LETTERS TO THE EDITOR

Methotrexate for refractory Hailey-Hailey disease

Editor

We would like to report the use of methotrexate to treat a female patient with refractory, long standing Hailey-Hailey disease (HHD). To our knowledge, this is only the second case report of methotrexate being used to treat this disease¹.

A 42-year-old woman presented to us with active skin lesions affecting both axillae, groins and lateral aspect of neck (Fig. 1) that had an ondulant course, with acute exacerbations and partial remissions for 10 years. A positive family history was present. Skin biopsy confirmed the clinical diagnosis of Hailey-Hailey disease (Fig. 2). Previous treatments included mainly topical corticosteroids, and topical and oral courses of antibiotics and antifungals. Considering disease extension and also standard treatment failure, we decided to start oral methotrexate, 15 mg per week. Lesions started to improve and were nearly clear 1 month later, leaving postinflammatory hyperpigmentation (Fig. 3). Methotrexate was tapered and finally stopped 2 months later. She remained asymptomatic since then with 2 years follow-up and topical preparation of betamethasone/fucidic acid is sufficient to abort discrete developing lesions.

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Reference

1 Fairris GM, White JE, Leppard BJ, Goodwin PG. Methotrexate for intractable benign familial chronic pemphigus. Br J Dermatol 1986; 115:

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Figure 1 Microvesicules and crusts in the base of the neck.

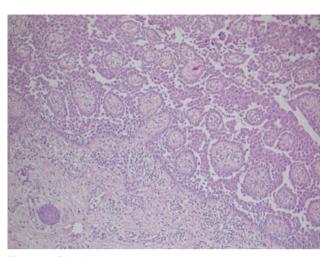


Figure 2 Full-thickness acantholysis.



Figure 3 Post-inflammatory hyperpigmentation.

Severe palmar-plantar erytrodysesthesia after treatment with capecitabine

Editor

A 49-year-old woman was diagnosed of an invasive ductal carcinoma in 1999 and was treated with total mastectomy. She received six courses of a combination chemotherapy containing epirubicin, 5-fluoracil and cyclophosphamide plus tamoxifen for 5 years. In December 2007, she was diagnosed with metastatic disease consisting of liver metastasis and she was given six courses of