

LETTERS TO THE EDITOR

Renal Transplantation and Isotretinoin

Sir,

Renal transplant patients are more prone to develop severe acne vulgaris as a result of steroid and cyclosporin treatment (1). Isotretinoin (Roaccutane, Accutane) is commonly used in severe cystic acne. Retinoid treatment in patients who have undergone organ transplantation may be hazardous because retinoids have been shown to increase T cell numbers and augment T cell function as well as affecting the rejection reaction to experimental skin grafts (2-4).

We would like to report a successfully treated case of severe cystic acne in a renal transplant patient. The patient, who is still in remission, 3 years after therapy was discontinued, was a 27-year-old male with chronic renal failure secondary to hydronephrosis and reflux nephropathy. He received a renal graft which function satisfactorily. In September, 1986, cyclosporin 150 mg twice a day and methylprednisone 4 mg every other day were started to prevent a rejection.

After 5 weeks of medication, the patient developed large cystic lesions on the face and the upper trunk. Incisions were made several times and twice under general anesthesia. At the beginning of the acne treatment, oral tetracycline and topical clindamycin were used. There were no abnormalities in RBC, WBC or the differential leucocyte count, when the isotretinoin therapy was started. The serum creatinine level was between 170 and 200 $\mu\text{mol/l}$, cholesterol 4.8 mmol/l , aspartate aminotransferase (ASAT) 19 U/l, alanine aminotransferase (ALAT) 12 U/l.

Isotretinoin was used in two periods: first, 20 mg daily started in April 1987, and lasting about 3 months. Since we noticed no serious side effects, isotretinoin treatment was restarted in November 1987, in a dosage of 20 mg daily, lasting about 6 months. Before restarting isotretinoin, the serum creatinine was 220 $\mu\text{mol/l}$ and no changes appeared

in liver enzymes. Isotretinoin was gradually reduced to a 10 mg daily dosis after 4 months of treatment. Regarding side effects, we noticed only dry skin and irritation of conjunctivas.

In June 1990, 3 years after the isotretinoin therapy was begun, the patient was free from acne lesions, but had numerous scars on the face and upper trunk. The serum creatinine level was about 250 $\mu\text{mol/l}$ and no signs of any side effects of isotretinoin therapy were noticed. To combat rejection, the patient is receiving cyclosporin, 75 mg three times a day.

RBC, WBC and liver function were normal throughout the isotretinoin treatment and the urine albumin test was negative, but the triglyceride level was slightly increased.

We believe that isotretinoin can be safely employed in the treatment of cystic acne in renal transplant patients and we suggest that the therapy should be performed in two periods to ensure there will be no rejection of the graft.

REFERENCES

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