LETTERS TO THE EDITOR

Sexual Dysfunction in a Patient Treated with Etretinate

Sir,

Etretinate (Tigason®) has now been marketed in most European countries for several years. Its efficacy in the control of eruptive and treatment-resistant psoriasis and severe disorders of keratinization is well documented. However, a number of side effects have been reported.

We report a case of erectile dysfunction in a patient treated with etretinate.

The patient was a 37-year-old man with ichthyosis vulgaris. He was treated with etretinate for 6 months with a total dose of 8950 mg and a maintenance dose of 0.64 mg/kg/day. In a retrospective study concerning etretinate and bone changes, we had sent him a detailed questionnaire concerning the following side effects: dry mucous membranes, nose bleed, bone pain, arthralgia, headache, sleep disturbances, fatigue, hair loss, and irritability. Apart from confirming the presence of all these, the patient spontaneously reported to us that the greatest problem during etretinate treatment was erectile dysfunction and mental instability. These changes developed gradually during the first weeks after etretinate treatment, together with the side effects mentioned above.

Although the patient was followed up according to the normal routine at our Department, he had never mentioned anything about his complete lack of erection while being treated. The sexual dysfunction had a severe impact on his marital life.

Clinically the skin improved markedly during treatment, but because of side effects, dose reduction and later discontinuation of etretinate became necessary. Laboratory tests proved normal, except for slightly elevated serum triglycerides and liver biopsy was normal.

After discontinuation of the etretinate therapy, all side effects, including the erectile dysfunction, disappeared gradually.

The fact that the erectile dysfunction arose during the weeks after commencing etretinate therapy and disappeared, together with other well-known side effects, after discontinuation, makes a relation between etretinate and sexual dysfunction seem likely.

Possible endocrine disorders in hypervitaminosis A were reported several years ago (1, 2). In animals treated with retinoids, testicular atrophy with spermatogenetic arrest has been reported (3). Recently, the accumulation of etretinate in endocrine organs, especially the adrenals, has been reported (4).

Sexual disorders can have many causative factors. A further search for endocrine dysfunction and other organic causes was not performed in this case as the patient had no complaints at the time of the investigation, apart from his skin disease which had now returned to a pre-treatment state. Whether or not the psychic changes (sleep disturbances, irritability and mental instability) were primary—or secondary to the erectile dysfunction—cannot be established. There is no doubt however that the sexual dysfunction was closely related to the etretinate treatment.

It is remarkable, though not uncommon, that patients are reluctant to report sexual problems at routine check-up, even if they cause great problems in their daily life. It may therefore be recommended that patients treated with etretinate are specifically questioned about sexual dysfunction.

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Single-point MTX Erythrocyte Levels in Relation to Progressive Liver Fibrosis

Zachariae et al. (1) present their work on single-point MTX erythrocyte levels in relation to progressive liver fibrosis as if it were a clinical testing of a procedure proposed by us in a paper on the same issue (2). This is not so. We proposed the "clinical studies should be performed where erythrocyte folate and erythrocyte MTX are *monitored serially during treatment* and where some of the patients actually develop liver fibrosis" (2). Steady-state MTX erythrocyte concentrations show an extremely wide interindividual and a low intraindividual variation (3, 4). Consequently only changes in individual steady-states during treatment can be expected to render warning or alarm values. Single-point measurements cannot be expected to reveal a critical erythrocyte MTX concentration. As its best, they will show a significantly higher MTX concentration in the combined *group of patients* with progressive hepatic changes. Which is exactly—and predictably—what has been found by Zachariae et al.

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