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Original Article

# Treatment of Schamberg's disease with pentoxifylline - therapeutic trial

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**Abstract** Thirty patients with Schamberg's disease were started on pentoxifylline (400 mg three times daily) for a period of 9 weeks. Improvement was assessed at 3 weekly intervals by two observers independently and graded as mild (<25%), moderate (25-50%) and marked (>50%). Marked improvement was observed in 15/30 (50%) patients. We conclude that pentoxifylline should be considered as first line therapy in all patients with Schamberg's disease.

***Keywords***
Schamberg's disease, pentoxifylline

## Introduction

Schamberg's disease (progressive pigmented purpuric dermatoses) is a capillaritis of unknown etiology characterized by orange to fawn-colored macules and plaques usually localized to the lower limbs.[1] Characteristic 'cayenne pepper' spots due to hemosiderin deposition in the skin are seen at the periphery of the lesions.[1] Histopathology consists of a superficial lymphocytic perivascular inflammation with increased capillaries and siderophages in the upper dermis.[2] The disease follows a chronic course with spontaneous clearance in a few cases. Treatment modalities which have been used include topical and systemic corticosteroids, vitamin C and topical and systemic anti-inflammatory agents. Pentoxifylline, a methylxanthine derivatice, has been used successfully in treatment of various types of vasculitides, specially leucocytoclastic vasculitis. A report of its successful use in Schamberg's disease' prompted us to conduct a larger trial. Pentoxifylline is well absorbed orally but undergoes extensive first-pass metabolism in the liver before being excreted in the urine. Peak plasma levels occur within 2 hours, and the half-life is 4 to 6 hours.

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## Patients and methods

Thirty patients presenting with characteristic lesions of Schamberg's disease confirmed on histopathology were included in the trial. Pentoxifylline was started in a dose of 400 mg three times daily. No other topical or systemic treatment was given during the study period. Response to treatment was assessed independently by two observers at 3 week intervals and graded as percentage of clearance of lesions. Improvement was graded as mild (<25%), moderate (25-50%) and marked (>50%).

## Results

The improvement as assessed by two different observers at 3 weekly intervals is