

PRELIMINARY AND SHORT REPORTS

TOXIC LABYRINTHITIS FOLLOWING ORAL UNDECYLENIC ACID
TREATMENT OF PSORIASIS*

REPORT OF A CASE

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According to Perlman (1) the untoward symptoms from oral undecylenic acid are nausea, vomiting, burning sensation referred to the epigastrium, frequent bowel movements or diarrhea, and a bitter taste in the mouth. He also noted some folliculitis with minute localized abscesses on the skin, headache, conjunctivitis and axillary adenitis. Perlman (2) did not observe the occurrence of toxic labyrinthitis caused by undecylenic acid.

The purpose of this paper is to report a case of toxic labyrinthitis following the administration of undecylenic acid for treatment of psoriasis. (Incidentally, results in a small series of cases of psoriasis treated by one of us (E. A. H.) using oral undecylenic acid have been far from encouraging.)

CASE REPORT

C. H. a 56 year old male was seen in 1939 with a severe guttate and nummular psoriasis, present for 30 years. Treatment with various medications, including nicotinic acid, 50 mgm, twice daily, was fruitless. On June 9th, 1949 the patient was put on undecylenic acid, 5 capsules of 0.44 grams each three times a day plus nicotinic acid 50 mgm. morning and night. Three days later after ingesting a total of 45 capsules of undecylenic acid (Declid) he noticed that smoking was distasteful. He awoke the next morning, nauseated and dizzy, feeling as if intoxicated.

Except for psoriasis the patient had always been in robust health. There was no history of otitis media, mastoiditis, or symptoms referable to the labyrinth. The family history was negative for psoriasis.

Physical examination revealed a robust, healthy, white, male, aged 56 with a severe guttate and nummular psoriasis over the entire body except for the face and neck. The blood pressure on several occasions was 120/70. The Kahn, urinalysis and blood count were normal. The rest of the physical examination was entirely negative except for the following:

The objective ear, nose and throat examination revealed no abnormalities. The patient could hear well with both ears. When the patient walked he had a slight tendency to lean to the left. The waltzing Rhomberg test was positive to the left.

A diagnosis of *toxic labyrinthitis* was made. Consultation with an internist and otologist confirmed this diagnosis.

TREATMENT

The patient was put at bed rest. Salt, nicotine, and caffeine were eliminated. The acute symptoms subsided after five days. A ride in the back seat of a car caused him to be dizzy and nauseated. Diplopia also appeared. Examination at that time was the same as above described. After two weeks of rest his condition improved. Four months later, though able to work, he still has mild transient symptoms referable to the labyrinth. Tobacco in any form is still distasteful. The psoriasis is still present.

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DISCUSSION

Dizziness has been reported from nicotinic acid (3) (4) (5) while, as far as we know, toxic labyrinthitis has not. This patient took nicotinic acid before, in doses sufficient to cause flushing, without other ill effects. It seems possible that the combination of the two drugs may have caused the labyrinthitis in this case. The patient refused to take either drug again for experimental purposes. All of the 30 or more cases treated by one of us (E. A. H.) with undecylenic acid were also given nicotinic acid. Only in this case did labyrinthitis develop.

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