TREATMENT OF SUBACUTE AND CHRONIC DISCOID LUPUS ERYTHEMATOSUS WITH INTENSIVE CALCIUM PANTOTHENATE THERAPY*

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During the course of experimental work on acquired hypotrichosis and canities, it was noted that in discoid lupus erythematosus of the scalp there was improvement of the inflammatory phase of the disease associated with calcium pantothenate therapy. Following this, a series of patients with subacute and localized and disseminated discoid lupus erythematosus was studied with oral calcium pantothenate. The dosage originally was 200-250 mgs., but at present 400 mgs. are given daily. No additional therapy was used except a bland covering paste. Several of the patients had prior therapy with sodium paramino-benzoate (Na-PAB). In some instances calcium pantothenate therapy was discontinued deliberately for periods of 4 to 6 weeks in order to determine the effect of omission of therapy. In two of the patients calcium lactate was substituted for calcium pantothenate therapy without response. To date, 14 patients have been treated. There were no reactions to the therapy, unlike the newer chemotherapeutic agents, including Na-PAB (hematopoetic changes), used in the therapy of lupus erythematosus. As might be expected the subacute types showed the most marked response. Three cases of the discoid type required phenol cauterization of the active border. Only one patient of the discoid group developed new lesions under therapy.

No intravenous calcium pantothenate therapy was used. No cases of active acute disseminated forms were treated in the present series. Treatment of this group will be deferred until a more detailed picture of intensive calcium pantothenate can be obtained. The capriciousness of the response to therapy of discoid lupus erythematosus is well known and should be considered in the critical evaluation of any new therapeutic agent offered.

CONCLUSIONS

Preliminary results in individuals with subacute and localized and disseminated discoid lupus erythematosus showed significant improvement under massive calcium pantothenate therapy. Further trials with this seem indicated since this agent is perhaps the most innocuous of the chemotherapeutic agents suggested for prolonged therapy in this disease.

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