

CORRESPONDENCE

To,

The Editor,
Indian Journal of Dermatology & Venereology, Bombay.

Sir,

Sub: Primary Raynaud's disease—report of another case.

In our earlier report of a case of Primary Raynaud's Disease (Bedi et al-1969¹), we drew attention to the rarity of the condition with specific emphasis on the clinical picture i. e., the tricolor changes viz. pallor, cyanosis and rubor all of which may co-exist simultaneously in the same individual at the same time.

During the period, we happen to come across another case. A brief case history of the same is outlined below :

A young lady, C., aged 30 years came first to the Skin O. P. D. on 22-11-1969 with the complaints of painful erythematous spots along with some degree of swelling over the fingers. The tips of the fingers were pale. The nails were showing blueness in parts. The movements of the fingers were also painful. The total duration of the history was about 10 days. No past history of such episodes was elicited. *Personal history* : She has been staying at Simla for the last four years. Living conditions are unsettled. She is married, having two children. The husband is in the army and has not visited her for the last six years. She is staying along with her mother and working as an unskilled labourer (house building) earning about Rs. 120/- per month. She is emotionally upset and worried financially as she has alone to support a family of four members. She has to bring water from a distant public tap. Presently she is unemployed because she is not able to work with painful fingers.

Investigations did not reveal any abnormality. No other associated systemic disease was discovered. The patient was given tepid soaks, vasodilators, tranquilisers and reassured. She showed good progress within 10 to 15 days with gradual regression of the signs and symptoms of the disease,

Both these cases have been met with amongst females who are usually more labile emotionally and both patients have shown definite psychological background, hence predilection.

Since this condition is usually confused with the Raynaud's Phenomenon, pointed attention for differentiation from the same is drawn to. The rarity of its occurrence needs to be documented.

Trust the above information shall be further useful for the readers of the Journal.

Yours faithfully,

B. M. S. BEDI. M. D.
R. V. KORANNE, MBBS

REFERENCES

BEDI, B. M. S., KORANNE, R. V.: Ind. Jour. Dermat. & Vener., 35: 233. 1969.

INSTRUCTIONS TO CONTRIBUTORS

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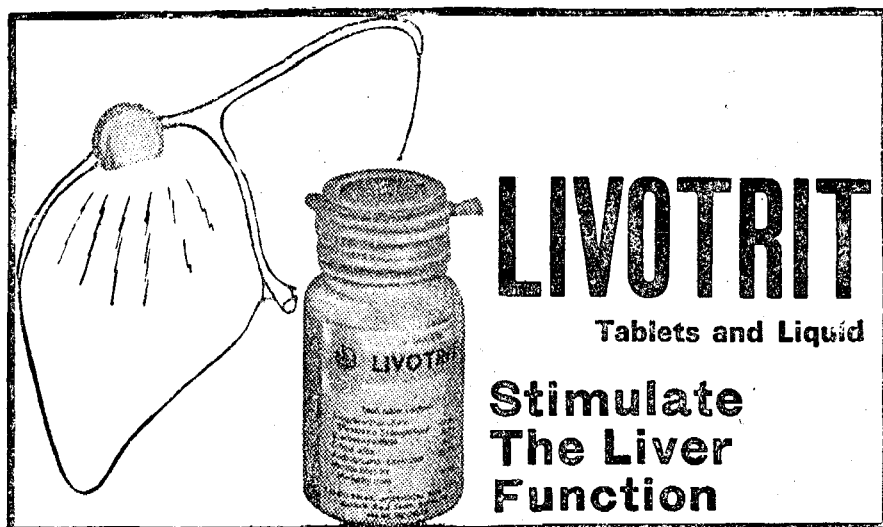
- Examples.* 1. Gugnani, H. C., Mulay, D. N. and Murty, D. K. Fungus flora of Dermatophytosis and Trichophyton Simii infection in North India. *Ind. J. Derm & Ven.* 33 : 73, 1967.
2. White, J. C. and Smithwick, R. H.: *The Autonomic Nervous System*, pp. 271, New York, the Macmillan Company, 1941.

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