

Drug-induced Pseudoleucoderma: A Commentary

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Sir,

We read with interest the article by von Bartenwerffer et al. (1) about a deeply tanned patient who exhibited multiple white macules on his skin after self-application of an alleged synthetic alpha melanocyte stimulating hormone (α -MSH) analogue. The names “afamelanotide”, “melanotan” and even “CUV1647” were used by the authors to refer to the substance used by the patient.

Illegal sun-tan products are widely marketed online under the name “melanotan” or “afamelanotide”, or even under the registered trade name “Scenesse®”, despite the fact that several publications and the regulatory authorities have warned the public on the use of such substances (2–4). An internet search using these terms found more than half million hits besides Clinuvel, the only pharmaceutical company licensed to produce afamelanotide (E. Minder, www.google.com, accessed 1 June 2011). In the above-cited work, the authors did not give a detailed description of the product used by the patient, for example, the name of manufacturer, nor did they examine the purity of the applied substance. It is well known that such internet-marketed “drugs” may contain significant amount of impurities that can lead to adverse reactions in patients.

The legally produced pure substance afamelanotide or CUV1647 has been applied effectively to patients with photodermatosis and caused only minor adverse reactions (5–7). To avoid confusion, we recommend limiting the use of the generic names “afamelanotide, CUV1647” and the registered trade name “Scenesse®”

to the legally produced α -MSH analogue, and distinguishing the legal drug from the internet-marketed substances such as “sun-tan jabs” or “melanotan”.

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Reply to the Commentary by E. Minder

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The purpose of this case report was to draw clinicians’ awareness to an additional differential diagnosis in a patient presenting with leucoderma. In clinical practice, patients do not always readily provide all relevant information, for a number of reasons, e.g. embarrassment. Therefore, particular awareness and repeated questioning is often necessary to gather the relevant information for the correct diagnosis, as was

described in this case report. As a matter of course, we were interested in obtaining the material used by the patient; however, the patient had discarded the drug. We would like to emphasize that, comparable to the phenomenon of post-inflammatory hypopigmentation, the pseudoleucoderma was presumably due to a lack of α -MSH activity in eczematous skin and not the result of an adverse reaction.

The correspondance regarding melanotan is now closed.