

Failure of Colchicine in the Treatment of Severe Acne Vulgaris

Sir,

We read with great interest the recent letter by Sadjadi & Moshir (1) concerning the treatment of acne vulgaris with colchicine. The authors reported an improvement in all 22 selected patients after 2 months of administration of a daily dose of 1 mg of colchicine. The effectiveness of the drug was more evident in the patients with severe acne vulgaris. They recommended this drug as a possible replacement for antibiotic therapy of acne.

For this reason, in December 1998 we started a similar study on 12 out-patients (10 females, 2 males, age range 14–27 years) affected by severe forms of acne (conglobata and nodular cystic type) and who for various reasons refused oral retinoids. Informed consent was obtained from all the subjects. Before starting the trial, a complete blood work-up was carried out. Colchicine therapy (1 mg/day) was started and maintained for 2 months.

At the end of therapy, evaluation showed no improvement in any of the patients and the treatment was stopped. No clinical side-effects (e.g. nausea, pain, vomiting, diarrhoea) were reported and no haematological manifestations were seen.

Colchicine is an alkaloid that binds to, and depolymerizes, the microtubular system of cells. Moreover, colchicine inhibits cellular migration (2). The efficacy of colchicine is well documented in Behcet's disease (3) and its use has recently been suggested for other cutaneous conditions (4–6).

Based on our unsatisfactory results, we are of the opinion

that the treatment of acne vulgaris with colchicine should be considered very cautiously, although further studies are needed to clarify this matter.

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Response to the Letter by Schepis et al.

Sir,

None of the patients in our study were told that the drug being administered was colchicine. We were therefore confident of patient compliance with the administered drug. This raises the question as to whether this was the case in the trial carried out by Schepis et al., or whether it is possible that the drug may not have been used properly by the patients due to fear of its side-effects.

After publishing our results in your journal, we treated another 8 patients with colchicine and obtained good results.

In light of this, we started another trial on inflammatory skin diseases. We are currently studying the effects of colchicine on recurrent furunculosis.

We agree that further trials are required to verify our results.

J. Sadjadi and M. Moshir

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