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1: [Indian J Dermatol Venereol Leprol](#). 2004 Jan-Feb;70(1):13-7.

Hydroxyurea as an alternative therapy for psoriasis.

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BACKGROUND: Methotrexate is the drug of choice in extensive psoriasis in developing countries. In patients who can not take methotrexate either due to intolerance or concomitant liver disease, there is an urgent need for an alternative affordable and accessible drug. **AIMS:** To evaluate the therapeutic efficacy and safety of hydroxyurea as an alternative in the management of patients with extensive psoriasis. **METHODS:** A prospective study was carried out over 16 months on 34 patients with chronic plaque psoriasis (>20% body surface area involvement), erythrodermic or generalized pustular psoriasis who were partially responsive or non-responsive to the conventional topical and systemic modalities of therapy. Besides doing a baseline hemogram, liver and renal function tests, and urine analysis, these tests were frequently repeated during the course of therapy. Hydroxyurea was started at 1 g daily and increased to 1.5 g, if required. The therapeutic response was evaluated by a global assessment made by the patient and physician and regular PASI scoring. **RESULTS:** Good to excellent response was observed in 25 (73.5%) patients, less than 50% response in 7 (20.6%) patients, while 2 (5.9%) patients were lost to follow up. The mean PASI score was reduced by 76% at 10-12 weeks. Therapy was discontinued in 3 patients due to leukopenia that recovered on discontinuation of hydroxyurea. Patients were followed up to 1 year and relapse was observed in 5 patients. The duration of remission varied from 6 months to 1 year. **CONCLUSION:** Hydroxyurea is an effective and reasonably safe second line agent for psoriasis.

PMID: 17642550 [PubMed]