

## LETTERS TO THE EDITOR

### Etretinate and Slender Long Bones in Children

*Sir:* During the last five to six years a number of bone changes have been suggested related to the use of etretinate (Tigason®). One of the most serious of these ossification disorders seems to be the development of slender long bones.

Until now slender long bones have been reported in six children (1, 2, 3) and one young adult (4) on long-term treatment with etretinate. Decrease in the width of the shafts of long bones has previously been described in a child treated with excessive Vitamin A (5). In children on long-term treatment with etretinate we found a significant decrease of the total width and marrow cavity of the second left metacarpal bone compared to normal controls (2). This might indicate that bone resorption or osteolysis has accelerated in children treated with etretinate. We suggest that etretinate treatment started in infants and toddlers increases the risk of developing bone changes, because of their immature skeleton.

Although it is too early to state definitely that slender long bones are caused by etretinate, it is recommended that etretinate should only be given to children with severe keratinization disorder and that length of treatment and dosage should be kept as low as possible. Pretreatment radiological examination should also be performed and control X-rays taken during treatment. Scintigraphic examinations might also be helpful.

## REFERENCES

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### Skin Cancer Caused by Grenz Rays

*Sir:* Recently Mortensen & Kjeldsen (1) reported 5 patients with carcinomas following treatment with Grenz rays for benign skin disorders and caution in using Grenz-ray treatment was urged. This is a very important report which, however, deserves some comments. As the authors point out, their results indicate a higher cancer risk than the results reported by Lindelöf & Eklund (2). They assume that different individuals might have differing sensitivity to ionizing radiation with regard to development of cancer. Alternative explanations are that other treatment regimes have been used than that reported in (2). That regimen is as follows: machine factors 10-11 kV, 10 or 20 mA; focus-skin distance 10 or 20 cm; no area of skin should be subjected to more than 100 Gy in a lifetime; fractionated doses (one treatment a week for 4-6 weeks), no more than two treatment courses per year; doses adapted to the skin disease and anatomical area (0.5 Gy