

100-1205
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Panel on Drugs Used in Rheumatic Diseases

INDICATIONS

I. Scleroderma.

EVALUATION: Probably effective.

COMMENTS: Endrate is probably effective for symptomatic, temporary improvement in scleroderma, but without sustained benefit.

The clinical reports listed in the insert are a fair and reasonable description of the literature concerning EDTA in scleroderma, well abstracted and adequately presented. The literature consists of a series of papers concerned with small groups of patients followed for brief periods (1,2,4). Generally, there was a reduction in the symptoms of scleroderma and softening of the involved skin. One follow-up study (3) found that the improvement noted was temporary and that the course of the disease was not affected by the EDTA treatment. This paper is quoted appropriately in the insert.

DOCUMENTATION:

1. Klein, R., and S. B. Harris. Treatment of scleroderma, sclerodactylia and calcinosis by chelation (EDTA). Amer. J. Med. 19:798-807, 1955.
2. Muller, S. A., L. A. Brunsting, and R. K. Winkelmann. Treatment of scleroderma with the new chelating agent, edathamil. Arch. Derm. (Chicago) 80:187-194, 1959.
3. Neldner, K. H., R. K. Winkelmann, and H. O. Perry. Scleroderma; an evaluation of treatment with disodium edetate. Arch. Derm. (Chicago) 86:305-309, 1962.
4. Ruzevitz, J. G., C. Mendelson, J. M. Price, R. R. Brown, and S. A. Johnson. Scleroderma (acrosclerosis); I. Treatment of three cases of the non-calcific variety by chelation (EDTA). J. Invest. Derm. 29:273-286.

Approved by C. R. C. R.

Chairman