ASSOCIATION NOTES

Post-Graduate Facilities in Dermatology and Venereology in Bombay:

Following Medical Institutions are training Post-graduate students in Dermatology and Venereology ((D.V. and D.) diploma of the University of Bombay. They also train Post-graduate students for the DDV diploma and F.C.P.S. Fellow-ship of the College of Physicians and Surgeons, Bombay. The Skin and Venereal Department and also the teachers connected with these Institutions are recognized for the purpose :

1. Grant Medical College and J.J. Hospital, Bombay-8.
2. G. S. Medical College and K.E.M. Hospital, Bombay-12.
3. Topiwalla National Medical College and B. Y. L. Nair Hospital, Bombay-8.

Other branches of the Association and similar Institutions in India are requested to supply information on the same subject.

Bombay Branch :—

I. A clinical meeting was held at J.J. Hospital (V.D. Department) on 11-1-1961. Interesting venereal cases were presented at the meeting. (Chief: Dr. B.A. Daruwalla).

II. A clinical meeting was held at. B.Y.L. Nair Hospital on 2nd February '61. The following cases were presented by Dr. Tonpi. (Chief: Dr. T.K. Mehta).

1. A Case of SLE :

Name: Mrs. J.R. Sex: Female. Age: 20 years. Caste: Hindu.

History: The patient was admitted into the hospital with complaints of rash over the face and fever of 15 days duration, eruption over extremeties and back, of one year duration and joint pains of 6 years duration. The rash was worse over the face and appeared over the bridge of nose and adjacent region and later spread to malar, temporal and auricular regions. The fever has been of a low grade type. The eruption had appeared over the right hand and later spread to thigh and back. After certain time the eruption became static. The joint pains have been present intermittently for the last six years.

No history of epilepsy, chest pain, bleeding episodes or anything perttaining to internal organs.

On examination the rash over the face consisted of diffuse erythema with some oedema and scales over the bridge of the nose, malar region and extending over the ears. There were fine scales all over the rash. There were papular and haemorrhagic lesions with keratotic plugging scattered over the left side of the back. There were discoid and plaque like lesions over dorsum of right hand and fingers, right thigh and knee and left side of the back. The lesions had adhering scales and depigmented atrophic centre with hyperpigmented borders. There was a slight swelling of right ankle joint and foot with erysipeloid lesions around the ankle. There was also a midline erosion of the palate. On general examination, patient showed a pale conjunctive

generalised lymphadenopathy. Liver and spleen were both enlarged and were palpable 1" below the costal margin; firm, not tender. No other abnormality was detected in any other system. B.P. 96/58 mm of Hg.

Investigations :—

Blood: Hb. 54%. R.B.C. 2.4 mil/cmm. Urine and Stools: N.A.D.

W.B.C. T.5000/cm. D.C. P 48. L46 E 4 M 2. X-Ray chest and E.C.G. : N.A.D.

E.S.R. — 61 mm. V.D.R.L. Ve. Paul-Bunnel—Ve. Fundus : NAD.

Widal — Ve. Weil-felix -- Ve. Coomb's test—Ve. Tuberculin—1: 10,0000 -- Ve.

Serum Proteins : Total 6 gms. Alb. 2.9 gm. Globulin 3.1 gm.

Alb: Glo=1:1.

No. L.E. cell could be detected on direct. peripheral blood examination. L.E. Cell was demonstrated by sensitization method and so also was Rosette formation.

Histopathologic examination was confirmatory.

On admission General line of treatment was adopted till completion of investigations. From 1-1-61 Mixt. Soda salicylate and A.P.C. was given intermittently for joint pain. The rash over the face subsided with hospitalization. On 7-1-61 Blood was examined and C.T. 10′ B.T. 8′ 3″. On 11-6-1961 chloroquin 10 mg. t.d.s. was started but on 12th patient was having bleeding from gums and tissue with crusting of lips. Her blood was examined and was found to have Hb. 7.58%. R.B.C. 2.8 mill/cm. W.B.C. : T. 3350 c/cm. W.B.C D.C. P 70. L 26. E.B. 2. Platlet 59000/cm. Bleeding time more than 12′. Clotting time 17′. No retraction of clot. on account of this pancytopanic picture and bleeding. Prednisolone was started on 18-1-1961 with 2 tab. Q.D.s. Dosage. Pt. is improving.

2. A case of Nocardiosis (?)

Name: Mrs. K. M. Age: 45. Sex: F. Caste: Hindu.

History : The patient was admitted into the hospital on 3-12-'60 with a swelling of right side of the face of 11 years duration.. It had started as a nodular swelling and later purulent discharge came out of it. Similar swelling appeared in the adjacent areas. The purulent discharge was present all the time. 6 years back patient was treated at Poona with excision of the growth and skin grafting. After about 6 months after operation nodules started developing again and gradually it has grown to present size. No itching was present. **On examination** a nodular boggy swelling was seen extending from right ear to the angle of the mouth and from lower border of mandible to ½" below the right eye. There were discharging sinuses with pustules and crusting. The nodules were not adherent to deep structures. From the mouth the nodule could be felt but mucous membrane was healthy.

Lymph glands : Regional and other glands were not palpable.

Systemic Ex : Nothing abnormal detected.

Investigation :—

Blood Hb. 72% W.B.C T 9700 c/cm. D.C.P.69 L 26 E.5 V.D.R.L. —Ve.

Urine and Stools : N.A.D.

9-12-60 Smear of discharge — A few pus cellss and Gram + Ve organisms. No mycelia detected. No acid fast bacilli seen.

10-12-60 Pus smear — No pus cells. No org. No actinomycis seen.

Culture : Growth of (a) Strepto-Pyogenes. (b) Staph-pyogenes. (c) Conebacterium.

12-12-60 Swab from lesion - cultured - Nocardial growth suspected.

Histopathological Examination : A granulomatous reaction was seen with epitheloid structure in Dermis and destruction of Epidermis in most places. Occasional giant cells were seen. No acid fast bacilli seen.

Treatment : On Adm. General line of treatment was adopted and the lesion was cleansed with saline and dressed. With this treatment the lesion became free of discharge in a week. From 26-12-60 she was put on 8 gms. of sulphadizine and mixt. Alkaline. The lesion became very clean and she was put on mixt. Pot. Iodide.

On 6-1-61 the lesions were responding to above therapy as the size became less. As the mas was indurated local application of Hirudoid ointment was started. On 23-1-1961 the lesion was better so Inj. cry. penicillin 5 lac was started. Pt. is still under treatment and study.

Both the cases were well debated and discussed by the members present. There was a good discussion on the S.L.E. as regards its etiology etc. It was suggested that chronic L.E. is but a benign variant of the former. Both the meetings were well attended.