

## CASE OF THE MONTH

### Diagnosis: Idiopathic Hypereosinophilia

LONDON — Laboratory evaluation also revealed anemia and an elevated erythrocyte sedimentation rate. Histology findings included hyperkeratosis, irregular acanthosis, and a mixed inflammatory infiltrate of lymphocytes, plasmocytes, and numerous eosinophils. Thrombosis of small vessels in the dermis and edema of the vessel walls also was noted.

No cause for her eosinophilia could be identified despite a meticulous search. Reactive eosinophilia, such as can occur with parasitic infections, and clonal disorders of the bone marrow associated with eosinophilia, such as various types of leukemia, were ruled out.

The diagnosis, therefore, was idiopathic hypereosinophilia syndrome, Dr. Mira Kadurina said in a poster presentation at the 14th Congress of the European Academy of Dermatology and Venereology.

Some investigators have proposed that idiopathic hypereosinophilia syndrome is a Th2-mediated disease characterized by clonal expansion of a T-cell population able to produce interleukin (IL)-5 and IL-4. Pathogenic T cells—usually CD3 neg-

ative, CD4 positive—display an aberrant surface phenotype.

The clinical presentation is heterogeneous and includes myeloproliferative and lymphocytic variants. In the more aggressive myeloid variant, patients can have chromosomal abnormalities, hepatosplenomegaly, cardiac complications, and myeloid malignancies. The prognosis is poor, said Dr. Kadurina of the department of dermatology and venereology at the Military Medical Academy in Sofia, Bulgaria.

The lymphocytic variant may be a primitive lymphoid disorder characterized by nonmalignant expansion of an IL-5-producing T-cell population. Cutaneous manifestations can include pruritus, eczema, erythroderma, and urticaria.

Immunohistochemical staining of tissue specimens from this patient revealed the presence of CD43-positive and CD4-positive cells, as well as CD8-negative and CD20-negative lymphocytes.

She was treated with prednisone, 60 mg/day, which was gradually tapered to 15 mg/day over a month's time. After treatment was withdrawn she once again developed disseminated, erythematous, pruritic lesions, this time involving the hands and feet. The fingers became painful, cyanotic, and swollen, initially after exposure to cold. A painful ulcer appeared on the third finger of the right hand.

Raynaud's phenomenon, identified by capillaroscopy, was an unusual cutaneous complication of the idiopathic hypereosinophilia syndrome in this patient, Dr. Kadurina wrote.

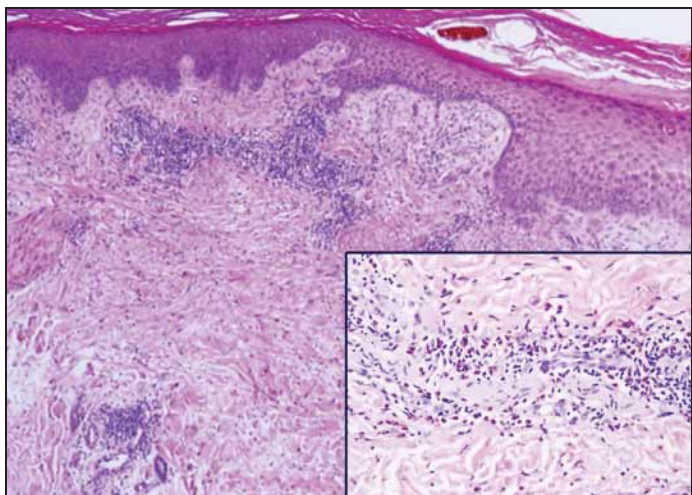
The administration of methylprednisolone, 60 mg/day, and pentoxifylline, 800 mg/day, led to a remission; the corticosteroid dosage was tapered to 5 mg/day over 45 days.

During 3 months of follow-up no new lesions appeared, the vasoconstriction of the patient's hands disappeared, and the finger ulcer healed.

