

cryosurgery with LN₂ alone with PUVA/ PUVASOL in stable vitiligo has not been reported previously.

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MULTIPLE MUCOSAL NEUROMA SYNDROME

To the Editor

A 17- year old girl operated for left pheochromocytoma in 1992 presented in 1997 with classical hypertensive crisis of four months and pricking sensation in mouth of two weeks duration. Examination revealed tachycardia (120bpm), hypertension (150/120mm Hg) and multiple, flesh- coloured papules 1-2 mm large over the dorsum of tongue and micropapular cobblestoning over buccal mucosa. There was no thyroid swelling. Investigations revealed anemia (Hb 10.0 gm%), increased urinary VMA (50 mg/day), right adrenal tumour (7cm x 6cm x 5cm) on USG, adrenal mass on CT scan and stippling of both eyes on funduscopy. FNAC of thyroid was normal. She was managed by antihypertensives and right adrenalectomy was performed. By two weeks postoperatively her pulse rate reduced (80 bpm),BP normalised (130 /90 mm Hg) and urinary VMA reduced (1.3 mg/ day).

Pheochromocytoma, medullary carcinoma of thyroid and Multiple mucosal neuromas are well known features of Multiple Endocrine Neoplasia Type 3 or Gorlin's syndrome.^{1,2} Multiple mucosal neuromas produce an irregular bumpy surface over the eyelids, conjunctiva, sclera. lips, tongue, buccal mucosa, gingivae,

palate, pharynx or larynx.³ A multitude of ocular and musculoskeletal changes are associated,⁴ but in our case only macular pigmentary stippling was detected. The case is reported because of its rarity in literature. Regular surveillance is , however, mandatory to detect development of medullary thyroid carcinoma.

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