

Calcipotriol or Clobetasol Propionate Occluded with a Hydrocolloid Dressing for Treatment of Nummular Psoriasis

Sir,

Recently it has been reported that occlusive treatment of nummular psoriasis with hydrocolloid dressings together with either group III or IV corticosteroid ointments has been successful. It was considered an easy and rapid procedure and a supplement to other treatments (1, 2). However, relapses occur faster applying this method.

During the last 5 years a new topical antipsoriatic vitamin D₃ analogue, calcipotriol (Daivonex[®], Løvens Kemiske Fabrik, Denmark) has appeared (3). It was, therefore, considered of interest to compare clobetasol propionate (Dermovate[®], Glaxo, UK) with Daivonex[®] occluded with a thin hydrocolloid dressing (Contreet[®], A/S Coloplast, Denmark).

Fifteen patients, 11 men and 4 women, average age 23 years (range 18–48 years) were included in the study. Patients with pruriginous psoriasis or a family history of atopy were excluded due to the well-known irritant side-effects of Daivonex[®] ointment.

The trial was performed single-blind, right/left on symmetric lesions of nummular psoriasis localized to different regions. Ointments were applied to the lesions and covered with hydrocolloid dressings. The treatment procedure lasted for 4 days and was repeated three times, resulting in a total treatment period of 12 days. Standardized photography was performed prior to the trial and after every single change of ointments and dressings. A clinical and photographic follow-up examination was also performed 2 weeks after the treatment period.

Two patients were excluded after the first two periods of treatment (8 days) because of intolerable local irritation from the Daivonex[®] ointment. Thirteen patients completed the trial and at the clinical and photographic assessment, erythema localized to the lesion area was found in 2 women and 1 man. Irritant reactions were only demonstrated in lesions treated with Daivonex[®] ointment. Lesions had disappeared on both sides and the erythematous reaction of Daivonex[®] ointment did not interfere with the treatment effect. Scaling disappeared in all patients, and the skin was found completely smooth. The patients' subjective opinion of the treatment effect corresponded well with the objective assessment.

At the final follow-up examination 2 weeks post treatment, it was not possible in those patients who completed the study

to differentiate between lesions treated with Daivonex[®] or Dermovate[®] ointment occluded with Contreet[®]. The erythematous reaction found in 3 patients at the end of the trial period had completely disappeared.

Previously, it has been reported that no significant difference exists between betamethasone valerate and calcipotriol ointment without occlusion (4). According to the results of the trial, the appearance of lesions seems to be the same in both groups. It was, therefore, concluded that the efficacy of a group IV corticosteroid ointment and calcipotriol ointment combined with hydrocolloid occlusion was equal. Application of calcipotriol occluded with hydrocolloid dressings has the benefit of avoiding steroid side-effects by repeated treatments and appears to be a possible treatment for some patients. Used as a supplement to daily treatment of psoriasis, it may restrict the amount of UV-light necessary for clearance.

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