Metabolic Factors May Link Diabetes, Morphea

BY NANCY WALSH
New York Bureau

ABANO TERME, ITALY — The unexpected finding of increased rates of diabetes in patients with morphea suggests that metabolic factors may be involved in triggering the condition, Dr. Christiane Pfeiffer reported in a poster session at a congress on skin, rheumatism, and autoimmunity.

Several etiologic factors have been reported, though inconsistently, for morphea. Infection, particularly with Borrelia burgdorferi, has been suggested as a trigger, as have vaccination and trauma. But a questionnaire survey of 113 patients seeking care at a university-based dermatology department in Saxonia, Germany, found twice the prevalence of diabetes in patients with morphea, compared with the normal population in the district. (See box.) This finding has not previously been reported for morphea, or cutaneous scleroderma, and the association may involve the effects of nonenzymatic glycosylation of extracellular matrix components in diabetes, she said.

Moreover, obesity was not implicated, because the increase in diabetes was seen even though body mass index was not significantly different in morphea patients than in age- and sex-matched controls, said Dr. Pfeiffer of the department of dermatology, University Hospital, Dresden, Germany.

Analysis of responses to questionnaires filled out by patients also revealed that the number of plaques correlated with the severity of disease and extracutaneous involvement.

In patients with five or more lesions, arthralgias were reported by 23.9% of the patients, myalgias by 15.2%, contractures by 10.9%, and esophageal dysmotility by 6.5%. In those with fewer than five lesions, the same complications were reported by 7.1%, 9.5%, 2.4%, and 2.4% of patients, respectively, she said. High numbers of lesions also correlated with increases in erythrocyte sedimentation rate and C-reactive protein levels. A total of 78% of patients had the plaque variant of morphea, with the rest having the guttate variant, idiopathic atrophoderma of Pasini and Pierini, linear scleroderma, and profound scleroderma. In patients with all variants of morphea, lesions were found on the trunk in 81%, whereas only 8 patients had facial lesions. Overlap syndromes also were reported; 8 patients had morphea and lichen sclerosus et atrophicus; and two had morphea with eosinophilic fasciitis.

“Our data also suggest the existence of variant-specific organ involvement in morphea,” Dr. Pfeiffer said. Arthralgias were reported by 40% of patients with atrophoderma Pasini and Pierini, while linear scleroderma was associated with the presence of antinuclear antibodies, muscular atrophy, and contractures. In patients with profound scleroderma, 45% had myalgia and myositis. There were no increases in Raynaud symptoms, carpal tunnel syndrome, or lung disorders in patients with any of the variants, she said.

Paget’s Patients Develop Resistance to Pamidronate

BY MIRIAM E. TUCKER
Senior Writer

FORT LAUDERDALE, FLA. — Reduced responsiveness to repeat bisphosphonate treatment in patients with Paget’s disease of bone appears to be limited to pamidronate and may not be a problem with the newer, more potent agents now available,” said Dr. Socrates Papapoulos, professor of medicine and director of bone and mineral research at the University of Florida College of Medicine.

For most patients with Paget’s disease of bone, short courses of bisphosphonate treatment typically result in remissions of 2 years or longer, and recurrent episodes usually respond well to a new course of treatment. However, there have been reports of reduced responsiveness on repeat treatment. This so-called acquired resistance is characterized by a decrease in the magnitude of response, a need for higher doses to achieve the same response, and a shorter remission period compared with the initial treatment, he explained.

Previous literature on the subject has been confusing, particularly in the way responsiveness is measured. Some consider fractional decreases in serum alkaline phosphatase (AP) to be indicative of responsiveness, which is not valid because those values will always be lower on retreatment than at baseline, he said, adding that absolute serum AP values must be reported in order to assess the phenomenon of resistance.

To examine this issue, Dr. Papapoulos and his associates reviewed the records of 205 Paget’s disease patients who had received two or more consecutive courses (up to nine courses) of either etidronate, $2,697 for risendronate, and $2,697 for risedronate therapy is recommended for 2 months and characteristically results in a substantial increase in serum AP, he noted. Dr. Papapoulos reviewed the findings of elevated laboratory values and radiographic abnormalities. Bisphosphonates are the standard treatment, said Dr. Omar, of Novartis Pharmaceuticals Corp., East Hanover, N.J., and his associates.

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After the end of the recommended treatment course, patients with the bone disease should be evaluated to determine whether they need a second course.

The number of plaques in morphea, shown here on a patient’s neck, was found to correlate with the severity of disease.