

plot of the number of minor diagnostic features and DASI score is shown. The Spearman non-parametric correlation coefficient is 0.44 ($p=0.0015$). It can be seen from Table I that some features are more common than others, e.g. almost all of the patients had xerosis and were intolerant to wool and organic solvents.

DISCUSSION

According to the diagnostic criteria proposed by Hanifin & Rajka, at least 3 out of 23 proposed minor criteria need to be present in order to obtain the diagnosis AD. The findings in the present study suggest that patients fulfilling a larger number of criteria exhibit a more severely affected skin than those with a positive response to a few, i.e. the number of minor criteria could be a marker of AD severity.

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Accepted March 4, 1998.

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Treatment of Acne Vulgaris with Colchicine

Sir,

During the treatment with colchicine of patients with Behçet's disease and Familial Mediterranean Fever, we noticed that two patients who also had acne vulgaris showed a significant improvement of their acne without receiving any other medication. This observation led us to carry out a trial to investigate the effectiveness of colchicine in acne vulgaris. According to our knowledge, there is no reported case of the use of colchicine for the treatment of acne in the medical literature. Twenty-two patients (14 women, 8 men, age range 17–38 years) with acne resistant to antibiotic treatment were treated with colchicine. In all cases but one, the acne had started at an early age. The skin manifestations included comedon, pustules and nodules. Four cases had nodular cystic acne and 2 had acne conglobata. A daily dose of 1 mg colchicine was given for a duration of 2 months. All patients improved by up to 70%, and this improvement was more marked in those with cystic nodular acne with severe inflammation. No significant side effects of colchicine were observed. No other treatments were given. Most patients showed a relapse after the colchicine was stopped. The only exceptions to this were two patients, one with Behçet's disease and one with Familial Mediterranean Fever, whose colchicine treatment had to be continued. They are still in remission.

It is not clearly known how colchicine exerts its anti-

inflammatory effect. However, colchicine prevents the recruitment of PMN cells, interferes with microtubular functions, inhibits the expression of adhesion molecules and prevents the migration of white blood cells across vessel walls. Considering the increasing number of reports regarding the numerous resistant organisms caused by overuse of antibiotics, it seems logical that anti-inflammatory drugs like colchicine should be considered as a new replacement for classic antibiotic treatment of acne. This treatment could then be continued with local anti-acne medication. We are currently studying alcohol-based colchicine solution for local use.

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Accepted March 12, 1998.

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