

CLINICAL TRIAL OF P-1742 TOPICAL OR FLUPEROLONE (9 FLUORO-21 METHYL PREDNISOLONE) IN PSORIASIS

By Khoo Oon Teik, Fung Wye Poh
(Skin Clinic, Dept. of Clinical Medicine, University of Singapore).

and

Koh Kim Yam
(Middle Road Hospital, Singapore).

The use of triamcinolone in Psoriasis is now well established (Cohen and Baer 1960; Readett 1961). However topical triamcinolone therapy has only lately come into prominence and the employment of triamcinolone cream with occlusion of the area from air by a non-porous covering was shown to be of even greater benefit by Frank and Rapp, 1963.

Recently, Chas Pfizer & Co. has announced preliminary trials with a new corticosteroid preparation, P-1742 or fluperolone (9-fluoro-21 methyl Prednisolone) in the treatment of dermatoses. The results suggested superiority over triamcinolone cream. In view of the decided action of triamcinolone acetonide in Psoriasis, it was decided to evaluate the action of topical fluperolone in psoriasis, and to compare its action with triamcinolone acetonide cream.

METHOD

The cases chosen for the trial were either those cases previously treated with other agents or new cases without previous therapy. One qualification was considered necessary i.e. the lesions whether discrete, discoid, guttate, or generalised, must be bilateral and symmetrical and approximately of the same area involved.

Throughout the trial the right half of the body or the right limb or the right half of the face was treated with P-1742 topical, while the other half with a standard triamcinolone Acetonide preparation (Kenacort A-Squibb). The cream was applied twice a day for 10 days or 2 weeks, when the case was inspected and the progress checked by the same investigator and photographed again. If little or no improvement was noted, the area treated was occluded from air with polythene material the edges being fixed by Norbocutane Spray (Evans) or Scotch tape, the part having been treated with the cream first.

OBJECTS OF THE TRIAL WERE

1. to determine the effectiveness of P-1742 topical as against triamcinolone Acetonide cream.
2. to compare the regime as against previous therapy.
3. to evaluate the effectiveness of an occlusive agent.

RESULTS:

Table I: — lists the cases treated

The cases were graded thus: -

ISQ = no change in the lesions

O = worse, when lesions became redder, more scaly and thicker.

+++ = marked improvement, when lesions almost cleared up completely.

++ = fair or moderate improvement as shown by less erythema, scaling, and thickness.

+ = slight improvement.

Table II: shows comparison between treatment with fluperolone, triamcinolone acetonide, and the old treatment with topical tar ointment and ultra-violet irradiation. (The ointment contained liquor picis carbonis 6, salicylic acid 4, Ung H.A.D. to 100).

Side effects — no side effects were noticed.

Discussion: — In a chronic illness such as psoriasis any shortening of the period of treatment is a definite gain. In Singapore, where the weather is always humid and hot the greater part of the year, it was generally felt that any occlusive type of therapy would be very uncomfortable, and not tolerated by the patients. However only 2 cases out of 11 cases were unable to take this occlusive form of treatment and in these 2 cases the lesions

CASE No.	RACE	SEX	AGE (in years)	TYPE OF LESIONS	DURATION OF DISEASE (in years)	RESULTS WITHOUT OCCLUSION		RESULTS WITH OCCLUSION	
						RIGHT SIDE (F)	LEFT SIDE (T)	RIGHT SIDE (F)	LEFT SIDE (T)
1	CH	F	19	LINEAR PLAQUE	1	+++	+++		
2	CH	M	42	MULTIPLE DISCRETE	7	+	+	ISQ	ISQ
3	IND	F	18	GUTTATE	2	+	+	+	++
4	CH	M	19	CIRCINATE AND DISCOID	2	++	+		
5	IND	M	44	DISCOID AND GUTTATE	1	+	+	+	++
6	CH	M	48	MULTIPLE DISCOID	2	+	+	+	++
7	CH	F	26	MULTIPLE DISCOID	6	0	0	0	0
8	CH	F	42	DIFFUSE PLAQUES	2	0	0	0	0
9	CH	M	43	MULTIPLE DISCOID	8	+	+	+	+
10	CH	F	55	PATCHY AND DISCOID	15	0	+	0	+
11	IND	M	27	PATCHY AND OVOID	7	+	+	++	++
12	IND	M	23	PATCHY	1½	+	++	+	++
13	IND	M	30	GUTTATE	4	++	++	++	++

TABLE I. (F) = FLUPEROLONE CH = CHINESE
 (T) = TRIAMCINOLONE IND = INDIAN
 ACETONIDE

+++ = Marked Improvement

++ = Fair

+ = Slight

0 = Worse.

ISQ = No change.

CASE No.	P-1742 FLUPEROLONE	TRIAMCINOLONE ACETONIDE	TAR.
1	+++	+++	ISQ
2	+	+	ISQ
3	+	++	+
4	++	+	+
6	+	++	ISQ
7	0	0	ISQ
8	0	0	ISQ
9	+	+	0
10	0	+	ISQ
5	+	++	} No previous treatment with TAR
11	++	++	
12	+	++	
13	++	++	

TABLE II.

Comparison between Fluperolone and Triamcinolone and Tar.

+++ = Marked Improvement. 0 = worse.
 ++ = Fair " ISQ = No change.
 + = Slight "

became worse and they preferred the old treatment with tar.

From Table II, it would appear that fluperolone and triamcinolone are superior to the treatment of topical tar ointment. There was improvement in 10 out of the 13 cases with fluperolone, and 11 out of the 13 cases with triamcinolone; and in one of these the condition was markedly improved. However on comparing fluperolone with triamcinolone, it would appear that triamcinolone was superior to fluperolone in 5 cases, while fluperolone was superior to triamcinolone in one case, and in 5 cases they were equally effective.

Of the 11 cases under occlusive therapy, 2 became worse, but were no worse than without occlusion. Of the other 9 cases previously treated with non-occlusive therapy, 4 showed definite improvement, 4 were unchanged, and 1 failed to maintain previous improvement, on occlusion of the lesions.

SUMMARY AND CONCLUSION

13 cases of psoriasis of 1 year to 15 years duration were treated with fluperolone ointment on the right side of the body or the right limbs, and triamcinolone acetonide on the left

side of the body or the left limbs, for a period of 10 days to 2 weeks, after which occlusive treatment with a plastic cover was instituted for a further one to two weeks in 11 cases.

It would appear that P-1742 (fluperolone) topical cream is somewhat less effective than triamcinolone acetonide, but both were superior to the previous treatment with Tar.

Our impression is that in patients able to tolerate occlusive therapy, there is a better improvement in a significant number of patients.

ACKNOWLEDGEMENT

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