

LETTER TO THE EDITOR

Antithrombotic Agents in Necrobiosis lipoidica

We found the report of Beck et al. (1) very interesting, because in our department we have treated 4 patients with the association of dipyridamole and acetylsalicylic acid without success. Two of them, however, accepted to try ticlopidine, a potent antithrombotic agent. It stimulates both prostacyclin and 15 HPETE synthesis in rat macrophages, suggesting actions on both cyclooxygenase and lipoxygenase pathways (2).

Of those two patients the first one was a 27-year-old woman with diabetes mellitus and a 15-year history of necrobiosis lipoidica lesions on her legs. A 5-month treatment with acetylsalicylic acid (1 g/day) plus dipyridamole (225 mg/day) was ineffective. Ticlopidine (500 mg/day) was then introduced. The lesions gradually disappeared and cleared after 8 months. Results of platelet aggregation are shown in Table I.

Our second case was a 14-year-old girl. Like our first patient she had diabetes mellitus and necrobiosis lipoidica lesions on her legs. The lesions showed no change after a duration of 7 weeks for each treatment (acetylsalicylic acid was given at a dose of 0.5 g/day plus dipyridamole 225 mg/day; ticlopidine was given at a dose of 250 mg/day).

Although clearing of the lesions can be due to a spontaneous disappearance in our first case, we cannot exclude that ticlopidine may have a particular effect on prostaglandin metabolism.

REFERENCES

1. Beck HI, Bjerring P, Rasmussen I, Zachariae H, Stenbjerg S. Treatment of necrobiosis lipoidica with low dose acetylsalicylic acid: a randomized double blind trial. *Acta Derm Venereol (Stockh)* 1985; 65: 230-234.
2. Rigaud M. Unpublished results, 1981.

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Table I. *Platelet aggregation (%)*

(a) before treatment, (b) acetylsalicylic acid and dipyridamole treatment, (c) ticlopidine treatment. nd = not done

	a	b	c
ADP	72	60	15
Epinephrine	72	39	67
Arachidonic acid	70	nd	14