## Severe Idiopathic Recurrent Aphthous Stomatitis: Treatment with Pentoxifylline

Sir,

Some patients with idiopathic recurrent aphthous stomatitis (IRAS) suffer from an intractable and very annoying form of the disease, with new lesions developing before older lesions have healed. In these patients topical therapy is of little value and systemic treatment is indicated (1). Corticosteroids, dapsone, colchicine and thalidomide may suppress disease activity but none of them can produce a cure and all of them are potentially toxic (1). Pentoxifylline (PTX), a drug virtually free of serious side-effects, has been shown to have pronounced anti-inflammatory effects both in vitro (2, 3) and in vivo (4, 5). It was therefore decided to try to treat patients with severe IRAS with PTX.

Three otherwise healthy young adult males with severe and intractable IRAS were treated with a 1-month course of oral PTX 400,0 mg t.i.d. Disease activity was suppressed and gradual but total healing of all the lesions was observed in each one of the patients. Two of the patients were followed up for 2 years and 9 months after completion of the treatment, and they have had no further recurrences since then. The third patient was lost to follow-up. To the best of knowledge (6), this is the first attempt to treat IRAS with PTX. The clinical impression from this preliminary trial is encouraging, since it seems that PTX does not only have a suppressing effect on disease activity but may also induce long-term remissions. Obviously, additional

studies conducted on large numbers of patients are warranted in order to confirm the validity of these findings.

## REFERENCES

- Hutton KP, Rogers RS III. Recurrent aphthous stomatitis. Dermatologic Clinics 1987; 5: 761–768.
- Sullivan GW, Carper HT, Novick ET, et al. Inhibition of the inflammatory action of interleukin I and TNF on neutrophil function by PTX. Infect Immun 1988; 56: 1922–1929.
- Rosenthal LA, Taub DD, Moors AA, et al. Methylxantine-induced inhibition of antigen and superantigen activation of T and B lymphocytes. Immunopharmacology 1992; 24: 203–217.
- Wahba-Yahav AV. Chronic leukocytoclastic vasculitis associated with polycythemia vera: effective control with PTX. J Am Acad Dermatol 1992; 26: 1006–1007.
- Wahba-Yahav AV. Schamberg's pupura: association with persistent hepatitis-B surface antigenemia and treatment with PTX. Cutis 1994; 54: 205–206.
- Samlaska C-P, Winfiled EA, et al. Pentoxifylline. J Am Acad Dermatol 1994; 30: 603–621.

Accepted September 28, 1994.

Asher V. Wahba-Yahav, P.O. Box 721, Mevasseret Zion 90805, Israel.