

PRELIMINARY AND SHORT REPORTS

PSORIASIS TREATED BY RIBOFLAVIN

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It is with considerable hesitancy that I add to the already too long list of treatments for psoriasis, and I would not do so were it just another local treatment. I present this paper in the hope that it is a contribution to the knowledge of psoriasis as a disease, and that further fruitful study may result.

This series was started through the finding that many psoriasiform eruptions, clinically typical, associated with riboflavin deficiencies responded rapidly to injections of this substance, and that other cases, even without obvious deficiency, also commonly improved.

There appears to be nothing in the literature since riboflavin has been known as a component of the vitamin B complex to indicate that it has been similarly used.

I located one article published in 1942, in the *Schweiz. Med. Wochenschrift* (1), in which the author found that riboflavin was demonstrated in increased amounts in the plaques and scales of psoriasis by spectrometer examination: this is hard to explain, and on its face would seem to be a possible contra-indication to the use of riboflavin in the treatment of the disease.

At the time of the writing of this paper I have treated over two hundred cases, but due to incomplete follow up have only one hundred and forty-eight such cases on which to base this study. All these cases were given injections of riboflavin (5-10 mgm. intramuscularly, usually once weekly) as a basic treatment. It has also been given orally in daily dosage coincident with the injections. In all cases local treatment has been dispensed with until proof of the patient's response is established, and then only used on "survival lesions," or in a few instances for faster cosmetic effect.

The statistics of the cases treated from my own observation are as follows:

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|---|------|-----|
| Number of cases..... | 148 | |
| Healed..... | 37 | 25% |
| Marked improvement (80% or better)..... | 76 | 52% |
| Improved (50% or more)..... | 25 | 16% |
| Slight improvement (less than 50%)..... | 4 | 3% |
| Failed to respond..... | 6 | 4% |
| Worse..... | None | |

One hundred and fifty-six cards were then sent to patients in the original series who had not been seen in 2 or more years requesting information as to their present condition. No attempt was made to figure the time since the patient was last seen. The complexity of such a statistical breakdown can be surmised. Cases under current observation were not recorded.

| | |
|---------------------|-----|
| Cards sent..... | 156 |
| Cards returned..... | 50 |

| | | |
|---|----|-----|
| Patient's evaluation: | | |
| Condition recurred about as before treatment..... | 9 | 18% |
| Improvement sustained. No relapse..... | 23 | 46% |
| Improved but relapsed partially..... | 9 | 18% |
| Healed..... | 9 | 18% |

Received for publication September 12, 1951.

propose to get a series of biopsy studies during treatments, and hope that others will do this likewise, as considerable information may be made available. Enzyme and chemical studies would also be of great value. Certainly this is a very incomplete study and must be considered preliminary to further research.

REFERENCE

1. R. DE PREUX: Role of riboflavin in psoriasis. *Schweiz. Med. Wochenschrift*, **72**: 596-597, May 30, 1942