

Plasma exchange for acute idiopathic thrombocytopenic purpura

In the spring of 1983 the Canadian Plasma Exchange Study Group began a study of plasma exchange for the treatment of acute idiopathic thrombocytopenic purpura (ITP) that has failed to respond to steroid therapy. The number of patients referred has been disappointingly low thus far, perhaps because there are several alternative treatments currently in vogue for this disorder. These include prednisone therapy, with which there is a high relapse rate in adults; splenectomy, which, among other things, predisposes to overwhelming sepsis and impaired response to polyvalent pneumococcal vaccine; and intravenous γ -globulin therapy, which is extremely expensive and is unproven in terms of long-term efficacy in adults. Danazol therapy, a more recent treatment of ITP, does not show long-term efficacy and has troublesome side effects. In short, none of the existing treatments is thoroughly satisfactory — otherwise a standard treatment of ITP would have evolved by now.

In comparison with these treatments, plasma exchange has given impressive results in patients with acute ITP. For example, two patients with severe ITP and platelet counts of less than $10 \times 10^9/L$ had failed to respond to high-dose corticosteroid therapy (100 mg orally daily for over 3 weeks). After four and nine plasma exchange procedures respectively their platelet counts remained above $100 \times 10^9/L$.

These preliminary data suggest that early plasma exchange may prevent ITP from becoming chronic and may obviate the need for splenectomy. Therefore, I urge physicians to enter all eligible patients into this trial so that we can reach

as soon as possible what, either way, will be a very important conclusion.

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Pityriasis versicolor in a 3-month-old boy

Pityriasis versicolor is a common, benign, superficial fungal infection of the skin caused by *Malassezia furfur* (*Pityrosporon orbiculare*).¹ This disorder is most prevalent in adolescents and young adults,² and its occurrence in infants under 2 years of age is uncommon. This report describes a case of pityriasis versicolor in a 3-month-old boy.

Case report

A scaly rash on the dorsal aspect of the upper arms and shoulders developed in a 3-month-old boy in August 1982. The lesions did not resolve and 2 weeks later had spread to his upper back. The boy had been carried to term and had been born without complications. No one else in the family was known to have pityriasis versicolor.

At age 3½ months he was alert and appeared healthy. Slightly erythematous, scaly macules and patches were noted on the dorsal aspect of the upper arms, shoulders and upper back. There was no depigmentation of the involved areas. Microscopic examination of scrapings from the

shoulder lesions revealed a few spherical, thick-walled yeast cells and numerous hyphae that were fragmented into short filaments typical of *M. furfur* (Fig. 1); a diagnosis of pityriasis versicolor was made on the basis of these findings.

The patient was treated topically with 1% clotrimazole twice a day. Four weeks after clotrimazole therapy was started the lesions showed some healing. Three months after therapy was started the patches showed no scaling, and microscopic examination revealed no hyphae or yeast cells.

Comments

In the yeast phase *M. furfur* is a common inhabitant of the skin of many healthy people; the organism produces lesions only when substantial numbers of mycelial forms develop. Numerous factors, such as malnutrition, poor general health,

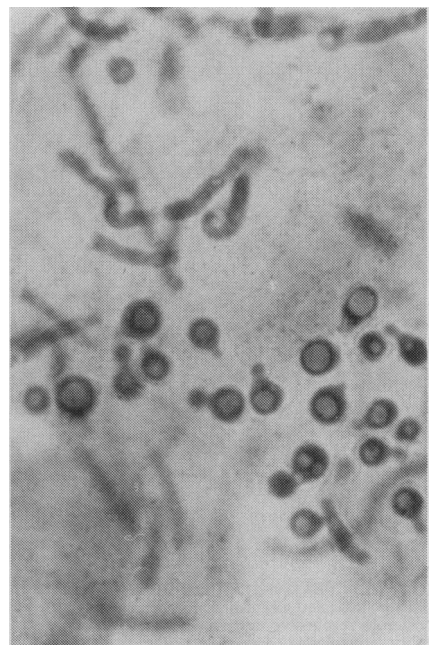


Fig. 1—Spherical, thick-walled yeast cells and hyphae fragmented into short filaments typical of *Malassezia furfur* in specimen of scrapings from shoulder lesions (potassium hydroxide/lactophenol-cotton blue; original magnification $\times 1000$).

