Prurigo Pigmentosa Is a Differential In Patients With Hyperpigmentation

BY NANCY WALSH

Vienna — Prurigo pigmentosa should be included in the differential diagnosis of hyperpigmentary disorders among patients worldwide, Dr. Hiroshi Shimizu reported at the 16th Congress of the European Academy of Dermatology and Venereology.

This condition, first described by Dr. Masaji Nagashima in 1971, is characterized by pruritic urticarial papules and papulovesicles arranged in a reticular pattern and distributed symmetrically on the back, neck, and chest. The lesions evolve over the course of several days, leaving behind distinct pigmentation in a netlike, reticular-shaped pattern (J. Dermatol. 1978;5:61-7).

Dr. Shimizu was the first to report prurigo pigmentosa in the major English-language literature; he included in the differential diagnosis of hyperpigmentation among patients worldwide, Dr. Shimizu said. Histopathologic findings in the late pigmented lesion include a predominance of lymphocytes and melanophages and a lichenoid tissue reaction.

The differential diagnosis includes pigmented contact dermatitis, confluent and reticulated papillomatosis, leukocytoclastic vasculitis, and acute lupus erythematosus. In Japan, the gold standard of treatment is minocycline or dapsone, both of which inhibit the migration and function of neutrophils. "Dapsone works somewhat more quickly than minocycline, but its recurrence rate is rather high," Dr. Shimizu said. The usual starting dose of dapsone for adults is 50-75 mg/day, and for minocycline, 200 mg/day. "If one does not work, you can try the other, and if both do not work, your diagnosis may be wrong," he said.

Dr. Shimizu’s patients were asked to diagram their lesions to better detect the new lesion on their back photos, reported Dr. Weinstock, professor of dermatology and community health at Brown University, Providence, R.I., and his associates.

"It’s a very simple intervention, and something that I now do routinely because it works," he said. Making the lesion diagram improved the accuracy of skin self-examinations probably because patients had to really look at their back and do a more thorough job of examining the skin in order to diagram the lesions.

In a separate randomized study that has been accepted for publication, Dr. Weinstock and associates compared a multicomponent intervention designed to get people to do thorough skin self-examinations monthly with a control group of people placed on dietary interventions who also were asked to do monthly skin self-examinations. At baseline there was no difference between groups in the proportion doing thorough skin self-examinations, but at 2, 6, and 12 months after the intervention, significantly more people in the multicomponent intervention group did perform self-examinations, compared with the control group. Participants were recruited from primary care offices.

Significantly more people in the intervention group went out and bought wall mirrors. "As research funding gets tight, I assure you that for my next grant I will figure out who manufactures these mirrors and see if they have some spare cash," he said. The National Institutes of Health funded the study.

The proportion of people who under- went some kind of skin surgery was similar between groups in the 6 months prior to the study. Six months after the intervention, significantly more people in the intervention group had skin surgery, compared with the control group, but that difference disappeared by 12 months after the intervention.

"When you get people to look at their skin, they see all sorts of stuff that they never really noticed before, and they ask their doctor about it," Dr. Weinstock said. That may explain the higher surgery rate after 6 months. Over time, as people become more familiar with what’s on their skin, new surgery is less likely, he speculated.

A 1996 study showed that people who do skin self-examinations are about one third less likely to develop melanoma over a 5-year period and two thirds less likely to develop lethal or advanced melanomas, compared with people who don’t perform skin self-exams. In general, 80%-90% of people don’t do thorough skin self-examinations, he said.

Factors that increase the likelihood of people examining their skin include having a wall mirror, having a partner help with the exam, learning how to do a skin exam with a partner (instead of learning alone), and being advised by a physician to examine one’s skin.

"Just tell them," Dr. Weinstock urged. "There’s a general view among physicians who do a lot of this that patients don’t pay attention to you, but in fact many of them do.”

Plastic Surgeons Warn Against Mesotherapy

BY ALICIA AULT

Patients should avoid injection treatments to dissolve fat—known as mesotherapy or lipolysis—as they are neither safe nor effective, according to a warning from the American Society for Aesthetic Plastic Surgery.

An ASAPS spokesman said the organization issued the warning in the wake of concerns expressed by its membership at the annual meeting.

The bottom line for patients is this: Don’t allow yourself to be injected with an unknown and untested substance," Dr. Foad Nahai, president of ASAPS, said in the statement.

Mesotherapy is not approved by the Food and Drug Administration. First practiced in France in the 1950s, the procedure involves multiple injections into the mesoderm of vitamins, plant extracts, minerals, homeopathic preparations, or traditional pharmaceuticals, depending on the condition targeted. Practitioners claim there are few side effects, mainly burning, swelling and minor irritation.

But dermatologists note that there have been reports of serious infections and severely localized inflammation from mesotherapy.

“The bottom line is, long on hype, short on science,” said Dr. Richard G. Glogau, a dermatologist in private practice in San Francisco.

Dr. Robert A. Weiss of Johns Hopkins University, Baltimore, agreed on the potential dangers, and added, “I certainly worry that my patients that it’s unknown and could lead to the area possibly looking worse.”

The Aesthetic Surgery Education and Research Foundation is seeking Food and Drug Administration approval for a pilot study of lipolysis. In the 20-patient, 46-week placebo-controlled, double-blinded trial, patients will receive sham injections or injections of phosphatidylcholine/sodium deoxycholate, the most popular drug combination for lipolysis, Dr. Alain D. Bard, ASERF president, said in an interview. Evaluations will include histochemical and biochemical data and tissue scans. If the pilot is promising, the ASERF will conduct a multicenter trial, he said.

Stock and his associates photographed patients who do a thorough job of examining the skin in order to diagram the lesions.

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