LETTERS TO THE EDITOR

Etretinate and Slender Long Bones in Children

Sir: During the last five to six years a number of bone changes have been suggested related to the use of etretinate (Tigason®). One of the most serious of these ossification disorders seems to be the development of slender long bones.

Until now slender long bones have been reported in six children (1, 2, 3) and one young adult (4) on long-term treatment with etretinate. Decrease in the width of the shafts of long bones has previously been described in a child treated with excessive Vitamin A (5). In children on long-term treatment with etretinate we found a significant decrease of the total width and marrow cavity of the second left metacarpal bone compared to normal controls (2). This might indicate that bone resorption or osteolysis has accelerated in children treated with etretinate. We suggest that etretinate treatment started in infants and toddlers increases the risk of developing bone changes, because of their immature skeleton.

Although it is too early to state definitely that slender long bones are caused by etretinate, it is recommended that etretinate should only be given to children with severe keratinization disorder and that length of treatment and dosage should be kept as low as possible. Pretreatment radiological examination should also be performed and control X-rays taken during treatment. Scintigraphic examinations might also be helpful.

REFERENCES

1. Tamyo L, Ruiz-Maldonado R. Long-term follow-up of 30 children under oral retinoid Ro 10-9359. In: Orfanos CE, Braun-Falco O, Farber EM et al., eds. Retinoids: advances in basic research and therapy. Berlin: Springer, 1981: 287–294.
2. Halkier-Sørensen L, Laurberg G, Andresen J. Bone changes in children on long-term treatment with etretinate. J Am Acad Dermatol 1987; 16: 999–1006.
3. Ruiz-Maldonado R. Retinoids in disorders of keratinization: Their use in children. Volume of abstracts: 17th World Congress of Dermatology. Part I. Berlin: CMD, May 24–29, 1987: 113.
4. Halkier-Sørensen L, Andresen J. A retrospective study of bone changes in adults treated with etretinate. J Am Acad Dermatol [in press].
5. Bartolozzi G, Bernini G. Chronic hypervitaminosis A. Helv Paediat Acta 1970; 15: 301–304.

Received January 7, 1988

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Skin Cancer Caused by Grenz Rays

Sir: Recently Mortensen & Kjeldsen (1) reported 5 patients with carcinomas following treatment with Grenz rays for benign skin disorders and caution in using Grenz-ray treatment was urged. This is a very important report which, however, deserves some comments. As the authors point out, their results indicate a higher cancer risk than the results reported by Lindelöf & Eklund (2). They assume that different individuals might have differing sensitivity to ionizing radiation with regard to development of cancer. Alternative explanations are that other treatment regimes have been used than that reported in (2). That regimen is as follows: machine factors 10–11 kV, 10 or 20 mA; focus–skin distance 10 or 20 cm; no area of skin should be subjected to more than 100 Gy in a lifetime; fractionated doses (one treatment a week for 4–6 weeks), no more than two treatment courses per year; doses adapted to the skin disease and anatomical area (0.5 Gy

once a week for lichen sclerosus et atrophicus of the vulva, 4 Gy once a week for psoriasis of the scalp). With this treatment regimen, only 8 patients with skin cancers on treated skin were found among more than 14000 patients. Six of the 8 patients had received other known carcinogens. Thus the risk of cancer is increased very slightly or not at all with this type of Grenz-ray treatment, so we consider it to be reasonably safe.

REFERENCES

1. Mortensen AC, Kjeldsen H. Carcinomas following Grenz ray treatment of benign dermatoses. Acta Derm Venereol (Stockh) 1987; 67: 523–525.
2. Lindelöf B, Eklund G. Incidence of malignant skin tumors in 14140 patients after Grenz-ray treatment for benign skin disorders. Arch Dermatol 1986; 122: 1391–1395.

Received January 18, 1988

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ANNOUNCEMENTS

International Epidermolysis Bullosa Symposium will be held on Thursday and Friday, 19th–20th January, 1989 in London, UK. Invited speakers will lecture in advances in research and on widerang-ing clinical topics. There will be free communication sessions (closing date for receipt of abstracts 14th October, 1988), and the proceedings will be published. For further information and abstract forms contact Mrs. Mary Freeland D.E.B.R.A., Suite 4, 1 King's Road, Crowthorne, Berkshire, RG11 7BG, UK. (Tel, 0344 771961).

4th Immunodermatology Symposium. The 4th Immunodermatology Symposium will be held at the Sonesta Hotel, Amsterdam, The Netherlands, on 21, 22 and 23 September 1989. Free communica-tions in all areas of immunodermatology are encouraged. For further information please contact QLT Convention Services, Keizersgracht 792, 1017 EC Amsterdam, The Netherlands.

Clinical Dermatology in the year 2000. Advance Notice: Institute of Dermatology: This international symposium (President: Arthur Rook) will be held in the Barbican Centre, London 22–25 May 1990. The purpose of the Symposium is to define expected major advances in the practice of dermatoloy during the last decade of the century. All major aspects of diagnosis and treatment will be covered by a faculty of international experts. Further details are obtainable from Professor Malcolm Greaves, Institute of Dermatology, St Thomas' Hospital, Lambeth Palace Road, London SE1 7EH.

BOOKS RECEIVED

1987 Year Book of Dermatology edited by Arthur J. Sober and Thomas B. Fitzpatrick, 1987, 498 pp., Hard cover. ISBN 0-8151-2673-5.
Price £38.00. Year Book Medical Publishers, Inc., Chicago, London, Boca Raton.

Common Problems in Dermatology by Kenneth E. Greer, 1988, 455 pp., Hard cover. ISBN 0-8151-3561-0. Price £41.50. Year Book Medical Publishers, Inc., Chicago, London, Boca Raton.

Pharmacology and the Skin. 1. Skin Pharmacokinetics edited by B. Shroot and H. Schaefer, 1987, 266 pp., 117 figures and 43 tables. hard cover. ISBN 3-8055-4555-X. Price SFr. 198.–DM 237.–/US$ 132.00. S. Karger AG, P.O. Box, CH-4009 Basel, Switzerland.