Response by authors

Sir,

We greatly appreciate your interest in our article.[1] The study by Sayani *et al*. (2005) has shown that there is no correlation between the TPMT activity and the development of azathioprine induced adverse events.[2] Therefore estimation of TPMT levels to predict adverse events seems unnecessary. The apprehension of using 300 mg pulse doses of azathioprine in the absence of TPMT assessment also seems misplaced. There may be some other factors responsible for myelosuppression; therefore regular monitoring of complete blood cell counts throughout the treatment is essential.[3] We have used azathioprine in a large number of patients for prolonged durations and found it clinically and biochemically safe.[4] Pulse doses of azathioprine, administered as 300 mg in a month along with daily doses of azathioprine have also been found to be safe and effective.[5] Therefore 300 mg weekly pulse doses of azathioprine can be safely used. However we recommend close regular monitoring of laboratory parameters, particularly complete blood counts and liver function tests to determine any azathioprine induced adverse events.

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A clinico-epidemiological study of allergens in patients with dermatitis

Sir,

Allergic contact dermatitis is a cell-mediated inflammatory skin reaction to allergens coming in direct contact with the skin. Properly applied and correctly interpreted patch tests are at present the only scientific "proof" of allergic contact dermatitis.[1]

In India, contact dermatitis is one of the major occupational health problems, with an incidence of 4-7%. The economic and social consequences of contact dermatitis are significant; 40-60% of occupational absenteeism is attributed to some form of contact dermatitis.[2] Incidence can vary depending on the degree of socioeconomic and industrial development in the area as well as the interest of the dermatologist in allergic contact dermatitis.[3] This study was carried out to identify the prevailing pattern of allergens that cause contact dermatitis; this would serve as an important database.

From September 2000 to December 2001, patients with suspected allergic contact dermatitis were recruited by purposive sampling and after obtaining written informed consent. Detailed clinical history was obtained using a pre-tested structured case-record form. The subjects were then clinically examined and patch tested with the Indian Standard Series, containing 29 allergens, supplied by Systopic Pharmaceutical Lab©, New Delhi. Chambers were applied on clinically normal skin of the upper or lower back of the patient. Readings were taken at 48-72 h and 96 h and interpreted according to the International Contact Dermatitis Research Group criteria.