Nonsurgical Tx May Aid Hidradenitis Suppurativa

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HOUSTON — Intralesional steroid injections or systemic therapy with tumor necrosis factor–α (TNF-α) inhibitors are two nonsurgical treatments that are well worth considering for hidradenitis suppurativa, Dr. Peter J. Lynch said at a conference on vulvovaginal diseases jointly sponsored by Baylor College of Medicine and the Methodist Hospital.

“Intralesional steroid injections are perfect if the woman has only two or three lesions and they only become active every couple of weeks,” he said in an interview. “It’s easier and less painful than incising, but reactivation is almost certain to occur. It’s almost like first aid—not a definitive approach.”

Dr. Lynch recommended using triamcinolone acetonide at a dose of 10 mg/cc for this treatment.

With a 27- or 30-gauge needle, you can place one- or two-tenths of a cc into a fingertip- or thumb-sized nodule and that will really quiet it down for a couple of weeks at least, maybe a month or two,” said Dr. Lynch, professor and chair of the dermatology department at the University of California, Davis.

Dr. Lynch said systemic therapy with tumor necrosis factor–α (TNF-α) inhibitors is the second nonsurgical treatment about which he recently has become excited. “TNF-α inhibitors seem to be particularly effective for granulomatous type infections and, of course, that’s exactly what’s happening in hidradenitis suppurativa,” he said.

Although use of these drugs for hidradenitis is considered off label, the therapy’s safety record is now good for treating Crohn’s disease, rheumatoid arthritis, psoriasis, and psoriatic arthritis, he said. However, he warned insurance coverage is difficult to get, and the cost is prohibitive at $10,000-$15,000 a year.

Cisplatin Can Be Answer in Allergy To Carboplatin

HOt Springs, Va. — Patients with ovarian cancer who have a hypersensitivity reaction to carboplatin can be successfully treated with cisplatin without a lengthy desensitization procedure, Dr. Megan Callahan said at the annual meeting of the South Atlantic Association of Obstetricians and Gynecologists.

She presented a review of 24 women with ovarian cancer who received cisplatin after an allergic reaction to carboplatin—the largest case series to date.

Carboplatin hypersensitivity is correlated with the number of treatment cycles experienced, said Dr. Callahan of the University of Virginia, Charlottesville. “The cumulative risk increases from 0.92% for less than five cycles to 6.5% for six cycles, and up to 19% for eight cycles,” she said.

Her patients’ reactions occurred at a median of 10 cycles. None of the reactions were life threatening.

All 24 patients were rechallenged with cisplatin in a subsequent treatment cycle. The drug was given at a standard infusion rate over 1.5 hours. None of the patients received desensitization with steroids or antihistamines.

Most (18) were able to tolerate the full number of cisplatin treatment cycles without a hypersensitivity reaction. Of the six who did react to cisplatin, only one did so in the first cycle. The rest were able to tolerate one to six cycles before having a reaction. All of the cisplatin reactions were managed conservatively on an outpatient basis, and none of the reactions were life threatening.

Dr. Callahan’s 24 patients bring the total reported in the literature to 57. Among these patients, only seven had cisplatin reactions; one died. “This results in an 86% success rate for cisplatin rechallenge,” Dr. Callahan said.

Unfortunately, she added, she has been unable to identify any predisposing factors that might predict which patients would react to either drug. “We looked at past medical history, reported allergies, and concurrent medications, and we couldn’t identify anything that would predispose them to a reaction.”

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