Pigmented Purpuric Dermatosis

Sir,

In the first issue of Acta Dermato-Venereologica 1991 Wong and Ratnam (1) reported, believing to be the first, on successful PUVA treatment of 2 patients with pigmented purpuric dermatoses. In this context I should like to draw attention to one of our previous reports dealing with highly effective PUVA therapy in 2 etiologically unclear cases with eczematoid-like purpura of Doucas & Kapetanakis (2). The good clinical response was achieved in both patients after short PUVA series (total UVA doses: 21.5 resp. 8.5 J/cm^2). In addition, Nozickova & Belobradek described a further patient with Schamberg's disease with excellent result using oral psoralens in combination with UVA, recently (3).

The cause of pigmented purpuric dermatoses (PPD) remains in many cases unknown. In patients with drug-induced PPD lesions generally clear/improve within 1 year (4). Recent immunopathological investigations in view of HLA-DR$^+$, ICAM-1$^+$, CD1$^+$, CD16$^+$, CD36$^+$, Leu-8$^+$ keratinocytes and the constitution of the CD1$^+$, CD3$^+$, CD4$^+$, CD11a$^+$, CD18$^+$, CD25$^+$, HLA-DR$^+$ dermal inflammatory infiltrate in PPD suggest that a cell-mediated immune reaction may be involved in the pathogenesis of this disease (5, unpubl. data). The beneficial therapeutic effect of PUVA in etiologically unclear cases of PPD is probably due to immunosuppression achieved by inhibition o. Langerhans cell activity and/or Langerhans cell/macrophage-lymphocyte interactions in vivo.

REFERENCES

1. Wong WK, Ratnam KV. A report of two cases of pigmented purpuric dermatoses treated with PUVA therapy. Acta Derm Venereol (Stockh) 1991; 71: 68–70.
2. Simon M jr, Hunyadi J. PUVA-Therapie der Ekzematid-artigen Purpura. Akt Dermatol 1986; 12: 100–102.
3. Nozickova M, Belobradek M. Progressive pigmented purpuric dermatosis: Effect of psoralens and ultraviolet A irradiation. Sbor ved Praci (Hradec Kralove) 1989; 32: 45–55.
4. Ratnam KV, Daniel Su WP, Peters MS. Purpura simplex (inflammatory purpura without vasculitis): A clinicopathologic study of 174 cases. J Am Acad Dermatol 1991; 25: 642–647.
5. Simon M jr, Heese A, Götz A. Immunopathological investigations in purpura pigmentosa chronica. Acta Derm Venereol (Stockh) 1989; 69: 101–104.

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In response to the Letter by Miklós Simon

We are delighted that Miklós Simon jr and others have had similar good results treating pigmented purpuric dematoses (PPD) with PUVA. We reported our findings as the first successful PUVA treatment (1) of Schamberg's and Gougerot & Blum types because there had not been any report todate on this, with respect to patients of Asian origin. Furthermore, as Dr Simon states, PUVA treatment for our patient with Gougerot & Blum has not been reported elsewhere.

Ratnam KV (2) has observed that the majority of patients with PPD cleared within one year (including drug induced ones). Hence, a short course of PUVA should be offered to those who have failed to remit after prolonged follow-up.

REFERENCES

1. Wong WK, Ratnam KV. A report of two cases of pigmented purpuric dermatoses treated with PUVA therapy. Acta Derm Venereol (Stockh) 1991; 71: 68–70.
2. Ratnam KV, Daniel Su WP, Peters MS. Purpura simplex (inflammatory purpura without vasculitis): A clinicopathologic study of 174 cases. J Am Acad Dermatol 1991; 25: 642–647.

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