the first and third fingernails of the right hand and the fifth fingernail of the left hand showed pitting and irregular grooves associated with onycholysis. The patient was severely distressed by her condition, which had been unsuccessfully treated with topical steroids and tretinoin. After consent, in April 1989, a treatment with topical ciclosporin was started. The patient was instructed to apply 0.2 ml of an oily solution containing ciclosporin 10% once a day on the proximal nail fold (above the nail matrix) and on the nail bed. The ciclosporin blood level was monitored during treatment by radioimmunoassay method with negative result.

After 2 months of this treatment the nail lesions improved considerably and by July 1989 they were almost completely cleared.

Thus far ciclosporin has been used in several autoimmune dermatological disorders for its immunosuppressive properties resulting in a selective effect on T cells. Good results have been obtained with oral ciclosporin in the treatment of generalized psoriasis [2].

On the other hand topical ciclosporin has been used in patients affected by chronic plaque psoriasis with negative results [3,4].

Although controlled studies are necessary to draw further conclusions regarding the efficacy of topical ciclosporin in nail psoriasis, the drastic improvement observed in our patient prompted us to report this case.

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Vitamin D3 Analogues in Psoriasis

Sir,
We have read with great interest the paper entitled 'Vitamin D in Dermatology: A Critical Appraisal' by Beate M. Czarnetzki [1]. Unfortunately this paper contains several incorrect statements.

From table 3 it appears that the vitamin D, analogue MC 903 was applied using petrolatum as vehicle. This is not correct. In fact these data refer to results obtained with MC 903 formulated in cream base [2]. Since then MC 903 has been used as an ointment base containing predominantly petrolatum [3]. In this vehicle the antipsoriatic effect of MC 903 is much stronger. This improvement is observed within 1 week [2,3]. Therefore, it is also incorrect when Dr. Czarnetzki states that the healing is slow [1].

Because MC 903 (calcipotriol) is at least 100 times less potent in its effects on calcium metabolism than the naturally occurring, bioactive form of cholecalciferol, 1,25-dihydroxy-vitamin D3 [4], MC 903 appears to be both an efficacious and safe antipsoriatic drug.

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