

LETTERS TO THE EDITOR

Mucosal Desquamation in Psoriasis

Sir,

In a recent publication (1), I was surprised to find my name included as a co-author. I regret to convey that at no stage of the preparation and submission of the paper was I informed, and my name has been included without my concurrence and approval.

I do not subscribe to the hypothesis of "mucosal shedding of urinary tract in patients of psoriasis" at any stage or extent of the disease and find it unacceptable that the epithelial shedding "ceases" or "diminishes" following topical treatment for the following reasons:

- 1) The exfoliation of scales in psoriasis is due to shedding of stratum corneum cells – a combined effect of increased epidermal turnover and inflammation. The process remains confined to keratinizing squamous epithelium (of skin). How and why epithelial shedding occurs from a pseudostratified ciliated columnar epithelial surface (urethra) or transitional epithelium (urinary bladder) is difficult to explain. If this is the case, why is urolithiasis not more common in psoriatics? The fact that there are more exfoliated cells in females per ml of urine, with much smaller length of urethra compared to males, is rather intriguing.
- 2) The cytostatic action of coal tar is at the proliferating cellular level (prevention of DNA synthesis in the rapidly proliferating cells); there is no systemic absorption of coal

In response to the letter by Kaur

Sir,

We appreciate the comments of Prof. S. Kaur on our paper "Mucosal Desquamation in Psoriasis", Kumar et al. 1992; 72: 137. The replies to the queries, though not in chronological order, are as follows:

1. Enhanced epithelial cell turnover in the urinary tract (2) and small intestine (3) has been documented. It is unlikely that this degree of exfoliation is of sufficient magnitude to produce urolithiasis in a significant number of psoriatics. Important observations of an increased number of epithelial cells in the urine of women, as compared to that of men, cannot be easily explained but has been reported earlier (2). There is a possibility of contamination by a few squamous cells from vagina.
2. Percutaneous absorption of coal tar and its urinary excretion has been documented (4), which could produce inhibitory action on the urinary tract mucosal shedding.
3. All patients were carefully screened and were off all drugs at the time of study. Systemic drugs given for psoriasis would rather decrease the epithelial shedding and not increase it. However, as stated in the text all patients were appropriately screened and were otherwise healthy.

Lastly, we have been working together as a team in the Psoriasis Clinic for many years and have published many research papers with joint authorship. This study, while in progress,

tar. An explanation for the reduction of epithelial shedding at a distant site of an unrelated mucosal surface is difficult to find.

- 3) How exhaustively the patients were investigated to rule out pathology in the urinary tract, which can give rise to shedding of epithelial cells in the urine, is not detailed.
- 4) What drugs had the patients been consuming before the urine samples were collected for study? The drugs taken for psoriasis or other concurrent disorders may cause urinary mucosal desquamation (2). The present authors are silent about this possibility.

I must, therefore, request you to please delete my name from the list of authors by publication of this letter at the earliest opportunity and kindly inform me about the action taken.

REFERENCES

1. Kumar B, Kaur I, Thami GP, Kaur S. Mucosal desquamation in psoriasis. *Acta Derm Venereol (Stockh)* 1992; 72: 137.
2. Arenberger P, Buchtova L. Urinary tract desquamation in psoriasis. *Dermatologica* 1990; 180: 112.

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was well within the knowledge of Prof. S. Kaur as Head of the Clinic and of the Department. At the time of submission of the manuscript we relied more on mutual trust. The journal did not have a policy of getting the signatures of all the co-authors and hence, no signatures were obtained. Similarly, the department had no policy of getting the signatures of the co-authors either (now it is in existence), so we do not have any written proofs of each author's contribution to and involvement in the preparation of the manuscript. Still, if at this stage, one of the co-authors feels differently about it, we would have no objection to her name being deleted from the list of authors.

REFERENCES

1. Kumar B, Kaur I, Thami GP, Kaur S. Mucosal desquamation in psoriasis. *Acta Derm Venereol (Stockh)* 1992; 72: 137.
2. Arenberger P, Buchtova L. Urinary tract desquamation in psoriasis. *Dermatologica* 1990; 180: 112.
3. Hendel L., Larsen JK, Ammitzbohl T, Asboe-Hansen G. Epithelial cell turnover in the small intestine of psoriatics. In: Farber EM, Cox AJ, Psoriasis, Proceedings of the Third International Symposium. Grune and Stratton, New York, 1982: 331-332.
4. Wheeler LW, Saperstein MD, and Lowe NJ. Mutagenicity of urines from psoriatics after crude coal tar and UVL treatment. *Ibid* 369-370.

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