BISTRIMATE* (SODIUM BISMUTH TRIGLYCOLLAMATE)
ADMINISTERED BY MOUTH IN THE TREATMENT OF
CHRONIC DISCOID LUPUS ERYTHEMATOSUS**

PRELIMINARY REPORT

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Bismuth is widely employed in the treatment of lupus erythematosus and is generally accepted as a valuable agent in the management of this disease. Following reports (1) of the high therapeutic efficiency and relatively low toxicity of Bistrimate, and because of the ease of administration, the present study was undertaken.

PHARMACOLOGY

Each tablet of Bistrimate contains 410 mg. of sodium bismuth triglycollamate equivalent to 75 mg. of metallic bismuth. It occurs as a white powder which dissolves readily in water to give a solution which is approximately neutral in reaction. It is adequately absorbed from the gastrointestinal tract with relatively little local irritation and is rapidly and completely excreted in the urine (2, 3).

CLINICAL STUDIES

Sodium bismuth triglycollamate was administered three times daily in doses of 1 tablet after each meal for the first three days and two tablets after each meal thereafter. The present report deals with a series of thirty unselected cases of lupus erythematosus treated for periods ranging from 4 to 26 weeks. No additional form of therapy was used during the period of study. Of the thirty subjects, varying in age between 23 and 62, eighteen were white females, two colored females and ten white males. Eight had the disease for 6 months or under; eleven, between 6 months and 2 years; and eleven, for periods of time between two and twenty-five years. All of the twenty two cases, having the disease for 6 months or over, had previously received varying numbers of intramuscular injections of a preparation of bismuth in oil with equivocal results. Twenty two of the cases were classified as chronic discoid in type; two seborrheic in type; four chronic disseminated discoid; and one each telangiectatic and sub-acute disseminated lupus erythematosus.

The response to treatment was considered good to excellent if the cutaneous manifestations either disappeared completely or almost completely. Otherwise the response was graded 'fair' or 'poor.' Of the eight patients who had the disease for 6 mo. or under, in five the results were rated good to excellent; and in three fair to good. Of the remaining twenty two, eleven had good to excellent results; six fair to good; and in five the results were poor or lacking. The one sub-acute disseminated case improved under therapy and then relapsed when therapy was discontinued because of a toxic reaction (see below). Additional relapses are anticipated but none have been observed up to the present time.

TOXIC REACTIONS

A bismuth line, mild gastro-intestinal upsets, and mild headache, observed with some frequency, were not considered contraindications to continuation of therapy. Two patients, including the aforementioned sub-acute disseminated case, presented a stomatitis

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* Bistrimate Tablets for this study were kindly supplied by Carroll Dunham Smith Pharmacal Company, New Brunswick, New Jersey.
** From The New York Skin and Cancer Unit, Department of Dermatology and Syphilology of the New York Post Graduate Medical School and Hospital, Dr. Marion B. Sulzberger, Director.
with trigeminal neuralgia severe enough to warrant cessation of therapy. Two others developed a severe stomatitis but tolerated reduced doses of the drug. One subject complained of muscular pains in all four extremities, and after a rest period of two weeks, resumed treatment without untoward effect.

Repeated urine examinations failed to reveal any evidence of renal irritation.

Complete blood counts were made prior to initiation of therapy and every two weeks thereafter during the period of treatment. A transient leukopenia was observed in three patients but the blood pictures returned to normal in spite of continuation of therapy.

**DISCUSSION**

Thirty unselected cases of lupus erythematosus were treated with oral administrations of sodium bismuth triglycollamate (Bistrimate). Twenty two of the patients had previously been treated with bismuth by intramuscular injection. Results were rated good to excellent in sixteen subjects, fair to good in nine, and poor to lacking in five. In only two cases was it considered advisable to discontinue the drug because of a toxic reaction (severe stomatitis with trigeminal neuralgia in each case).

**CONCLUSIONS**

Sodium bismuth triglycollamate (Bistrimate) by mouth is at least as effective as parenteral bismuth therapy in the treatment of chronic discoid lupus erythematosus. Failure to respond to parenteral bismuth therapy is not a contraindication to Bistrimate therapy. Treatment with Bistrimate, in doses of 1–2 tablets (75–150 mg. of metallic bismuth) three times daily for as long as 26 weeks appears to be a relatively safe procedure. Ease of administration, relative safety and relative efficacy would appear to make Bistrimate therapy the treatment to be tried first in chronic discoid lupus erythematosus.

**REFERENCES**

1. A. C. DeGraff and Associates, Department of Therapeutics, New York University College of Medicine and the Third (New York University) Division of Bellevue Hospital.