A tale of nonhormonal hairs

Sir,

Porphryia cutanea tarda (PCT) is a hepatic porphyria in which the activity of the heme synthetic enzyme uroporphyrinogen decarboxylase is deficient. It may be sporadic (80%) or familial (20%). Hypertrichosis can occur in PCT without the classical skin manifestations of blistering and thickening of the skin, making the diagnosis difficult.1

A 35-year-old lady presented with history of excessive growth of hair over the face and the hands for the past 10 years [Figure 1]. She was evaluated multiple times for the hormonal status and which was always normal. On detailed history, she gave history of itching and burning sensation of sun-exposed areas on exposure to sunlight. Physical examination showed thick terminal hair over the face and the forearms [Figure 2] and below the knee [Figure 3]. Hairs over the chest, abdomen, lower back, and pubic area were normal. She also had thickening of the skin over the fingers, terminal onycholysis, and absorption of the digits [Figures 4 and 5]. Based on the clinical history and physical findings, the diagnosis of porphyria was thought of and under ultraviolet light, acidified urine showed coral pink fluorescence of uroporphyrins. In view of the age of onset, absence of family history, and elevated uroporphyrins, a final diagnosis of PCT type 1 was made. The patient was managed with therapeutic phlebotomies and low-dose hydroxychloroquine and had a 75% improvement in symptoms after 1 year.

Figure 1: Hypertrichosis

Figure 2: Hypertrichosis over sun-exposed area

Figure 3: Hypertrichosis over the leg

Porphyrias are due to altered activity of specific enzymes of the heme biosynthetic pathway. Out of the porphyrias, X-linked protoporphyrria, congenital erythropoietic
porphyria, PCT, hepatoerythropoietic porphyria, hereditary coproporphyria, variegate porphyria (VP), and erythropoietic protoporphryia have skin manifestations, which is due to the accumulation of photoactive porphyrins in the skin.

Cutaneous photosensitivity with vesicles and bullae are common. Thickening, scarring, and calcification of skin and reabsorption of terminal parts of the digits happens, which resembles scleroderma—the pseudoscleroderma appearance.\(^1,2\)

Excessive hair growth in porphyrias predominantly occurs over the sun-exposed areas sparing the other androgen-dependent areas, offering a diagnostic clue. The hypertrichosis can sometimes be so extreme that the affected patients are called “monkey’s children.”\(^3\)

PCT is the most common porphyrias and presents usually after puberty with skin lesions.

The precipitating factors for this disease includes alcohol abuse, smoking, estrogen, hepatitis C, and hemochromatosis gene (HFE) mutations.\(^1\)

**Diagnosis:** Plasma porphyrins are increased in patients with porphyrias causing blistering skin lesions. The fluorescence spectrum of plasma and urine can distinguish erythropoietic protoporphryia, and PCT.\(^1\) A predominance of uroporphyrin and heptacarboxyl porphyrin in urine, producing coral pink fluorescence is diagnostic of PCT.

**Treatment:** Phlebotomies to reduce ferritin levels is the treatment of choice.\(^4\) Deferoxamine, an iron chelator,\(^5\) or low-dose hydroxychloroquine (100 mg) or chloroquine (125 mg) twice weekly is usually effective when repeated phlebotomies are contraindicated.\(^1\)

PCT should be considered as a diagnostic possibility in patients undergoing evaluation for excessive hair growth. The typical location of hypertrichosis is the sun-exposed areas, sparing other androgen-dependent areas, other features, such as photosensitivity, skin blisters, cola-colored urine, and examination of urine under ultra violet light helps to differentiate this condition from other endocrine causes of excessive hair growth.

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is the problematic external source that the patient had no feeling of increased sexual drive ingesting of this herb, and follow-up after 1 week revealed suffering from hair loss. This patient was advised to stop made capsule of this herb for a few weeks because he was food component, clinical nutritionist could define an important problematic this case was performed. With complete history taking, the further investigation to find the source of androgen in hyperandrogenemia in this case was therefore arrived at. Androgen or testosterone is an important masculine hormone. It helps construct the male appearance. Hyperandrogenemia is majorly described in of females. However, hyperandrogenemia in males is not frequently mentioned. In this short article, the authors report a case of hyperandrogenemia due to ingestion of Butea superba, a herb found in South East Asia. This is the first case report on hyperandrogenemia due to ingestion of this herb, and polycystic ovarian syndrome has never been any report on this herb in healthy males. Indeed, a previous report also mentioned genotoxicity due to large dosage ingestion of herbs presently, the effects of herbs need to be considered.

This is a common problem in old males to reduced sexual activity and decreased sexual drive. In cases with erectile dysfunction, this is a useful test. Androgenic activity of the Thai traditional male potency herb, B. superba is comparable to that of sildenafil. With the widespread usage of local herbs presently, the effects of herbs need to be considered.

In general, androgen plays an important role in the sexual drive of males. Decreased androgen level is strongly related to reduced sexual activity and decreased sexual drive. In case of excessive androgen. This plant is considered to be a male potency herb. In animal models receiving this herb, stimulation of sexual organ has been reported. This herb is comparable to that of sildenafil. Furthermore, this herb for treating erectile dysfunction.

Of human beings, there is only one previous trial using this herb in healthy males. Decreased androgen level is strongly related to reduced sexual activity and decreased sexual drive. Androgenic activity of the Thai traditional male potency herb, B. superba is comparable to that of sildenafil.