Cutaneous Immunofluorescence in Hepatitis B Virus Infections

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Sir,

We were interested to read the article by De Maubeuge et al. [1] reporting 2 cases where a cutaneous vasculitis revealed the existence of chronic hepatitis. We also think that the frequency of this association is certainly underestimated. In a recent study [2] we stressed the importance of immunofluorescent testing (IF) of skin tissue for the HBs antigen in infections that could be caused by the B virus. We observed antigen HBs deposits in the dermal vessels, associated in some cases with IgM and C3 in 7 of 22 HBs-positive cases (5 of 16 cases of chronic hepatitis and 2 of 6 cases of polyarthritis nodosa). The samples were taken from pathological skin in 2 cases (one of palpable purpura, one of dermohypodermal nodules) otherwise from normal skin.

This examination seemed of particular interest to us in cases where the results show no HBs antigen in the serum. Of 12 HBs-negative readings (8 cases of chronic hepatitis and 4 of polyarthritis nodosa) we observed the presence of these deposits in 3 cases. Thus a cutaneous IF combined with an IF of the liver biopsy to trace the presence of HBs and HBc antigens makes it possible to establish a connection between certain cases of chronic hepatitis and vasculitis and the B virus, when there are only anti-HBs and/or anti-HBc antibodies in the serum [3], as De Maubeuge et al. found in their first observation.

One can obtain even better results from the IF examination, as shown by Trepo et al. [4], if the biopsy is preceded by an intradermal injection of histamine phosphate.

References

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Letters to the Editor

Soft Laser Treatment of Warts: A Sophisticated Placebo

Sir,

Multiple treatments methods have been proposed for warts. Reliable practical approaches include cryotherapy, curettage, and various topically applied keratolytics. Recently, soft lasers have become increasingly popular among general practitioners in Europe, for various illnesses, including warts. Since the rationale for this method seems unclear, we have carried out a controlled study of this method.

50 warts (common warts of the hands or plantar warts) seen in 28 patients from 3 to 64 years of age have

been submitted to either irradiation (group 1) or sham treatment (group 2). Laser or sham laser treatment were delivered for 4 min on each lesion, on 3 consecutive days.

The device (Curalaser P2°, SB Medical Equipment, Belgium) was previously tested in the laboratory of Experimental Physics (Prof. Roch and Prof. Ruamp, University of Bordeaux I). Pulsed infrared emission (wavelength: 904 nm) ranging from a few milliwatts to 30 mW could be detected. The source was an As-Ga diode.

The outcome was evaluated by a phone call 2 months after completion of therapy. Only completely healed lesions were taken into account in the 'healed' category. Data were analysed using, the χ^2 test with Yates' correction.

Our data suggest that soft laser may act as a sophisticated placebo, since the rate of healing was low and not significantly different between our two groups ($\chi^2 = 0.05$, $0.80 < p < 0.90$). Since soft laser is time-consuming and lacks efficacy, we think it should not be recommended for the treatment of warts.

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