Treatment of Merkel cell tumour with interferon-α-2b

SIR, Interferons have been used in the treatment of viral papillomas, HIV-associated Kaposi's sarcoma, inflammatory dermatoses and cutaneous tumours.[1] We report a case of a Merkel cell tumour that was treated with interferon-α-2b (IFN).

An 85-year-old man had a subcutaneous mass in his right leg excised in March 1987 and the histology and immunohistochemistry were typical for that of a Merkel cell tumour. Postoperatively he received radiotherapy, but the tumour recurred and in December 1987 a further excision was performed. The patient later returned in March 1988 with a recurrent mass that measured 3×3 cm and following excision, he had a course of superficial radiotherapy. There was a further recurrence along the excision margin in May 1988. He was then treated with IFN (Intron A) receiving 3×10^6 U subcutaneously three times a week. The tumour became softer after 1 month and disappeared after 3 months. Subsequently there has been no recurrence with 1 year of follow up.

Merkel cell tumour is a rare but aggressive form of skin cancer and there is a high rate of recurrence of 35–40% within a year of diagnosis.[2,3] Locally recurrent lesions have been treated with variable success with further excision, amputation, radiation and chemotherapy.[2,3] The advanced age and the poor health of many of the patients preclude the routine use of cytotoxic drug therapy. This case report suggests that IFN may produce a relatively long remission in the treatment of Merkel cell tumour.

Clinique Medicale, J.M.DURAND
CHU Timone, C.WEILLER
Bd J Moulin, M.A.RICHARD
13385 Marseille, I.PORTAL
France M.MONGIN

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Alopecia areata and topical sensitizers: allergic response is necessary, but irritation is not

SIR,We read with interest the letter concerning alopecia areata treated with diphencyprone (DPC)[1] and agree that the elicitation of an allergic reaction after the application of DPC is an integral part of successful treatment. However, confusion can arise when a distinction is not clearly made between irritation and an allergic response. Good therapeutic results are often obtained in the treatment of alopecia areata when low concentrations of an allergen are used and without symptoms and signs of irritation.[2] Treatment with irritants has proved unsuccessful.[3–5] With the 15 patients with alopecia areata who did not respond to DPC[1] the lack of success could be related to the short duration of therapy. A course of therapy lasting 20 weeks is too short for patients treated with topical sensitizers because the response can occur after 10 months[6] or even longer.[7,8] This is even more likely in those patients treated with lower concentrations of the allergen, as we have reported.[2]

Thus the distinction between immunological stimulation and irritation is of importance, the latter being considered non-essential for the induction of hair regrowth. We believe that topical sensitizers can be used successfully in the treatment of patients with alopecia areata without significant symptoms.[9,10]

Clinica Dermatologica dell'Universita di Pavia G.ORECCHIA
P le Golgi, 27100 Pavia, Italy L.PERFETTI

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Hypnotherapy for alopecia areata

SIR, There are anecdotal reports of hypnotherapy helping alopecia areata. We designed a trial to assess the effect of hypnotherapy on patients with extensive alopecia areata.