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J Dermatolog Treat. 2004 Jan;15(1):46-50.

Intravenous immunoglobulin (IVIg) for therapy-resistant cutaneous lupus erythematosus (LE).

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BACKGROUND: A group of patients exists with predominantly cutaneous lupus erythematosus (LE) who do not respond to standard oral therapies. There has been interest in the role of intravenous immunoglobulin (IVIg) in a number of connective tissue diseases, and its role in some circumstances has been proven. In the case of LE, there are suggestions that the use of IVIg for cutaneous and more systemic disease may be of value. **OBJECTIVE:** To investigate the use of low dose IVIg for therapy-resistant cutaneous disease. **METHODS:** Twelve patients with histologically confirmed cutaneous LE were given IVIg, with starting doses of 1 g/kgx2, followed by 400 mg/kg monthly until disease resolution or for 6 months. Disease assessment was by scoring erythema, induration, scaling and the extent before and at the end of therapy. Immunological parameters indicating systemic disease activity were measured before and after therapy. **RESULTS:** One patient became pregnant, five patients had complete or near complete clearing of their skin disease (>75%), two had partial but helpful improvement (>50%) and three had limited responses (<50%). One patient developed acute cutaneous vasculitis and received no further therapy. **CONCLUSION:** Overall, therapy was well tolerated and side effects were limited. A formal study of IVIg for cutaneous disease would be valuable, but evidence indicates that IVIg may be a useful therapy for cutaneous disease in lupus erythematosus.

PMID: 14754650 [PubMed - indexed for MEDLINE]

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