A proposed explanation for the development of Raynaud's phenomenon and digital gangrene in association with hypereosinophilia, as occurred in this patient, is that major basic protein and eosinophil cationic proteins located in the eosinophil granule matrix contributed to the formation of microthrombi.

Efforts continue to further explicate the pathogenesis. "Future progress in unveiling variants of the syndrome is likely to consign to history the term idiopathic, replacing it with an array of well-defined hematologic disorders," Dr. Kadurina wrote.

—Nancy Walsh



Histology findings included a mixed inflammatory infiltrate of lymphocytes, plasmocytes, and numerous eosinophils.

COURTESY DR. MIRA KADURINA

## PRODUCTS

### Body Peel Introduced

The Smoothing Body Peel treatment uses a two-step process to smooth and hydrate skin. The pre-peel mask includes malic acid and urea. The peel solution includes lactic acid and salicylic acid. For more information, contact PCA Advanced Skin Care Systems by visiting [www.pcaskin.com](http://www.pcaskin.com) or by calling 877-722-7546.

### Automate the Office

The Virtual Billing System Pro is an Internet-based system that allows insurance billing to be performed on any computer (PC, Mac, Linux). The software setup fee is \$49.95, and the month-to-month subscription is \$29.95. For more information, visit the KD Billing Services Web site at [www.kdbilling.com](http://www.kdbilling.com) or call 866-910-2455.

### ThermaCool Moves Off the Face

The ThermaCool system is now indicated for the noninvasive treatment of wrinkles and rhytids in procedures involving areas of the body other than the face, including abdomen, buttocks, arms, and hands. For more information, contact Thermage Inc. by visiting [www.thermage.com](http://www.thermage.com) or by sending an e-mail to [info@thermage.com](mailto:info@thermage.com).

### Self-Adhesive Eye Shields

MEDshields eyewear are disposable, anti-fog eye shields that adhere to the user's face with a medical-grade, hypoallergenic

adhesive. Those who are interested in more information can contact SharkLids EyeGear Inc. by visiting its Web site at [www.medshields.com](http://www.medshields.com) or by sending an e-mail to [info@sharklids.com](mailto:info@sharklids.com).

### Eribtux for Head/Neck Cancer

Eribtux (cetuximab) is indicated for use in combination with radiation therapy to

treat patients who have squamous cell cancer of the head and neck that cannot be removed by surgery. The drug also is indicated for use as a monotherapy to treat patients whose cancer of the head and neck has metastasized in spite of the use of standard chemotherapy. To get more information, contact ImClone Systems Inc. by visiting the company's Web site at [www.erbitux.com](http://www.erbitux.com) or by calling 908-218-9588.

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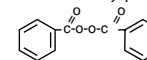
## Brevoxyl<sup>®</sup>-4 Creamy Wash (benzoyl peroxide 4%)

## Brevoxyl<sup>®</sup>-8 Creamy Wash (benzoyl peroxide 8%)

### ACNE WASH FOR TOPICAL USE

Rx only Rx only

**DESCRIPTION**  
Brevoxyl-4 Creamy Wash and Brevoxyl-8 Creamy Wash are topical preparations containing benzoyl peroxide as the active ingredient. Brevoxyl-4 Creamy Wash and Brevoxyl-8 Creamy Wash contain: 4% and 8% Benzoyl Peroxide, respectively, in a lathering cream vehicle containing Cetostearyl Alcohol, Cocamidopropyl Betaine, Corn Starch, Dimethyl Isosorbide, Glycerin, Glycolic Acid, Hydrogenated Castor Oil, Imidurea, Methylparaben, Mineral Oil, PEG-14M, Purified Water, Sodium Hydroxide, Sodium PCA, Sodium Potassium Lauryl Sulfate, Titanium Dioxide.  
The structural formula of benzoyl peroxide is:



**CLINICAL PHARMACOLOGY**  
The exact method of action of benzoyl peroxide in acne vulgaris is not known. Benzoyl peroxide is an antibacterial agent with demonstrated activity against *Propionibacterium acnes*. This action, combined with the mild keratolytic effect of benzoyl peroxide is believed to be responsible for its usefulness in acne.  
Benzoyl peroxide is absorbed by the skin where it is metabolized to benzoic acid and excreted as benzoate in the urine.

