Original Article

Treatment of Schamberg’s disease with pentoxifylline - therapeutic trial

Rostami Mogaddam Majid

Department of Dermatology, Ardebil university of Medical Sciences, Iran.

Abstract

Thirty patients with Schamberg's disease were started on pentoxifylline (400 mg three times daily) for a period of 9 weeks. Improvement was assessed at 3 weekly intervals by two observers independently and graded as mild (<25%), moderate (25-50%) and marked (>50%). Marked improvement was observed in 15/30 (50%) patients. We conclude that pentoxifylline should be considered as first line therapy in all patients with Schamberg's disease.

Keywords

Schamberg’s disease, pentoxifylline

Introduction

Schamberg's disease (progressive pigmented purpuric dermatoses) is a capillaritis of unknown etiology characterized by orange to fawn-colored macules and plaques usually localized to the lower limbs.1 Characteristic 'cayenne pepper' spots due to hemosiderin deposition in the skin are seen at the periphery of the lesions.1 Histopathology consists of a superficial lymphocytic perivascular inflammation with increased capillaries and siderophages in the upper dermis.2 The disease follows a chronic course with spontaneous clearance in a few cases. Treatment modalities which have been used include topical and systemic corticosteroids, vitamin C and topical and systemic anti-inflammatory agents. Pentoxifylline, a methylxanthine derivateice, has been used successfully in treatment of various types of vasculitides, specially leucocytoclastic vasculitis. A report of its successful use in Schamberg's disease’ prompted us to conduct a larger trial. Pentoxifylline is well absorbed orally but undergoes extensive first-pass metabolism in the liver before being excreted in the urine. Peak plasma levels occur within 2 hours, and the half-life is 4 to 6 hours.

Patients and methods

Thirty patients presenting with characteristic lesions of Schamberg's disease confirmed on histopathology were included in the trial. Pentoxifylline was started in a dose of 400 mg three times daily. No other topical or systemic treatment was given during the study period. Response to treatment was assessed independently by two observers at 3 week intervals and graded as percentage of clearance of lesions. Improvement was graded as mild (<25%), moderate (25-50%) and marked (>50%).

Results

The improvement as assessed by two different observers at 3 weekly intervals is