

# Natural Alpha Interferon in Chronic Actinic Dermatitis

## Report of a Case

Sir,

A 70-year-old man had a severe chronic actinic dermatitis (CAD) on his face, neck and hands for 6 years. Treatment with corticosteroids, methotrexate, vincristine, chloroquine, azathioprine, vitamin B6, triamcinolone, thimopentine, ubidecarenone and danazol was ineffective (1). Eventually, 5 mg/kg/day cyclosporin A (CyA) resulted in almost complete resolution of clinical manifestations for as long as 6 months. In winter months, maintenance was achieved with as low a dose as 3.5 mg/kg/day CyA. Hypertension, however, slowly developed needing treatment, first with an alpha-blocker (doxazosin mesilate) then with a  $\beta$ -blocker (labetalol). In the summer of 1993, the patient became progressively resistant to anti-hypertensive drugs and to CyA. BUN and serum creatinine initial alterations [(28 mg/dl (n.v. 10–25); 1,4 mg/dl (v.n. 0,6–1,4)] discouraged CyA in higher doses. In August the flare-ups had become so severe that one IM injection of 40 mg triamcinolone had to be performed. As no real improvement was achieved, CyA was discontinued and 3 MU IM natural alpha-interferon (IFN) was introduced three times a week. Within 1 month, skin lesions greatly improved, leaving only a red-brown discoloration of the sun-exposed areas. At present, 8 months after IFN onset, the patient has been given 126 MU IFN. He is in good health but for slight inappetence and fatigue, and, now, labetalol controls his hypertension. Only rare and transient episodes of pruritus are reported. The patient refused to undergo MED determination, as it had previously caused his dermatitis to flare up. We do not know, therefore, whether clinical improvement paralleled MED normalization.

## COMMENT

CAD is a severe form of photosensitive eczematous disorder which is difficult to treat. PUVA, azathioprine and CyA have been reported to be effective in several cases. Unfortunately, they may not be used in all patients because of side-effects or, as in our case, their progressive inefficacy.

To our knowledge, treatment of CAD with natural alpha-IFN has not been reported so far, though a case of CAD has been successfully treated with recombinant-alpha-2b-IFN (2). The mechanism of action of IFN in CAD is unknown. It probably down-regulates suppressor T-cells and controls inflammatory mediators, without modifying photosensitivity (2).

## REFERENCES

1. Parodi A, Gallo R, Guarrera M, Rebori A. Cyclosporin A in chronic actinic dermatitis. *J Eur Acad Dermatol Venereol*, in press.
2. Trevisi P, Farina P, Borda G, Passarini G, Bonelli U. Reticuloide attinico: trattamento con interferone alfa-2b ricombinante. *G Ital Dermatol Venereol* 1993; 128: 327–331.

*Accepted June 21, 1994.*

Aurora Parodi, Rosella Gallo, Marcella Guarrera and Alfredo Rebori, Department of Dermatology, University of Genoa, V. le Benedetto XV, n. 7, Genoa, Italy.