

## LETTERS TO THE EDITOR

### Diagnosis of Erectile Dysfunction in Etretinate Treatment

Sir: The letter from Dr. Halkier-Sorensen, *Acta Derm Venereol* 1988; 68: 90-91 describes erectile dysfunction as a side effect treatment. Although the relation between the drug and sexual dysfunction seems likely, the report is unsatisfying concerning the diagnosis of erectile dysfunction.

Since we have learned a lot on the etiology and diagnostic procedure of disorders of erection, it is impossible to present a case as "erectile dysfunction" merely supported by the patients history. Examinations of the vascular, endocrine, and neurological status as well as a psychodynamic interview are indispensable parts of the diagnosis as is the papaverin test for direct evaluation of the function of corpus cavernosum (1). These methods allow an objective description of erecile dysfunction in most cases and thus better support the classification of an observation, as quoted in the letter as a side effect of pharmacological treatment.

#### REFERENCE

1. Virag, R. et al., Second World Meeting Impotence, Prague 1986, Abstract II.I Further references see this abstract volume.

*Received March 11, 1988*

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### There is a Linear IgM Dermatitis

Sir: Velthius and colleagues in an interesting and informative article raised the question whether a linear IgM dermatosis exists (1). We have recently reported a woman with unusual dermatosis of pregnancy in which linear IgM deposition was noted in perilesional skin. This linear IgM deposition disappeared after delivery together with disappearance of the lesions. The unique eruption and its association with pregnancy led us to define it as linear IgM dermatosis of pregnancy. In their article Velthius et al. reported a series of patients with different diseases in which linear IgM deposition was seen. The authors stated that very rarely this deposition can be seen as a variant of bullous pemphigoid. On the other hand they conclude that there is no indication for the existence of linear IgM dermatosis. The immunofluorescence findings of any disease should be put together with the clinical picture. Thus, in our opinion there is a linear IgM dermatosis related to pregnancy. It has unique clinical characteristics and unusual immunofluorescence findings.

#### REFERENCES

1. Velthius PJ, De Jong MCJM, Kruis MH. Is there a linear IgM dermatosis? Significance of linear IgM junctional staining in cutaneous immunopathology. *Acta Derm Venereol (Stockh)* 1988; 68: 8-14.
2. Alcalay J, Ingber A, David M, Hazaz B, Sandbank M. Linear IgM dermatosis of pregnancy. *J Am Acad Dermatol* 1988; 18: 412-415.

*Received May 18, 1988*

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