

Scintigraphy with Tc 99 showed also a hypercaptionation area in the high median cervical region.

The cytological examination with fine-needle aspiration showed the benign nature of the nodule.

For the ablative purpose of thyroid residue, 30 mCi of ¹³¹I was administered.

After such treatment, haematological values returned normal, with clear reduction of TrAb (315 U/L; range, 166 U/L).

Cutaneous and ocular lesions became stable, and the symptoms of hyperthyroidism disappeared.

The pretibial myxedema is related to an accumulation of mucin in the derm, as a result of an increase of its synthesis from fibroblasts.

According to the most qualified hypothesis, this increase of synthesis of proteoglycans is caused by the same TRAb, typical of Graves disease. In about half of the cases, myxedema occurs during the acute phase of thyrotoxicosis.⁷

In our case, the pretibial myxedema had appeared 1 year after partial thyroidectomy, and it had reached stability after administration of 30 mCi of ¹³¹I for the ablative purpose of the residual thyroid.

Because the cutaneous mucinosis is associated to numerous systemic manifestations, an accurate diagnosis by the clinical dermatologist is important for awareness and appropriate management.

The interest in our case report is in the rarity of the appearance of pretibial myxedema associated with Basedow's disease (2–3% of patients),¹ usually more frequent in hypothyroidism; this clinical event is much rarer in the case of ectopic thyroid nodule on thyroglossal duct because to the best of our knowledge, it has been reported only in one other case in literature.⁸

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The role of immune serological parameters and allergological tests in psoriasis

Editor

The etiopathogenesis of psoriasis is still unknown.¹

Many studies show that plasma levels of total IgE are elevated, correlating with clinical skin severity of dermatitis.² A recent study showed a high level of serum IgE in psoriatic erythroderma compared with psoriasis vulgaris, suggesting that in psoriasis, the Th1/Th2 cell imbalance may be switched from Th1 to Th2 dominant.³ Serum hyper-IgE is Th2 cell dominated; thus, it is of interest to investigate the serum IgE level in psoriasis.

Some studies found not only an elevation of total IgE serum levels in psoriatics but also an increase of the eosinophil cationic protein (ECP),⁴ a protein released from activated eosinophil granulocytes that is considered a useful marker of skin diseases activity.⁵

To investigate possible immunological defects in psoriasis, we evaluated the serum level of immunoglobulins (IgA, IgM, IgG, IgE), ECP (NV < 20 µg/L) and the total number of eosinophils in 55 psoriatic patients (29 male/26 female; mean age, 51 ± 8 year) with a Psoriasis Area and Severity Index (PASI) of 11 ± 7 and in 65 healthy controls matched for sex and age. None of the subjects had a history of allergy. Fifty-seven per cent of patients were currently smokers. Exclusion criteria were active lesions on the back or immunosuppressive therapy. Each subject underwent PRICK, PATCH (nickel, chrome, cobalt) and RAST tests (milk, tomato, β-lactoglobulin, α-lactoalbumin, egg yolk, egg white, fish, peanuts, inhalants) to check possible allergies.

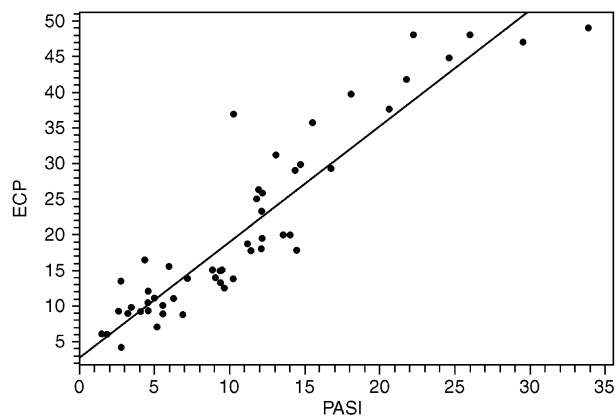


fig. 1 Scatter plot representing the values of PASI and ECP. Line is line of identity. There is a significant correlation between ECP and PASI according to the Pearson test.

The study was done in accordance with the Declaration of Helsinki, and all patients and controls gave written informed consent to participate to the study.

Differences in mean values between patients and controls were analysed using Student's *t*-test ($P < 0.05$). Pearson correlation coefficient was used to evaluate a linear correlation between ECP and PASI.

We found significant higher levels of IgE (27% vs. 4%, $P < 0.001$) and of ECP (20.5 µg/L vs. 8 µg/L, $P < 0.01$) in psoriatic patients compared with controls. Patients with increased IgE concentrations showed also high levels of ECP.

A significant linear correlation between serum ECP levels and disease activity (PASI) with a Pearson value of 0.924 ($P < 0.0001$) was found (fig. 1).

None of psoriatics or controls were positive at the PRICK test.

Seven per cent (4 of 55) of psoriatic patients showed a PATCH test positivity: 2 for nickel and 2 for chrome. None of the controls resulted positive.

Eighteen per cent (10 of 55) of psoriatic patients showed a positivity of the RAST test: 2 pts for egg yolk, 1 for egg white, 2 for α-lactoalbumin, 1 for fish and tomatoes, 1 for milk and 3 for inhalants. Only one of the controls resulted positive to the test for tomatoes.

Preliminary results show that the skin lesions improved substantially in patients positive for the PRICK test, for the PATCH test or for RAST, after elimination of the allergens from the diet.

Taken together, these data indicate an important alteration of the immunological system in psoriasis, mimicking some of the alterations found in atopic subjects. Improvement of the skin lesions in psoriatic and allergic individuals after elimination of allergens suggests common pathogenetic pathways.

The exact role of serum IgE and ECP should be further investigated, but the identification of a subgroup of psoriatic pts who can benefit from specific treatments could be useful in the management of psoriasis.

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Scleromyxedema – thalidomide therapy

Editor

Scleromyxedema is the generalized papular and sclerodermoid form of lichen myxedematosus, associated with monoclonal gammopathy and systemic, even lethal, manifestations.¹ Almost 50 years on from thalidomide worldwide withdrawal for its teratogenic effects, this powerful immunomodulatory agent is currently undergoing a promissor renaissance. Although it is approved by the Food and Drug Administration for erythema nodosum leprosum (ENL), increasing numbers of new and potential uses expand its applicability widely beyond ENL.²

We report a case of a 76-year-old woman with a 4-month history of a progressively spreading pruritic