

LETTER TO THE EDITOR

Psoriasis pustulosa Treated with Methotrexate and Leucovorin

Zachariae & Bjerring recently reported that leucovorin rescue was given for psoriasis, with excellent results, 36 hours after 100 mg methotrexate. They assumed that no long-term studies have been presented on this treatment modality (1). We would therefore like to report a case of pustular psoriasis treated for 6 years with methotrexate 15 mg weekly and leukovorin 6 mg i.m. 24 hours later.

Case report. Our patient is a 35-year-old woman. She has been suffering from psoriasis since she was 7, and from severe psoriasis from the age of 17. She was hospitalized for pustular psoriasis in March 1974. Methotrexate 25 mg/week induced remission but also caused anemia and elevated transaminases. Treatment was discontinued. She was later treated with azothioprin, 150 mg/day. She again developed pustular psoriasis after 6 months of this treatment and in December 1974 methotrexate 5 mg \times 3 was given every 12 h once a week, together with prednisone 25 mg/day. Prednisone could be gradually discontinued, but in August 1976 she developed pancytopenia and methotrexate was therefore discontinued and again her pustular psoriasis recurred. Prednisone 30 mg \times 2 gave some improvement temporarily and the dose was again gradually lowered while local treatment and later PUVA were tried, without success. Since January 1977 she has been treated with Methotrexate 15 mg weekly. As the platelet count dropped from 220 000 to 110 000, Leukovorin was introduced, 6 mg i.m. 24 hours after methotrexate. This regimen has kept her in good remission ever since. Liverbiopsy, Feb. 1983, did not reveal any signs of hepatic fibrosis; her bone marrow has tolerated that treatment well.

We conclude that leukovorin rescue may be given 24 hours after methotrexate without interfering with the effect on psoriasis. Our patient did not experience hepatotoxic effects.

REFERENCE

1. Zachariae H, Bjerring P. Methotrexate in psoriasis with and without leucovorin: Effect of different dosage schedules on acute liver toxicity. *Acta Derm Venereol (Stockh)* 1982; 62: 446-448.

Received December 29, 1982

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