**INDICATIONS AND USAGE**  
Brevoxyl-4 Creamy Wash and Brevoxyl-8 Creamy Wash are indicated for use in the topical treatment of mild to moderate acne vulgaris. Brevoxyl-4 Creamy Wash and Brevoxyl-8 Creamy Wash may be used as an adjunct in acne treatment regimens including antibiotics, retinoic acid products, and sulfur/salicylic acid containing preparations.

**CONTRAINDICATIONS**  
Brevoxyl-4 Creamy Wash and Brevoxyl-8 Creamy Wash should not be used in patients who have shown hypersensitivity to benzoyl peroxide or to any of the other ingredients in the product.

**PRECAUTIONS**  
**General** — For external use only. Avoid contact with eyes and mucous membranes.

**AVOID CONTACT WITH HAIR, FABRICS OR CARPETING AS BENZOYL PEROXIDE WILL CAUSE BLEACHING.**

**Carcinogenesis, Mutagenesis, Impairment of Fertility** — Based upon all available evidence, benzoyl peroxide is not considered to be a carcinogen. However, data from a study using mice known to be highly susceptible to cancer suggest that benzoyl peroxide acts as a tumor promoter. The clinical significance of the findings is not known.

**Pregnancy: Category C** — Animal reproduction studies have not been conducted with benzoyl peroxide. It is also not known whether benzoyl peroxide can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Benzoyl peroxide should be used by a pregnant woman only if clearly needed.

**Nursing Mothers** — It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when benzoyl peroxide is administered to a nursing woman.

**Pediatric Use** — Safety and effectiveness in children below the age of 12 have not been established.

**ADVERSE REACTIONS**  
Contact sensitization reactions are associated with the use of topical benzoyl peroxide products and may be expected to occur in 10 to 25 of 1000 patients. The most frequent adverse reactions associated with benzoyl peroxide use are excessive erythema and peeling which may be expected to occur in 5 of 100 patients. Excessive erythema and peeling most frequently appear during the initial phase of drug use and may normally be controlled by reducing frequency of use.

**DOSAGE AND ADMINISTRATION**  
Shake well before using. Wash the affected areas once a day during the first week, and twice a day thereafter as tolerated. Wet skin areas to be treated; apply Brevoxyl-4 Creamy Wash or Brevoxyl-8 Creamy Wash, work to a full lather, rinse thoroughly and pat dry. Frequency of use should be adjusted to obtain the desired clinical response. Clinically visible improvement will normally occur by the third week of therapy. Maximum lesion reduction may be expected after approximately eight to twelve weeks of drug use. Continuing use of the drug is normally required to maintain a satisfactory clinical response.

**HOW SUPPLIED**  
Brevoxyl-4 Creamy Wash is supplied in 170.1 g (6.0 oz) tubes NDC 0145-2474-06.  
Brevoxyl-8 Creamy Wash is supplied in 170.1 g (6.0 oz) tubes NDC 0145-2484-06.

Store at controlled room temperature, 15°-30°C (59°-86°F).

<sup>†</sup>In vitro experiment.  
Clinical significance has not been established.  
<sup>‡</sup>US Patent No. 6,433,024.

**References:** 1. IMS Health, September 2005.  
2. Data on file, Stiefel Laboratories, Inc.  
3. Savoie PM, Whitbeck N, Fraser J. An in vitro kill rate study against *P. acnes* comparing four benzoyl peroxide washes. Poster presented at: 62nd Annual Meeting of the American Academy of Dermatology; February 6-11, 2004; Washington, DC.

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