

## LETTERS TO THE EDITOR

### A Therapeutic Alternative for Managing Cyclosporine- and Retinoid-induced Hypertriglyceridemia

Sir,

Cyclosporine and retinoids are increasingly being used for life-threatening conditions (i.e. both cyclosporine and etretinate for erythrodermic or pustular psoriasis vulgaris), refractory dermatoses (i.e. cyclosporine for pyoderma gangrenosum) and malignancy (i.e. both isotretinoin and etretinate for cutaneous T cell lymphoma). The occurrence of elevated fasting lipids (and specifically hypertriglycerides) in patients with psoriasis receiving systemic cyclosporine therapy has repeatedly been noted (1-5). Similarly, an elevation of serum triglycerides has also been observed in many patients whose dermatologic disorders are being treated with isotretinoin or etretinate (6, 7). Conservative approaches to manage drug-induced hypertriglyceridemia include exercise, modification of the diet and weight loss (8). The medication may need to be discontinued in individuals with persistent or progressive hypertriglyceridemia that is refractory to these initial measures. This would be more than just unfortunate for patients with a severe cutaneous disorder, if other therapeutic alternatives are either unavailable or contraindicated, and tragic for a person whose lymphoma is responding to retinoid therapy.

Recently, the successful management of retinoid-induced hypertriglyceridemia with gemfibrozil was described in a patient with chronic myelogenous leukemia (9). This report also mentions the "...successful normalization of elevated triglycerides in patients with cutaneous T cell lymphoma who were being treated concurrently with recombinant interferon alfa and isotretinoin by adding 600 mg of gemfibrozil (Lopid) orally twice daily..." (9). Gemfibrozil is a well tolerated, fibric acid derivative, lipid-regulating agent. The usual oral dose is 600 mg administered twice daily (approximately a half hour before breakfast and dinner). Conditions preventing therapy with gemfibrozil are few, side effects from the medication are infrequent, and drug interactions are uncommon. Briefly, hepatic or severe renal dysfunction, preexisting gallbladder disease and hypersensitivity to the medication are contraindications to using gemfibrozil; and adverse drug interactions have occurred in patients concurrently receiving either anticoag-

ulants or lovastatin (10). Therefore although the addition of gemfibrozil may not be appropriate for all patients with cyclosporine- or retinoid-induced hypertriglyceridemia, the potential benefits of this medication should be considered prior to discontinuing either cyclosporine or retinoid therapy secondary to drug-induced hypertriglyceridemia.

#### REFERENCES

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Received March 8, 1993.

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