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TOPICAL TREATMENT  
OF DERMATITIS HERPETIFORMIS WITH  
BETAMETHASONE-17-VALERATE  
AND FLUOCINOLONE ACETONIDE

By

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The treatment of dermatitis herpetiformis with sulfapyridine and sulfones has disadvantages. Some patients become resistant to the treatment and high doses must often be used. These may give toxic reactions, *i. e.* haemolytic anemia of the sulfones.

The intention of this study was therefore to find an alternative to the used treatment. A topical treatment might be suitable especially in the common localized types of the disease. Hydrocortisone and earlier steroid preparations generally had no effect on the dermatitis herpetiformis, either used topically or systemically with moderate doses. However fluocinolone acetonide under occlusive bandage was shown by us to have a beneficial effect on the disease (*Björnberg & Hellgren 1964*).

Referring to our previous experiences with betamethasone-17-valerate in different inflammatory dermatosis, we presumed that this new potent steroid might have a beneficial effect on dermatitis herpetiformis and a double blind investigation was therefore performed in comparison with fluocinolone acetonide.

METHODS

The investigation was performed on 10 men and 10 women aged ten to sixty-six years. All of them had a clinically typical dermatitis herpetiformis, proved by biopsy. Double blind technique was used. For each patient two symmetrical

areas of identical morphological appearance were chosen for the comparison between fluocinolone acetonide ointment (Synalar® 0.025 per cent) and betamethasone-17-valerate ointment (Celestona Valerate® 0.1 per cent). The areas to be treated were selected randomly. The ointments were packed in identical packages, marked with a code number, unknown to doctor and patient. The ointments were rubbed into the skin lesions twice daily, equally on both sides and were covered with a gauze bandage but no occlusive treatment was used. The period of treatment was 14 days.

The morphology of the dermatitis herpetiformis lesions was characterized by an index scale: 0 = no skin lesions; 1 = erythema; 3 = erythema, papules, minimal vesicles; 5 = erythema, extensive vesicles; 6 = bullae; 2 and 4 intermediate stages. The initial state of the skin lesions and the final state at the end of the treatment period were described according to this index scale and the numerical values were used in the evaluation of the clinical effect. The Sign test was used in the statistical analysis. The level of significance was 95 per cent, double sided interval.

#### THE SIGN TEST

A plus sign indicates that betamethasone-17-valerate has a better therapeutic effect than fluocinolone acetonide, a minus sign means the reverse and a zero that no differences could be shown between the two preparations. The sign distribution was 4 plus, 3 minus and 13 zeros. The difference was not significant.

No significant difference in the therapeutic effect was found between fluocinolone acetonide and betamethasone-17-valerate used without occlusive bandage. Both preparations were effective in spite of the fact that no occlusive technique were used. They are a valuable complement to the oral treatment of dermatitis herpetiformis.

#### SUMMARY

In a double blind study on 20 patients with dermatitis herpetiformis, it was shown that fluocinolone acetonide ointment and betamethasone-17-valerate ointment used without occlusion had an equally good therapeutic effect.

#### REFERENCES

- Björnberg, Alf & Hellgren, Lars: Traitement occlusif des Dermatitis Herpétiformis, des Affections Pemfigoïdes et du Pemfigus vulgaire par l'acétone fluocinolone. Acta Allergol. 19, 421-426, 1964.*

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