UV therapy at its best

Two papers in this issue of Acta Dermato-Venereologica are about UV therapy, one focusing on its optimal use in psoriasis, and the other on how it may function in reducing itch. On p. 132, a group from Finland presents a careful comparative (half-side) study of narrowband UVB (TL01) versus bath PUVA (TMP) in 17 patients with symmetric plaque psoriasis. Only one small such study has been previously made. Snellman et al. show, using several different outcome endpoints, that TL01 is more effective and better tolerated than bath PUVA; but all patients relapsed within 4 months. Clearly, narrowband UVB is now the phototherapy of choice for psoriasis and the era of psoralens, beginning in the 70s by the introduction of oral PUVA therapy and reaching zenith in the 80s, now appears to have reached its nadir. Will it ever rise again?

Needless to say, UV therapy is also effective for many other skin symptoms, including itch. On p. 111 Wallengren & Sundler investigate a hypothesised reduction of the number of cutaneous nerve fibres as a mechanism of action of phototherapy to reduce itch. Indeed, in 10 patients with itchy eczema or psoriasis who were greatly improved after 15–20 phototherapy (mainly TL01) sessions, skin biopsies taken before and after treatment showed a significant reduction of the number of epidermal PGP9.5 immunoreactive nerve fibres, probably corresponding to free nerve endings believed to be involved in the sensation of itch. There was also a small reduction in the number of dermal CGRP positive fibres which may have an effect on dermal inflammation. Clearly more work should be devoted to fully exploring all the possible implications that this study may have for the understanding of phototherapy in dermatology.