

Effect of Acitretin on Recalcitrant Warts

KLASİK TEDAVİLERE DİRENÇLİ VERRUKA VULGARIS TEDAVİSİNDE ASITRETİN

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Summary

The efficacy of acitretin treatment was evaluated in 2 patients with multiple recalcitrant warts and psoriatic erythroderma. The daily dose of acitretin was initially 50 mg per day orally. In both patients the warts impressively regressed during the treatment. Almost complete resolution was achieved after 3 months of acitretin therapy, but the termination of the treatment resulted in a total relapse within the following 12 weeks.

Key Words: Verrucae, Acitretin, Retinoids

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Viral warts has a high prevalence in population. Therapeutic alternatives for the treatment of the viral warts may sometimes be difficult if traditional methods of treatment such as electrodesiccation, cryotherapy, topical acid preparations, contact sensitization, or surgical methods have failed. In recent years, some new regiments have been reported to be of value in warts therapy such as interferon, laser, Cimetidine, and oral retinoids. We present two patients with psoriatic erythroderma and recalcitrant warts, who were treated with acitretin.

Case Reports

Case 1: A 22 year-old man with psoriatic erythroderma, had a 10-year history of warts on his hands. Earlier treatments by ointments of salicylic acid and electrodesiccation had been without suc-

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Özet

Çok sayıda inatçı verrukaları ve eritrodermik psöriazisi olan 2 olguda asitretin tedavisinin etkisi değerlendirildi. Tedaviye oral yoldan günde 50 mg asitretin ile başlandı. Tedavi süresince her iki hastanın verrukaları gittikçe geriledi ve 3 aylık tedavinin sonunda hemen hemen tam klinik iyileşmeye ulaşıldı, fakat tedavinin sonlandırılmasından sonraki 12 hafta içinde tüm lezyonlar yeniden oluştu.

Anahtar Kelimeler: Verrukalar, Asitretin, Retinoidler

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cess. Physical examination revealed widespread erythema and scaling on the skin and multiple warts on the dorsal and palmar aspect of the hands (Figure 1A). Treatment was started with acitretin at a dose of 50 mg per day orally. Clinically, the lesions improved rapidly during the treatment. Almost complete resolution was achieved after 3 months of acitretin therapy (Figure 1B). Therapy was discontinued because of development of myalgia. Recurrence of the warts was noticed at 3 weeks after the discontinuation of the therapy, and there was no difference when compared with the initial lesions 12 weeks later.

Case 2: A 24-year-old woman with erythrodermic psoriasis had a 9-year history of warts on the palmar aspect of all fingers. Earlier treatment by ointments of salicylic acid had been without success. The patient had cut her lesions by a scalpel. Within the following weeks troublesome linear hyperkeratotic verrucous lesions developed on the palmar aspect of all fingers; that had not been spontaneously resolved for years. Physical examination revealed widespread erythema and scaling on the skin and extensive linear hyperkeratotic verrucous

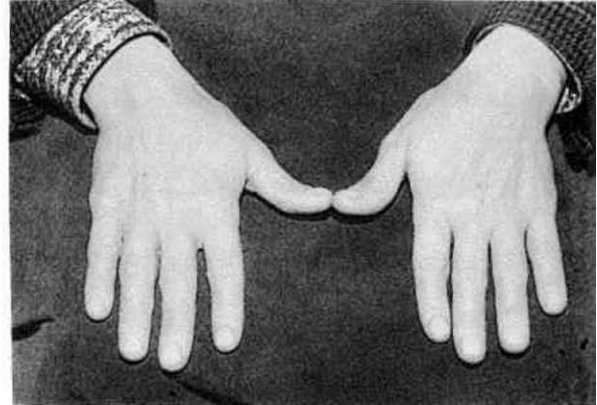
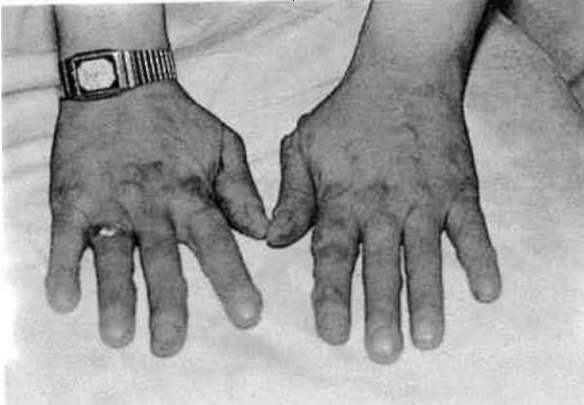


Figure 1. (A) Multiple warts on the hands. (B) Almost complete resolution of the warts after 3 months of acitretin therapy

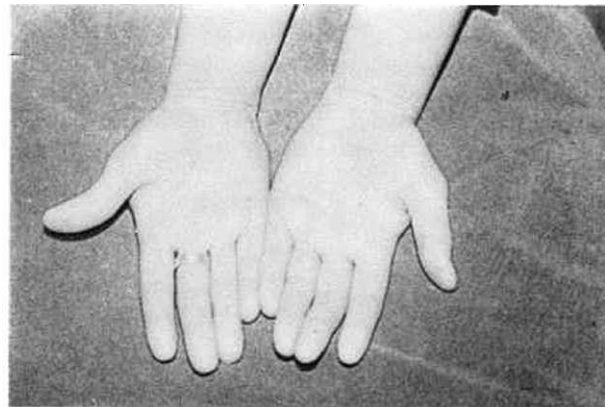


Figure 2. (A) Linear hyperkeratotic verrucous lesions on the palmar aspect of the fingers. (B) Complete resolution after 3 months of acitretin therapy.

lesions on the palmar aspect of all fingers (Figure 2 A). The diagnosis was confirmed histologically. Treatment was started with acitretin at a dose of 50 mg per day orally. The lesions impressively regressed during the treatment. Complete resolution was reached after 3 months of the acitretin therapy (Figure 2B). Following complete resolution of the lesions the dose of acitretin was tapered to 30 mg per day for one month and eventually withdrawn. Recurrence of the lesions was noticed at 4 weeks after discontinuation of the therapy, and there was no difference when compared with the initial lesions 12 weeks later.

Discussion

Retinoids are vitamin A derivatives that also have antiproliferative activities on various epithelial tissues (1). The mode of action of retinoids in

the treatment of warts is unknown, but it does not seem to eliminate the virus, as lesions tend to recur when the dose is reduced (2). The hallmark of human papillomavirus infection is epithelial hyperplasia (3), and retinoids have an endogenous antiproliferative effect through control of epithelial cell differentiation (2). Retinoids also have an immunomodulatory effect (4,5).

As discussed earlier by Jablonska et al. (6) the effect of oral retinoids on papilloma virus-induced warts proved to be totally reversible after the discontinuation of retinoid treatment, which resulted in a total relapse of the cutaneous lesions, and there have been other reports of both virus warts and epidermodysplasia verruciformis treated with retinoids (7,8). Our observations in 2 patients with recalcitrant warts suggest that acitretin therapy led

to a rapid clinical improvement, but discontinuation of the treatment resulted in a total relapse. We would, therefore, suggest that while acitretin has no part to play in the management of simple warts, it may well be of value in the treatment of the patients with multiple recalcitrant warts associated with immunosuppression.

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