Pigmented Purpuric Dermatosis

Sir,

In the first issue of Acta Dermato-Venereologica 1991 Wong and Ratnam (1) reported, believing to be the first, on successful PUVA treatment of 2 patients with pigmented purpuric dermatoses. In this context I should like to draw attention to one of our previous reports dealing with highly effective PUVA therapy in 2 etiologically unclear cases with eczematoid-like purpura of Doucas & Kapetanakis (2). The good clinical response was achieved in both patients after short PUVA series (total UVA doses: 21.5 resp. 8.5 J/cm²). In addition, Nozickova & Belobradec described a further patient with Schamberg's disease with excellent result using oral psoralsens in combination with UVA, recently (3).

The cause of pigmented purpuric dermatoses (PPD) remains in many cases unknown. In patients with drug-induced PPD lesions generally clear/improve within 1 year (4). Recent immunopathological investigations in view of HLA-DR, ICAM-1, CD1, CD3, CD4, CD8, Leu-3a, keratinocytes and the constitution of the CD1, CD3, CD4, CD8, CD11a, CD18, CD25, HLA-DR dermal inflammatory infiltrate in PPD suggest that a cell-mediated immune reaction may be involved in the pathogenesis of this disease (S, unpubl. data). The beneficial therapeutic effect of PUVA in etiologically unclear cases of PPD is probably due to immunosuppression achieved by inhibition of Langerhans cell activity and/or Langerhans cell/macrophage-lymphocyte interactions in vivo.

REFERENCES


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In response to the Letter by Miklós Simon

We are delighted that Miklós Simon jr and others have had similar good results treating purpuric dematoses (PPD) with PUVA. We reported our findings as the first successful PUVA treatment (1) of Schamberg's and Gougerot & Blum types because there had not been any report to date on this, with respect to patients of Asian origin. Furthermore, as Dr Simon states, PUVA treatment for our patient with Gougerot & Blum has not been reported elsewhere.

Ratnam KV (2) has observed that the majority of patients with PPD cleared within one year (including drug induced ones). Hence, a short course of PUVA should be offered to those who have failed to remit after prolonged follow-up.

REFERENCES


Wong Wai Kee and KV Ratnam, National Skin Centre, Singapore.

Acta Derm Venereol (Stockh) 72