steroid therapy and family history of pityriasis versicolor, are likely to predispose people to pityriasis versicolor.²

Pityriasis versicolor occurs in people of all races and is world wide in distribution, though it is more prevalent in the tropics and subtropics than in temperate climates.¹ In temperate zones most cases occur in people between the ages of 15 and 30 years, in an almost equal sex distribution, and there are more cases in summer.²

A few cases of pityriasis versicolor in infants have been reported in the literature.³⁻⁷ Like the children described in these studies the patient in this report was healthy and well nourished. There may thus be some other unknown factor or factors that contributed to the development of pityriasis versicolor in this infant.

The typical clinical presentation noted in the other studies was scaly, hypopigmented macules and patches. In the present case the lack of depigmentation of the involved areas was possibly due to the natural pallor of the skin of a 3-month-old infant. The spherical, thick-walled yeast cells and numerous hyphae fragmented into filaments observed in this patient's lesion scrapings were also reported by Michalowski and Rodziewicz.⁵

A diagnosis of pityriasis versicolor can be confirmed by direct microscopic examination of skin scrapings from the lesions. Treatment with a topical antifungal agent is usually effective if continued for a relatively long time. Follow-up microscopic examination may be useful in assessing the response to therapy.²

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Foreign-body implants in the foreskin

Since 1978 large numbers of Asians have come to North America from foreign refugee camps. These immigrants may have diseases and conditions that are unfamiliar to North American health care workers, as in the following two cases.

Case reports

Case 1: A 15-year-old Vietnamese boy was admitted to the Children's Hospital of Winnipeg for treatment of a psoas abscess. He had spent just over 2 years in a Thai refugee camp before coming to Canada. The abscess was confirmed by computer-

ized tomography and managed surgically. When the boy had been physically examined on admission to hospital a pea-sized plastic ball had been discovered in the foreskin of his penis (Fig. 1). The presence of the ball was confirmed by x-ray examination (Fig. 2). The boy reported that the ball had been implanted without the use of an anesthetic by an elderly man in the refugee camp. The foreskin had been fully retracted and stretched thinly, then a small cavity had been created with a needle in its underside. The ball was fitted into this cavity. There had been minimal bleeding, and after 3 days the wounds had healed.

Case 2: A 23-year-old Laotian man had been referred to me by another physician for counselling. He had arrived in Manitoba from a Thai refugee camp approximately 3 years previously. The patient had contracted gonorrhoea twice since his arrival in Canada. He was found to have two tiny pea-sized plastic balls implanted in the underside of the foreskin of his penis. The presence of the balls was confirmed by x-ray examination. As in case 1, the balls had been implanted in the refugee camp. The patient reported that it was relatively easy to obtain such an operation, in which from one to four balls may be implanted.

Comments

Preoccupation with the size of the penis is a sexual hang-up in many

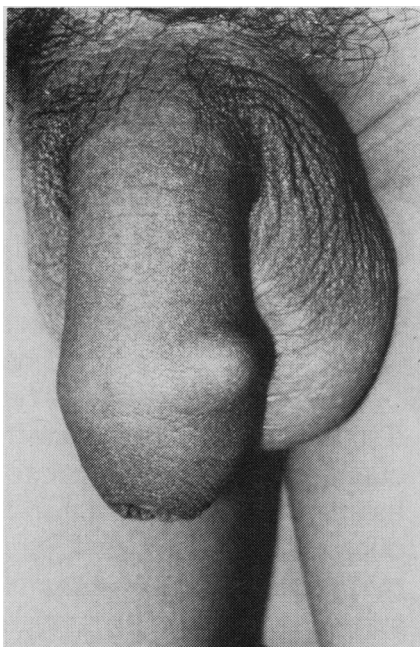


Fig. 1—Pea-sized ball within foreskin of penis.



Fig. 2—X-ray film, showing ball.