A 65-year-old male arrived at the Ichilov Hospital dermatologic outpatient clinic 12 years ago. 1 year prior to our first examination, he had developed red non-pruritic skin lesions on his left thigh.

The diagnosis of mycosis fungoides (MF) stage II was confirmed both clinically and histologically. His health was otherwise unimpaired. Routine laboratory studies demonstrated normal values.

In winter 1981, a tumor of 0.5 cm diameter developed on his left thigh. The diagnosis of MF stage II was reconsidered and stage III was confirmed. The extracutaneous spread of the disease was excluded. In March 1981, therapy at the Dead Sea was advised.

The treatment program included 8-methoxypsoralen (8-MOP) administered orally, sunbathing and several 20- to 30-min bathing sessions in the Dead Sea. The daily dosage of 8-MOP was as follows: 30 mg increased to 40 mg daily, 2 h before exposure to sun. Sunbathing for 2 h on the 1st day of treatment was gradually increased to 4 h.

The treatment was carried out daily for 1 week and after an interval of 2 weeks it was renewed for 1 week. Following the 2nd week of therapy, the lesions cleared completely. The patient discontinued therapy for non-medical reasons. No side effects were observed.

After 3 months, the lesions reappeared on his left thigh and lower back.

Since Gilchrest et al. [1] reported the efficacy of Puva therapy in 9 patients with MF, good therapeutic results have been obtained with photochemotherapy alone or in combination with other methods of treatment [3, 4].

The methoxsalen and sunbathing therapy at the Dead Sea is a modification of classic Puva therapy. Parrish et al. [5] explored the use of sunlight instead of artificial sources of ultraviolet radiation. The treatment was termed Puva-Sol.

Kushelevsky et al. [2] found that sunlight reaching the Dead Sea shores is indeed poor in UV rays. Especially low is the intensity of UV light below 328 nm. This is the reason why prolonged exposures are possible without the attendant dangers of sunburn.

References

