

## CYCLOSPORIN FOR THE TREATMENT OF DERMATOMYOSITIS

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### ABSTRACT

2 patients with extreme severe dermatomyositis, 2 patients who were at risk because of corticosteroid side effects due to underlying diseases - and 1 patient with amyopathic dermatomyositis who was resistant to previous corticosteroid treatment were treated with 5 mg/kg/d cyclosporin A (CSP) and prednisone. CSP treatment has been shown to be beneficial in all 5 patients. CSP treatment was discontinued after 3 and 4 months in 2 of the patients with severe disease course because of renal side effects, which were reversible. In no cases were found underlying malignancies. CSP treatment seems to be a valuable second line drug in extreme severe cases of dermatomyositis, in cases who are at risk because of corticosteroid side effects, and in patients who are unresponsive to corticosteroid treatment.

### KEY WORDS

cyclosporin A, dermatomyositis, renal side effects, malignancy

### INTRODUCTION

Over the past years, cyclosporin A (CSP) has been used to treat a range of immunologically mediated dermatological diseases. The immunosuppressive effects of CSP are the consequences of the inhibition of IL 2 and other lymphokine secretion by activated T cells. Its effect is established in severe chronic plaque type and pustular psoriasis (7, 8, 10, 11). Its use by dermatologists includes the treatment of psoriasis, Behcet's disease, pyoderma gangrenosum, atopic dermatitis, pemphigus vulgaris, pemphigoid bullosus, systemic lupus erythematosus, lichen planus, alopecia areata, ichthyosis (19).

There is now increasing evidence suggesting that CSP is useful in the treatment of dermatomyositis. This is a report of uncontrolled studies in 5 patients who were treated with CSP and corticosteroids.

### CASE REPORTS

#### Case 1.

A 52-year-old man presented with a history of myalgias and weakness and a non-pruritic erythematous rash for 5 weeks. He has had insulin-dependent diabetes mellitus for 5 years, and he has been on insulin therapy. Examination

