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We hope that making available the relevant information on Pachyonychia Congenita will be a means of furthering research to find effective therapies and a cure for PC.
Treatment of pachyonychia congenita with phenytoin

Sir, At the 1981 BAD Meeting, Su and Hammond described eleven cases of pachyonychia congenita (British Journal of Dermatology, 1981, 105, Suppl. 19, 21), and they reported that ‘treatment with keratolytic agents and lubricants produces only transient benefit’. Because this disease is so crippling in some patients, I should like to tell you my experience with one patient that I have followed for several years.

She is a young female bank clerk who has been incapacitated by blisters and erosions of her feet and hands, and painful lesions in her mouth. I treated her with phenytoin by mouth (Dilantin®) in the same doses that have been used for epidermolysis bullosa, and her blood levels were monitored regularly so that we achieved a therapeutic but not a dangerous level.

The results have been dramatic in this one patient, who is now able to walk for many city blocks whereas before this was impossible. Her mouth and hands are also greatly improved, although many of the hyperkeratotic lesions persist. After 3 years of this treatment she is now feeling so well that she plans to marry. Perhaps others with patients with this rare disease would like to confirm these optimistic findings.

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Chromate content of Leeds cement

Sir, At the recent symposium on Occupational Skin Disease, Charles Calnan (British Journal of Dermatology, 1981, Suppl. 21, 9) refers to a Swiss analysis of cement which suggested that Leeds cement contained no chromate. ‘He did not know how this error had arisen’. The history of the facts is as follows.

In 1958 I attended a conference on Occupational Allergy in Holland at which, in a paper presenting lists of causes of dermatitis, cement was much the commonest in most continental countries. In contradistinction I said that in Leeds at that time cement was not very high in our list of external irritant agents; I suggested that this might be because English builders used less cement in their constructions than did continental builders. Werner Jadassohn was very interested in my observations and asked me to let him have a sample of English cement. I sent him some from a sack I had in my garage.

I heard nothing more until the International Conference in Washington in 1962 when Jadassohn made the statement referred to by Calnan. Thus all one can conclude is that a sample of cement from some source in Leeds in 1958 contained no chromate, assuming Jadassohn’s analysis was accurate. Any error therefore was not one of fact but due to a generalization by Jadassohn based on a single sample of cement.

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