

Uselessness of Topical Calcipotriol as Monotherapy for Acrodermatitis Continua of Hallopeau

Sir,

It is well known that the management of Hallopeau acrodermatitis, a rare manifestation of pustular psoriasis, is often disappointing and there is still no effective therapy or stated guidelines for this pathology. Controversial dermatological studies about the efficiency of topical calcipotriol in the treatment of the disease have been released over the past few years.

Mozzanica & Cattaneo (1), in describing one case of acrodermatitis continua of Hallopeau responding to topical calcipotriol, observed an improvement after 28 days of therapy and an almost complete healing after 4 months of treatment. This case is similar to that of Emtestam & Weden (2). On the other hand, Kuijpers *et al.* (3) described one case responding to a combined therapy of calcipotriol and acitretin as well as a case of Hallopeau acrodermatitis resistant to calcipotriol alone, responding only to a low dose of cyclosporine (4).

We previously described three patients suffering from Hallopeau acrodermatitis who were resistant to calcipotriol monotherapy (5). They were treated with calcipotriol ointment (50 µg/g) twice a day; one of them worsened during the treatment and discontinued therapy after 2 weeks, while the other two did not present any substantial improvement after 45 days. Recently, we observed three other patients (males of 48, 52 and 58 years old) who presented severe relapsing acrodermatitis continua of Hallopeau unresponsive to calcipotriol applied twice a day for 3 months (prescribed by other dermatologists). We now describe a seventh patient, a 72-year-old man, who presented with Hallopeau acrodermatitis involving four fingers of his right hand and three of the left, and who was prescribed calcipotriol ointment twice a day. As he did not observe any improvement, he decided himself to occlude the lesions from the 10th day of treatment. After 51 days the clinical picture remained unchanged and the treatment was interrupted.

Acrodermatitis continua of Hallopeau is a chronic localized, relapsing, sterile eruption of the extremities, with marked involvement of the nail bed. Histological examination of the nail unit shows hyperplasia and papillomatosis, definite hyperkeratosis with a prominent granular layer (normally absent in the nail matrix), as well as ortho- and para hyperkeratosis with numerous microabscesses of polymorphonuclear granulocytes in the parakeratotic horny layer. Fanti *et al.* (6) underline

that hypergranulosis in the nail matrix probably reflects an inflammatory insult. In our opinion the anatomical and physiological characteristics of the nail unit probably play a major role in determining the pathological differences between skin and nail, which might explain the unsatisfactory results in the topical treatment with calcipotriol ointment. Furthermore, it is known that the disease is characterized by a chronic course with cyclic pustular recurrences at monthly intervals, and that spontaneous improvement may take place, though rarely. None of the 7 patients affected with acrodermatitis continua of Hallopeau described by us and treated with calcipotriol presented any improvement of the clinical picture.

We believe that singular cases, similar to the one described by Mozzanica & Cattaneo (1), are not sufficient to be able to draw conclusions regarding the efficacy of calcipotriol in the control of acrodermatitis of Hallopeau.

REFERENCES

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