

skin faculty. This specific reaction may get stalled in vitiligo patients as their ability to sweat off excess toxin concentration is lost. In acquired hostile environment the colour determinant may undergo structural modification through conjugation with the available toxins with complementary surfaces at the vacant spaces as predicted by Sawhney,² losing its property to impart natural shade to epidermis. The resultant structural crisis sets in the trigger mechanism of the pigment dilution in the stratum corneum with slow progression with the percutaneous diffusion of these toxins in skin matrix.

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CLINICAL PROFILE OF PSORIASIS IN WESTERN RAJASTHAN : STUDY OF 300 CASES

To the Editor,

Psoriasis is a common genetically determined, chronic recurrent papulo-squamous dermatosis, characterized by circumscribed, erythematous patches of various sizes covered with silvery white scales. The lesions tend to become confluent and may persist indefinitely. The disease is unpredictable and capricious in its course but is usually chronic.¹

A total of 300 cases of psoriasis from western Rajasthan were evaluated clinically in a period of one year ie, January to December 1994. Total outdoor registration was 62261 and male to female ration being 1.6:1. Incidence of psoriasis was 0.48% while male

to female ration was 3:1. Most of the patients (205;68.34%) had onset of their disease in second to fourth decade of life. Youngest patient was 6 months while oldest was 79 years old. Maximum number of cases were of psoriasis vulgaris (225;75%), second commonest being palmoplantar psoriasis (17;5.67%), followed by sebopsoriasis (14;4.67%) etc.

In our study itching was experienced by 259 (86.33%) of patients while only 41 (13.67%) were asymptomatic, similar observation has been made by others.² The incidence of diabetes mellitus in psoriasis reported in literature is 2.4% to 5.7%.^{3,4} Similar observation was made in 8 (2.67%) patients in our study. We also noted coincidental diseases in family members of the patients and observed that there was diabetes mellitus in 11 (3.67%) and vitiligo in 6 (2%). Therefore we hypothesise that these three conditions may be interrelated and probably having similar genetic predisposition. The paucity of such a study in literature from this region prompted us to undertake this work

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HYPHIDROTIC ECTODERMAL DYSPLASIA IN TWO SIBLINGS

To the Editor,