A clinical study of oral psoralen treatment combined with UVA exposure was made in 40 patients, combined with a cytogenetic study of possible chromosomal damage. The results indicated a very good clinical effect but also some chromosomal damage, leading to a cautious enthusiasm for the clinical use of the treatment. [The SCI® indicates that this paper has been cited in more than 130 publications.]

Treating Psoriasis with Guarded Enthusiasm

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Early on, we had found that most antipsoriatic agents induced mitochondrial mutations in yeast, as did dithranol, tar extracts, UVB-radiation, and methotrexate.1 We found that trimethylpsoralen and 8-methoxypsoralen, together with UVA exposure, also induced such mutations—trimethylpsoralen more readily than 8-methoxypsoralen.2 Therefore, we were interested in trying psoralens orally against psoriasis, together with UVA. Psoralens had earlier been used against vitiligo, but usually with short treatment periods. If psoralens should be used against psoriasis, they would probably be used repeatedly year-after-year, as psoriasis is a chronic relapsing disease. We felt obliged to look for chromosomal effects of psoralen treatment, as we had chosen psoralens because of their mutagenic effect on yeast mitochondria. Simultaneously with clinical treatment of psoriasis patients, we also started to look for chromosomal aberrations in vitro and in vivo.


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