Correspondence

A single application of bifonazole 1% lotion in pityriasis versicolor

SIR, The successful treatment of pityriasis versicolor depends on delivering an effective concentration of antifungal agent to all areas affected by the infection, which is frequently extensive. The present choices of therapy rest between tropically applied selenium sulphide or sodium thiosulphate lotions, topical azoles usually in cream form, and oral ketoconazole. All have potential disadvantages either in terms of efficacy, toxicity or difficulty of application. The latter is often the critical factor as the outcome of treatment depends ultimately on the patient's use of the medication.

For this reason we have studied the value of a single application of 1% bifonazole lotion in patients with pityriasis versicolor (30 patients with 47 body sites of infection) compared to daily treatment with 1% bifonazole for 14 days (31 patients with 50 body sites infected). Both groups were assessed clinically and mycologically before treatment, 4 weeks after the start of therapy, and again 6 weeks later. The numbers of sites clinically and mycologically free from infection in patients receiving a single application 1% bifonazole examined 4 and 10 weeks after the start of treatment were 20 (46%) and 28 (60%) sites, respectively. Eight sites which were not clear at Week 4 had cleared by Week 10 without further therapy. The corresponding figures for the 14-day regime were 42 (84%) and 46 (92%) sites, at 4 and 10 weeks, respectively.

While the obvious conclusion of this study is that 14 days of treatment with bifonazole 1% was superior to a single application, the more important point is that a single application cleared a significant percentage (60%) of those treated. This is a similar finding to the observations reported by Del Palacio Hernanz and colleagues (this issue) and reinforces the view that it is possible to devise topical regimes for treatment of pityriasis versicolor which stand a greater chance of success because of the simplicity of application by using highly active antifungals such as bifonazole.

It is clearly worth extending these studies to compare bifonazole with other agents; it would also be important to examine the value of a different vehicle. The base used in this study was a clear spirit-based lotion which is not ideal for applying over a wide area, and it is possible that a shampoo or emulsifying lotion containing the same concentration of the drug might produce a more effective response, particularly when attempting to clear the infection with a single application.

> R.J. HAY B. Adriaans G. Midgley J.S.C. English C.B. Zachary

United Medical and Dental Schools of Guy's and St. Thomas's Hospitals, The Institute of Dermatology, 5, Lisle Street, London WC2H 7BJ, UK.

Post-irradiation digitate keratoses

SIR, We were struck by the similarity of Dr Burns' recently published case of 'Post-irradiation digitate keratoses'1 to two cases which we presented at the Royal Society of Medicine Section of Dermatology (Clinicopathological Meeting on 19 December 1985) and one case presented by Drs R.C.D. Staughton and R.B. Mallett (20 February 1986). The first two patients developed profuse eruptions of minute, fine accuminate keratoses confined to the skin of the right chest wall, which had recently been treated with post-mastectomy adjuvant megavoltage radiotherapy for breast carcinoma; both patients were female and aged 72 and 37, respectively. The third patient was also female, aged 52, and developed almost identical lesions over the chest skin which she had previously exposed to a great deal of Mediterranean sun. A fourth patient (aged 53) with a similar eruption following adjuvant post-mastectomy radiotherapy was referred to this department last year.

Biopsies from all four patients showed very similar histological appearances, with conical keratoses consisting of closely packed keratin with patchy parakeratosis arising from acanthotic epidermal depressions, some of which were hypergranular. All four patients had mildly atrophic epidermis between the keratoses, and the three patients who had received radiotherapy also showed mild dermal features of radiodermatitis. Electron microscopical examination of one post-irradiation case showed This document is a scanned copy of a printed document. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material.