To the Editor:

Isotretinoin is a drug that is widely used to treat severe nodular or cystic acne. It can cause serious adverse effects that should be recognized and monitored by clinicians. We report a case of profound thrombocytopenia due to treatment of severe acne with isotretinoin. This case illustrates a serious adverse effect that can occur at any stage of treatment. A review of the literature revealed only 4 studies on this topic.2–5

A 29-year-old Caucasian woman with nodular and cystic acne refractory to other therapies began treatment with 40 mg/d isotretinoin after providing written informed consent. The patient was taking no other medication except oral contraceptives (ethinylestradiol and cyproterone acetate), which she had begun 3 years earlier. The contraceptive medication was maintained. All laboratory test results prior to treatment (including biochemistry and blood counts) were normal.

A month later, the acne had improved significantly and treatment with isotretinoin was well tolerated, except for chilblain. Further biochemistry and blood counts were normal. No other medication was prescribed during this period.

Six months after beginning treatment, the patient visited our department due to spontaneous vaginal bleeding that had begun 10 days earlier and was not related to menstruation. A petechial exanthema was visible on the torso and limbs. A

References


Temporary Thrombocytopenia Probably Induced by Isotretinoin

P. Coto-Segura, C. Galache, J. Santos-Juanes, S. Mallo-García, and J.R. Curto-Iglesias

To the Editor:

Isotretinoin is a drug that is widely used to treat severe nodular or cystic acne.1 It can cause serious adverse effects that should be recognized and monitored by clinicians. We report a case of profound thrombocytopenia due to treatment of severe acne with isotretinoin. This case illustrates a serious adverse effect that can occur at any stage of treatment. A review of the literature revealed only 4 studies on this topic.2–5

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A month later, the acne had improved significantly and treatment with isotretinoin was well tolerated, except for chilblain. Further biochemistry and blood counts were normal. No other medication was prescribed during this period.

Six months after beginning treatment, the patient visited our department due to spontaneous vaginal bleeding that had begun 10 days earlier and was not related to menstruation. A petechial exanthema was visible on the torso and limbs. A
blood count at this time revealed a platelet count of $41 \times 10^3 \text{mm}^3$. Isotretinoin therapy was suspended and new treatment was instated with 100 mg/d prednisone; oral contraceptive medication was maintained. After 9 days, the platelet count had returned to normal ($179 \times 10^3 \text{mm}^3$) and prednisone was suspended. The Coombs test and tests for antinuclear antibodies, anticardiolipin, human immunodeficiency virus, hepatitis B and hepatitis C virus, rheumatoid factor, antistreptolysin O, and antiplatelet antibodies were negative. The platelet count remained normal 18 months later.

Isotretinoin has been shown to cause a long list of secondary effects, including thrombocytopenia, of which only 4 cases have been previously reported.\textsuperscript{1-4} The test for antiplatelet antibodies is usually positive in thrombocytopenia induced by isotretinoin.\textsuperscript{6} This test was negative in our patient, suggesting that the process was mediated by nonimmunologic mechanisms. We cannot rule out the implication of the oral contraceptives in this case, though we believe it to be improbable.

**References**


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**Giant Blister Due to Cutaneous Larva Migrans**

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**To the Editor:**

In recent years, the prevalence of exotic imported parasitic diseases has risen considerably within Europe due to tourism and migrational movements. Most of these diseases are characterized by cutaneous lesions; cutaneous larva migrans (CLM) is particularly common.\textsuperscript{1}

A 26-year-old man with no relevant history came urgently to our clinic due to a pruritic skin lesion on the sole of the right foot from 7 days previously, with no history of prior injury. He reported no general malaise or other systemic manifestations.

The physical examination revealed an inflamed, serpentine lesion with papules and vesicles, located on the inner side of the right foot (Figure 1), that rapidly progressed to form a giant blister that hindered walking (Figure 2).

**Figure 1.** Serpentine lesion with papules and vesicles located on the inner side of the right foot.

**Figure 2.** Giant blister on the right foot.

Additional tests included a complete laboratory workup and chest radiograph that showed no significant abnormalities. The clinical diagnosis was CLM and treatment was started with albendazole 200 mg every 12 hours for 5 days. The patient recovered completely and the lesions gradually disappeared over 10 days.

CLM is a parasitosis caused by penetration and migration of nematode larvae through the skin. At present, these larvae are usually acquired in tropical regions with warm, humid climates, and the most important etiologic agent is *Ancylostoma braziliense*, although *A caninum* and *Uncinaria stenocephala*\textsuperscript{2,3} are other species implicated. Humans are an inappropriate host for these parasites and, therefore, only experience cutaneous lesions (the larva remains in the skin without completing its life cycle, as it is unable to cross the basement membrane due to a lack of the necessary enzymes).