

LETTER TO THE EDITOR

Dear editors,

Fifty years ago we hospitalised a 9-year-old girl, whose case was reported in your journal (Zuffa M., Tholt R., Bachtik Z.: A case of relapsing pluriorificial erosive ectodermosis. Bratisl Lek Listy 1962; 49 (2): 81–85). Having started acutely (see the Fig.), the affection kept relapsing with a polyvalent allergic component during 10 years: 4 times after an analgesic with differently modified amino phenol group (phenacetin, amidopyrin); once after mesocaine; 4 times in the course of the infection (twice streptococcal, once staphylococcal, once parotitis); once after intensive sun exposure and twice without a known cause. Every relapse started with scarlatiform exanthema and fever. It was quickly handled by corticosteroids. The last relapse was induced with intracutaneous injection of 0.1 ml of 0.75 per mille solution

of phenacetin for differential diagnostic reasons. Since that time the patient has been healthy. She tried to avoid insults causing relapses. She has delivered 5 healthy children.

Six years ago she was hospitalised at a coronary care unit due to acute heart attack. Since that time she has been well. She is under regular supervision by cardiologist.

Today we ask a question: why did the described immune – allergic component pacify for such a long time, while nowadays it could still be lethal in hard forms, despite using modern therapeutic means (such as plasmapheresis, high dosage of immunoglobulins), at perfect intensive care. Could the change of immunotolerance occur after pregnancy?



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