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LETTERS TO THE EDITOR

Compliance with Topical Treatment for Bullous Pemphigoid in Patients with a High Level of Dependency for Daily Activities

A Fueyo-Casado, F Vázquez-López, and N Pérez-Oliva
Hospital Universitario Central de Asturias, Universidad de Oviedo, Oviedo, Asturias, Spain

To the Editor

In the April 2006 edition of *Actas Dermo-Sifilográficas*, García-Doval et al[1] published an interesting article on the substitution of systemic corticosteroid therapy with topical corticosteroids in patients with generalized bullous pemphigoid. We would like to congratulate the authors of this article on establishing that treatment with high-potency topical corticosteroids can represent an effective alternative for many of these patients—following the same line taken in other studies published by that hospital and by other work groups.[2] Similarly, we have observed good control of bullous pemphigoid in patients treated solely as outpatients with high-potency topical corticosteroids in recent years. However, we have also observed some failures of this approach in high dependency patients. We believe that, at least in some cases, this failure can occur as a result of social and health care-related factors rather than to the condition itself. In our experience, it is also worth taking these factors into consideration when evaluating the effectiveness of topical treatment in this subgroup of patients. The topical treatment and ongoing home care of high-dependency patients with bullous pemphigoid cause a considerable burden of daily work and concern for their family and carers, and the appropriate level of care cannot always be provided over prolonged periods of time in this environment.

Limiting factors in the family environment of the patient (for example: psychiatric conditions or depression) or in relation to health care (poor cooperation or a limited availability of medical or nursing support from the primary health centre) can have a clear influence on the way that treatment is implemented and on its success or failure in the long term. In our experience, these factors can lead to apparent failures of topical treatment, prompting potentially unnecessary admissions that could perhaps have been avoided through greater insistence on topical treatment at home and more pressure applied on care services for a subgroup of patients in whom the complications of systemic treatment can be especially serious.[3]

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Inflammatory Cutaneous Metastasis as a First Sign of Recurrence of Squamous Cell Carcinoma of the Lung

J Marcoval,[a] MI Gallego,[a] and A Moreno[b]
[a]Servicio de Dermatología and [b]Servicio de Anatomía Patológica, Hospital Universitari de Bellvitge, IDIBELL, Barcelona, Spain

To the Editor

Cutaneous metastasis occurs in between 0.7% and 9% of cancer patients.[1] This is generally considered a rare and delayed phenomenon in the course of most tumors, although in some cases it may be the form in which the cancer presents.[2] Inflammatory cutaneous metastasis or erysipeloid carcinoma is rare and can be difficult to diagnose.

We present the case of a patient with squamous cell carcinoma of the lung who developed inflammatory cutaneous metastasis as a first sign of tumor progression following response to chemotherapy. The patient was a 65-year-old man who consulted for erythematous lesion on the right