a check-up every 2 months) and it is neither painful (unlike intralesional infiltration with triamcinolone) nor risky [2] (unlike some potent topical corticosteroids, which may cause systemic absorption, adrenal suppression, and retardation of bone growth).

This work demonstrates also that any adverse effect of this therapy can be avoided as applications are carried out weekly, with very low concentrations, over less than 5% of the body area, in a site, the head, which is quite tolerant to topical allergens. Because irritation is not a prerequisite of recovery, we believe that SADBE is a suitable treatment even for children resistant to other therapies [3–5].

Therefore, considering the advantages due to its easy application and to the absence of side effects, we attest to the validity of SADBE as a suitable treatment particularly apt in children resistant to conventional therapies.

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Treatment of Severe Alopecia Areata with Topical Diphenylcyclopropenone and 5% Minoxidil: A Clinical and Immunopathologic Evaluation

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Topical diphenylcyclopropenone and minoxidil have been used in the treatment of alopecia areata with variable results [1–5].

This study was designed to evaluate the efficacy of diphenylcyclopropenone alone or in combination with topical 5% minoxidil for the treatment of chronic severe alopecia areata. The effect of therapy on cutuaneous T-cell and Langerhans cell subpopulations and intercellular adhesions molecule-1 expression was also examined.

Fifteen patients with chronic (more than 2 years), severe (more than 50% scalp involvement) alopecia areata participated in a 24-week trial. Half of the scalp was treated with diphenylcyclopropenone once weekly and with either 5% minoxidil solution or a vehicle solution twice daily in a randomized double-blind design. Skin biopsy specimens from each half of the scalp were obtained before therapy and after 12 and 24 weeks of therapy for histologic immunophenotypic analysis.

Thirteen patients completed the study. Five of the 13 patients (38%) showed marked regrowth of coarse terminal hair after 24 weeks of treatment with DPCP. The addition of topical 5% minoxidil did not produce any significant clinical benefit in this 24-week trial. Immunophenotypic analysis showed no differences between responders and nonresponders at baseline. During treatment, Leu-4, Leu-2, and Leu-3 and keratinocyte intercellular adhesion molecule 1 expression were significantly reduced in biopsy specimens of responders versus nonresponders.

Diphenylcyclopropenone treatment showed a 38% success rate in producing cosmetically acceptable regrowth in patients with chronic severe alopecia.

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