Ossification of the Posterior Longitudinal Ligament Associated with Etretinate Therapy

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Dear Sir,

The recent article by Gilbert et al. [1] regarding the lack of skeletal radiographic changes during short-term etretinate therapy for psoriasis prompt us to report a peculiar skeletal involvement that we have observed in 2 patients treated with etretinate for keratini-zation disorders.

Case Reports

Case 1

After 2 years of treatment with etretinate for lamellar ichthyosis a 22-year-old man was submitted to an X-ray screening examination of the spinal cord which revealed the presence of a segmental ossification of the posterior longitudinal ligament (OPLL) at the L4-L5 levels. No symptoms referable to spinal cord compression were present and a detailed neurologic examination was negative. The cumulative dose of etretinate received by this patient was about 35 g.

Case 2

A 65-year-old woman affected by severe pustular psoriasis had been treated during the last 2 years with several courses of etretinate, 1 mg/kg, daily (the total cumulative dose of the drug was about 15 g).

Since the patient complained of severe neck pain we obtained an X-ray examination of the spinal cord which disclosed a localized OPLL at the C6 level. The neurological examination revealed only stiffness of the cervical spine.

Discussion

Skeletal abnormalities are probably the major concern in long-term therapies with retinoids [2, 3]. Among the various radiographic changes described in patients treated with retinoids, the ossification of the posterior longitudinal ligament is certainly the most important as it can result in spinal cord compression.

In fact since the posterior longitudinal ligament is located inside the spinal canal, the ossification of this ligament can cause a progressive compression of the spinal cord. An OPLL has been recently described in 2 patients after a long-term treatment with isotretinoin for severe ichthyosis [4].

We report here 2 patients who developed an OPLL after therapy with etretinate for keratinization disorders. Our findings suggest that etretinate can induce OPLL as well as isotretinoin and that this complication is not strictly dose-related.

One of our 2 patients in fact received a total dose of etretinate of about 15 g, which is comparable to the dose administered to the patients studied by Gilbert et al. [1]. Since OPLL is a rare condition which has mainly been studied in Japan [5] it is possible that this condition has until now been overlooked in patients treated with retinoids.

In fact OPLL is difficult to detect in the standard X-ray examinations if awareness of this condition is lacking. A recent X-ray survey in our country, however, showed a 2% incidence of OPLL in 1,258 nonselected patients [6]. We want to point out the risk of long-term etretinate therapy because OPLL can result in a remarkable narrowing of the spinal canal leading to severe neurologic symptoms which are particularly disabling when the OPLL occurs at the cervical level.

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groups of age-matched patients to compare to groups of patients who are taking retinoids in order to confirm definitively the role of the retinoid.

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In Reply

Sir

The 2 cases reported by Tosti et al. represent additional patients in whom retinoid therapy has been associated with paraspinous ligament ossification. To date, we are not aware of etretinate-related ossification occurring within the first year or so of therapy. During early therapy, the

changes may be initiated but not sufficiently calcified to detect on radiographs. Possibly the ossification is related to time as well as to exposure to etretinate [1–3].

Posterior longitudinal ligament ossification occurs in all racial groups; it is easy to detect on lateral radiographs of the spine if sought, as we have in our previous studies of retinoid therapy. Compared to other areas, the cervical spinal canal is large relative to the cord; therefore there may be less risk of compromising the spinal cord in the neck by ossification of the posterior longitudinal ligament.

Nevertheless, as Tosti et al. state, calcification of the posterior longitudinal ligament may be one of the most clinically relevant ossifications that occur in association with retinoid therapy.

However, their finding that the general population may have an incidence of 2% or more suggests that we need adequate control

Increase in Incidence of Necrotising Fasciitis Is Not Correlated to That of Streptococcal Bacteraemia or Erysipelas

To the Editor

Necrotising fasciitis (NF) is a relatively uncommon disease, characterized by subcutaneous tissue and fascia necrosis with relative sparing of skin and underlying muscle. An infectious origin is recognized but several bacteria are incriminated. *Streptococcus pyogenes* (group A) constitutes the first aetiology [1], but other bacteria can be found in cultures of necrotic tissues such as non-A beta-haemolytic streptococci, *Staphylococcus aureus*, gram-negative rods and anaerobic species [2].

In 8 years (1978–1985), 18 patients, 11 female, 7 male, age range 46–68 years (average 67), were admitted to the department of dermatology (CHU Dupuytren Limoges, France) who fulfilled strict clinical criteria for limb NF, that is peroperative evidence of extensive subcutaneous necrosis and oedema but spar-