

the histologic concepts. The vascular changes are very important: the dilated vessels carry leukocytes and erythrocytes to the affected region. As a consequence of the repeated hemorrhages, hemosiderin is phagocytosed by the macrophages, to a lesser degree by endothelial cells, and probably also by plasma cells. Intercellular hemosiderin was not found.

The slightly bowenoid epithelial appearance seen histologically was not verified by electron microscopy. This study confirms the absence of elastic fibres in the infiltrated areas of BCP. A viral origin is rejected.

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Malignant Melanoma Caused by UV-A Suntan Bed?

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Abstract. A 31-year-old female hairdresser who had exposed herself regularly to UVA on a suntan bed for a year developed a malignant melanoma on the left wrist. For 6 years there had been a brown pigmented lesion there which was normally covered by her watch, except when she lay on suntan bed.

Key words: Malignant melanoma; UVA suntan bed

Skin malignancies (carcinomas) in humans are clearly related to UV-light exposure (3) and the expanding business of sun-tan parlors (sun-lamps) has provoked a statement from the AAD (9). The Austrian Dermatological Society has recently published a warning against the use of UV-A light (6).

In Denmark and many other places in Europe tanning booths with relatively high intensity UV-A light have become increasingly popular during recent years. These sun-lamps have been installed in ladies' hairdressers and in special sun-tan saloons.

The light emitted from these lamps is almost entirely UV-A, and only 2-5% or less of the emission is in the UV-B area, thus avoiding a sunburn reaction, irrespective of skin type.

The present case may raise a question of the safety of this unprofessional, cosmetic suntanning.

CASE HISTORY

A 31-year-old female ladies' hairdresser had 15 years earlier had a periorcular eczema (patch tests: negative). In 1977, she underwent curettage of two compound nevi on the left side of the nose.

In 1967 she had a severe sunburn reaction with blister formation on the upper part of the back and breast which has left multiple lentiginos. She has blue eyes, blond hair, and anamnesticly normal tolerance to sunlight.

From December 1979 to April 1980 and from October 1980 to March 1981 she used the UV-A sunbeds installed at her place of work regularly at least once a week. No record was kept of the total exposure time, and the energy in joules cannot be calculated.

Six years earlier she had observed a pigmented lesion under the watch on her left wrist (documented by a color

photograph). The lesion had grown in size to 3×5 mm during the last 4 months and had changed in colour from brown to more black. Satellite lesions were not seen and the regional lymph nodes were not palpable. The lesion was excised with a circumference of 3–4 cm. Microscopic examination showed: melanoma malignum S.S.H. level gr. I–II.

DISCUSSION

Few have advocated the use of these light qualities as being safe (7).

The average annual number of malignant melanomas of the skin among Danish people in that age group and with localization of the tumour on the upper limbs is 0.8 per 100 000, calculated for 1972, but it has definitely increased since then. The incidence of skin malignancies is twice as high for hairdressers as it is for the general population (2). It must be stressed that in the actual case described, the area of the melanoma had not previously been exposed to light, as it was normally covered by the watch except during UV-A exposure.

In fair-skinned people transmission through the epidermis is 10–15% at 300 nm and 50–55% at 400 nm. The transmission is reduced to one-third in heavily pigmented and negroid skin (5).

Theoretically the damage to the skin should occur in the deeper layers, but any pigmented lesion may absorb a greater amount of UV light and thereby accelerate the promotion of pigmented lesions in the skin.

Long-term ultraviolet irradiation of hairless mice has induced elastosis in the connective tissue similar to that found in actinic elastosis in humans (1). PUVA treatment of patients with psoriasis has produced changes in the ultrastructure of elastic tissue in the skin, with fragmentation of the fibres (10).

Earlier reports have not mentioned any increased frequency of malignant melanomas following PUVA treatment (8, 4).

The case presented may have been the result of chance, but it is worth keeping in mind that melanin absorbs within the UV-A spectrum.

It has not yet been possible to evaluate the long-term side effects of these new UV-A suntan beds on the basis of clinical observations.

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Razoxane in the Treatment of Psoriatic Patients Resistant to or Intolerant of PUVA, Methotrexate and Etretnate

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Abstract. Thirty-six psoriatic patients resistant to or intolerant to PUVA, methotrexate and/or etretinate were treated with razoxane (ICRF 159) an EDTA derivative with antimetabolic effects. The drug is highly effective in cutaneous and arthropathic psoriasis. Razoxane is well tolerated and appears to be free of hepatotoxicity. Besides some nausea and lethargy, 60% of the patients showed neutropenia, which can be easily controlled.

Key words: Psoriasis; PUVA; Methotrexate; Etretnate; Razoxane