

Raynaud's Phenomenon and Intralesional Bleomycin

Sir,

Intralesional administration of bleomycin has been shown to be effective in the treatment of recalcitrant warts which have failed to respond to other conventional treatments. We report a patient with recalcitrant warts treated with intralesional administration of bleomycin, followed by persistent Raynaud's phenomenon.

CASE REPORT

A 34-year-old woman had a 3-year history of recalcitrant warts. She had been treated repeatedly with keratolytic therapy and cryosurgery. Warts on the fifth finger of the right hand and second finger of the left hand were each injected intralesionally, a single time, with 0.1 ml of bleomycin. The patient complained of a mild local pain. During the first week after injection blackening developed. After 2 weeks, an eschar had formed on the area of wart resolution.

One month later, she returned relating a typical Raynaud's phenomenon in the treated fingers. The patient denied previous traumatic injury or drug intake, including contraceptives, or tobacco use. There was no personal history of occupational exposure to hazardous chemicals, blood dyscrasia, hypercoagulability, connective tissue disease or cold sensitivity. We tested her by immersing both hands in cold water, and blanching and subsequent violaceous discolouration occurred in the treated fingers. Further physical examination was unremarkable.

Laboratory tests were negative or normal for complete

blood count, erythrocyte sedimentation rate, urinalysis, serum protein electrophoresis, antinuclear antibodies, rheumatoid factor, cryoglobulins, or cold agglutinins. A chest radiograph revealed no cervical rib. Raynaud's phenomenon persisted, limited to the injected fingers, during a follow-up period of 6 months.

COMMENTS

A few cases with persistent Raynaud's phenomenon in bleomycin-injected fingers have been reported (1-3). Most cases were young women with warts on their fingers, and Raynaud's phenomenon appeared after a single time of injection. It was limited to treated fingers, and persisted during follow-up except in one patient that responded to treatment to nifedipine and pentoxifylline (2). The pathogenetic mechanisms of these effects are not known.

REFERENCES

1. Epstein E. Intralesional bleomycin and Raynaud's phenomenon. *J Am Acad Dermatol* 1991; 24: 785-786.
2. Gregg LJ. Intralesional bleomycin and Raynaud's phenomenon. *J Am Acad Dermatol* 1992; 27: 279-280.
3. Snauwaert J, Degreef H. Bleomycin-induced Raynaud's phenomenon and acral sclerosis. *Dermatologica* 1984; 169: 172-174.

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