LETTERS TO THE EDITOR

ACRODERMATITIS ENTEROPATHICA TYPE II
(Comments on zinc deficiency in infancy)

I had two patients in 1987, admitted under my care having the same type of manifestations as published in the short report Acrodermatitis enteropathica type II in Libya.[1]

My patients were 4-month-old female with hare-lip and 7-month-old male who were exclusively breast-fed and had typical clinical features of acrodermatitis enteropathica. Zinc estimation of breast milk and blood was not done due to want of facilities. They were weaned off breast milk and were administered orally 25 mg of zinc sulphate (elemental zinc 6 mg) in honey and increased gradually up to 55 mg of zinc sulphate (elemental zinc 12.5 mg). All the skin lesions subsided within 15 days. Recurrence of lesions were not seen during the follow-up of 6 months.

I however do not agree with the terminology used in the report[1] because the pathology in AE type II is at the level of breast milk secretion not in the intestine, so the word enteropathica is not appropriate.[2] In my opinion, this type of hypozincemia in infancy needs better and appropriate terminology. I would like to propose the following terminology as per the state of zinc deficiency in these patients :

Type I : Acrodermatitis enteropathica, where zinc deficiency occurs due to defective absorption of zinc in the intestine.

Type II : Lactogenic acrodermatitis (Hypozincemia in infancy)[2] where zinc deficiency occurs due to defective secretion in the mother's breast milk.

Type III : Preterm acrodermatitis, a temporary disorder in preterm infants who are on prolonged parenteral alimentation.

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References

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2. Sharma NL, Sharma RC, Gupta KR et al : Hypozincemia in infancy, Ind J Dermatol Venereol Leprol, 1985; 51 : 256-260.