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Combination Therapy (Monomycine and Methyluracil) in Leishmania Cutis

To the Editor:

We read with interest the article of Hossain on combination therapy in leishmaniasis. In this paper he reported the treatment of 50 patients with cutaneous leishmaniasis (CL) with a combination of monomycine and methyluracil. Each patient received a total amount of 7,500,000 U monomycine and 10 g methyluracil. All patients (100%) were cured without scarring after 10 days of treatment. Previous studies have shown that monomycine given parenterally is highly effective against *Leishmania major* in both experimental animals and man.

This drug has shown to be associated with nephrotoxic and ototoxic side effects when given in high dose by parenteral route. As a result of these possible side effects, an alternative route was developed and found curative in the treatment of CL caused by various *Leishmania* strains including *L. major*, *L. tropica*, *L. aethiopica* and *L. mexicana mexicana*. We are still aware of the toxic side effects of monomycine given parenterally and do believe that topical application may either eliminate or reduce these effects.

Comment

The term Leishmania cutis was used by Hossain in his article (Int J Dermatol. 1988;27:720-722) and therefore our title is the same as his was.

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References


Suppression of Lactation by Selenium Disulfide

To the Editor:

The dermatologists use selenium extensively in the anti-seborrheic medications. There is several over-the-counter as well as prescription preparations of selenium but the most popular one is one that contains selenium disulfide. Commercially it is available as a shampoo containing 2.5% of the active principle in a detergent vehicle. Skin sensitization sometimes occurs after use. It is most effective for the treatment of dandruff and seborrhea such as dermatitis caused by *Pityrosporon* species. Therefore, it recently has been used widely for the treatment of tinea versicolor. Even though it is generally considered safe, it can cause dermatitis in people with a dry ichthyotic skin. In our practice in Kerala State, South India, we encountered a hitherto unknown side effect after the topical application of selenium disulfide.

Case Report

A 32-year-old woman complained of multiple, discrete and confluent, well-defined, hypopigmented macules with branny scaling affecting the upper portions of the chest, back, and the sides of the arms and shoulders for 3 months. Few of these lesions on the lateral chest walls were pigmented. A diagnosis of tinea versicolor was made. Because she was breast feeding, she refused to apply an ointment and was advised to apply selenium disulfide suspension one hour before bathing. This was to be done once a week for 3 weeks.

On the second day after the initial application of the medicine, she noticed sudden suppression of lactation and hence returned for advice. It was discontinued for 1 week. Repeat application of the same medicine the next week gave the same result. Suppression of lactation due to local application of selenium disulfide has not been reported in the literature.
It has been shown that selenium inhibits the DNA synthesis of mouse mammary epithelial cells. The mechanism of suppression of lactation in the human, however, is not clear. Therefore, prescribing selenium disulfide for pregnant and lactating women is not advisable.

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Reference

Onychomycosis and AIDS: Treatment with Topical Ciclopirox Olamine

To the Editor:

We treated 10 AIDS patients with onychomycosis with topical ciclopirox olamine. This new antifungal agent belongs to the hydroxypyridone chemical family. The patients applied a 1% ciclopirox olamine cream two or three times a day. Every month, the infected keratin was eliminated by filing the nails. At this time a mycologic examination was done.

Clinically the nails improved after 3 months of treatment (Figs. 1, 2). The direct mycologic examinations of the nails after 1 month of treatment showed that the fungi filaments were black and cut into pieces. The cultures were negative after 2 months of treatment.

Discussion

The treatment of these onychomycosis was difficult for many reasons. First we noted that although these patients took ketoconazole orally periodically during 2-3 weeks for an oral and/or oesophagus candidiasis, it did not stop the development of their onychomycosis. Second, these patients were all taking systemic treatments and it was hazardous to add another one. Third, topical preparations were not active because they did not penetrate the nail keratin. We decided therefore to treat these onychomycosis with topical ciclopirox olamine. It is a new topical antifungal agent which is different from the more familiar and widely used imidazoles. It has the same broad spectrum and has been used for the treatment of many superficial skin mycoses such as candidiasis, tinea versicolor, and infection with most dermatophytes. In addition, this molecule has shown in vitro and in vivo its capacity to penetrate the nail keratin. The results were encouraging, showing that the nails improved clinically and mycologically after 3 months of treatment if the patients applied the cream twice a day and filed their nails every month. It would be interesting to treat more patients to test the efficiency of this topical cream.

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References

Drug Names
Ciclopirox olamine: Loprox
Ketoconazole: Nizoral

Bloom’s Syndrome Registry

To the Editor:

The Bloom’s Syndrome Registry has accumulated genetic and clinical information concerning bona fide instances of Bloom’s syndrome (BS) since the early 1960s. Almost 150 persons with BS have been accessioned to the Registry, probably the vast majority of those ever diagnosed anywhere in the world. Progress reports from the Registry are
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