

RESULTS

In all, 151 galactose tolerance tests and liver biopsies were performed in parallel. We found that 10 patients had liver fibrosis, and 6 had liver cirrhosis at their first comparative investigation. Twelve patients developed liver fibrosis and 17 developed liver cirrhosis during the observation period. The results are presented in Table 1.

Eighteen cases of pathological GTT values (Table 1) were found. No pathological GTT was found in premethotrexate psoriatics.

It is seen that there is a rather close correlation between an abnormal GTT and the finding of an abnormal liver histology. However, most patients with an abnormal liver histology—even cirrhosis—had a normal GTT.

DISCUSSION

The GTT is a measure of the functional reserve of the liver (2). The peroral GTT was introduced in 1906 by Bauer (1) as a diagnostic remedy for liver cirrhosis. In 1952, G. Welin (3) compared the results of GTT and the liver histology in patients with acute hepatitis and liver cirrhosis, mostly of alcoholic origin. Among several liver tests, he found that the GTT was the most sensitive test, being positive in 78% of patients with cirrhosis. Tygstrup (2) recommended an intravenous administration of galactose to increase the sensitivity of the test to almost 100%.

Previously, it was observed that MTX-induced liver fibrosis and even cirrhosis in psoriatic patients was not reflected in abnormal liver function tests, except for transient increases in the SGPT test (SGPT: serum-glutamate-pyruvate-transaminases) (4). In the present consecutive study we found that the GTT is not sensitive enough to reveal abnormalities in the liver histology of MTX-treated psoriatic patients. The GTT is valuable, however, in patients with a pronounced degree of cirrhosis (2, 3). Our results indicate indirectly that MTX-induced liver fibrosis and cirrhosis may be of a rather non-aggressive nature.

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Thalidomide Treatment of Recurrent Erythema multiforme

Friedrich A. Bahmer, Hansotto Zaun
and Peter Luszpinski

*Universitäts-Hautklinik,
D-6650 Homburg (Saar), West Germany*

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Abstract. A case of severe, recurrent erythema multiforme in a 39-year-old man with excellent therapeutic response to thalidomide therapy is reported. The treatment caused the lesions to heal and has prevented recurrence for more than 6 months, up to the time of writing.

Key words: Erythema multiforme; Thalidomide; Treatment

The recurrent form of erythema multiforme, although only rarely life-threatening, may be a very annoying and even disabling disease for the affected patient. As in other forms of erythema multiforme, the cause is unknown, but various agents are considered to be able to trigger its onset (2).

Most cases of erythema multiforme require no therapy, although the more severe forms may benefit from corticosteroid treatment (4).

We report here on a patient who for 6 years suffered from erythema multiforme, with numerous attacks each year. Therapy with thalidomide caused prompt healing of the lesions; maintenance therapy has completely prevented relapses.

CASE REPORT

A now 39-year-old patient experienced, for the first time in 1975, a blistering eruption in his mouth. On clinical and histological examination at our department, the diagnosis of erythema multiforme was made.

During subsequent years, the lesions recurred at short

intervals, involving the lips, the hands and feet as well as the glans penis. Disease-free intervals were of short duration, lasting usually only a few weeks.

The severity of the skin and mucous membrane changes required hospitalization on various occasions. Onset of an attack was stereotypic: after a few days with a flu-like syndrome, blisters appeared on the mucous membranes, followed by typical target lesions on the hands and feet.

Exhaustive laboratory investigations during the attacks and in the symptom-free intervals disclosed no abnormalities apart from a slightly elevated ESR and a discrete leukocytosis with a relative lymphocytosis. All other investigations, such as attempted virus isolation from the lesions and complement fixation tests for numerous viral and bacterial antibodies were repeatedly negative or normal.

Over the last few years, a vast number of therapeutic measures had been employed with no or almost no effect. Treatment included administration of gamma-globulins, vaccination with polio and herpes virus, as well as immunostimulation with corynebacterium parvum, levamisol and others. More conventional therapy included systemic corticosteroids and adrenocorticotropine. No treatment altered the course of the disease or prevented recurrence.

In October 1981, during another attack, our patient was treated with thalidomide (Grünenthal, Stolberg, W-Germany), starting with 200 mg daily. Within a few days, skin and mucous membrane lesions healed and the dose was lowered to 100 mg. With this dose the patient has been completely free of disease since then, despite a flu-like syndrome in January 1982.

COMMENT

The treatment of erythema multiforme is unsatisfactory, especially in its recurrent forms. Corticosteroids may be necessary, although side effects of this therapy have to be weighed against its benefits (4).

Since its introduction to the therapy of leprosy reactions and despite its teratogenic properties (6), thalidomide has provoked renewed interest as an immunomodulating agent in recent years. It has been used with favourable results for the treatment of discoid lupus erythematosus (1) and various other dermatological disorders (5).

As shown in our case, it also appears to be effective in erythema multiforme, although our observation still requires confirmation by other cases treated with this substance.

In view of the potent teratogenic properties of thalidomide, precautions have to be taken to prevent pregnancy if women are being treated with the substance. Another serious side effect of thalidomide to be considered is the peripheral neuropathy seen in some cases (3). Therefore, neurological ex-

amination before and during therapy would seem to be advisable.

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A Rosacea-like Eruption Induced by Tigason (Ro 10-9359) Treatment

Enrico Crivellato

*Department of Dermatology,
University of Trieste, I-34125 Trieste, Italy*

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Abstract. A 67-year-old male patient, with a history of palmar psoriasis for 8 years, developed a rosacea-like eruption during Tigason (Ro-10-9359) treatment. Strict relationship between Tigason intake and skin symptoms was proved by double introduction of the drug and the patient's previous history. This retinoid side effect is very unusual and we are unable to give any explanation for it.

Key words: Rosacea-like eruption; Tigason (Ro-10-9359); Retinoid dermatitis

We were able to observe a rosacea-like eruption in a 67-year-old patient treated with Ro-10-9359 (Tigason, Hoffmann-La Roche) because of his palmar psoriasis.

The case reported here represents a very unusual side effect of retinoid management.