

How Common is Gluten Intolerance among Patients with Psoriasis?

Sir,

Dermatitis herpetiformis is associated with gluten enteropathy and in most patients the skin lesions improve substantially or disappear when a gluten-free diet (GFD) is taken for some time. It is also well known that various other types of skin lesions may occur in patients with malabsorption. Psoriasiform lesions, for example, are seen occasionally and usually disappear when the malabsorption is properly treated.

In the last few years we have also had six patients with moderate to severe psoriasis vulgaris and one patient with severe palmo-plantar pustulosis with durations of 6–37 years and total or almost total clearance of the lesions on a gluten-free diet with no other treatment. Conventional treatment, in four of the seven cases, including methotrexate, retinoids, and retinoids + PUVA for years, had either not resulted in total clearance or had had to be given for unusually long periods.

Only one of the seven patients had a history of loose stools and weight loss. Five patients showed elevated levels of serum IgA antibodies to gliadin with the ELISA technique (1), whereas the two pa-

tients first diagnosed had normal antibodies as demonstrated with older screening methods. Duodenal or jejunal biopsies revealed a flat mucosa in four patients, inflammation in one and no abnormalities in two (one of whom had started a gluten-free diet by mistake a few weeks before the biopsy).

The response to a gluten-free diet has been impressive and the effects have exceeded those of any other previous treatment. Studies are under way to find out whether gluten intolerance is more common among patients with psoriasis than has previously been known.

REFERENCE

1. Grodzinsky E, Hed J, Liedén G, Sjögren F, Ström M. Presence of IgA and IgG anti-gliadin antibodies in healthy adults as measured by micro-ELISA immunoassay. *Int Arch Immunol Clin Allergy* 1990; (in press).

Received September 26, 1990.

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