carcinomas (SCC). We are reporting this case because of rarity. Recently there was a case report of malignant melanoma of skin and SCC of the eye arising from limbus in an adult XP patient.[2]

A 6-year-old male, youngest child of a consanguineous parents had multiple freckles and hypopigmented atrophic macules on sun exposed parts of the body since 4 years of age. Parents have 2 male and 2 female children, 3 children developed XP, 1 male child is healthy.

Child had photophobia, blepharospasm and increased lacrimation. Developmental mile stones were normal and no neurological manifestations.

Patient developed a small nodular growth 1 month back, situated at 5 O'clock position at the limbus of left eye. During 1 month, it attained the size of 1.5 cm X 1 cm grayish brown raised growth encroached upon cornea completely and growth was protruding out about 0.5 cm (Fig.1). Child had pain,

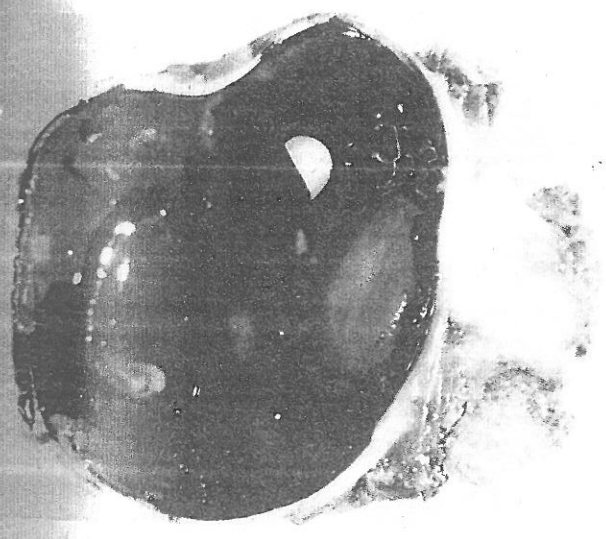

Fig. 1. Vertical section of eyeball with growth.

irritation and could not close the eye. There were no matastases.

Routine investigations were normal including LFT, X-ray chest was normal, skin biopsy confirmed the diagnosis of XP. Enucleation of eyeball was inevitable. Histopathology of the growth revealed as well differentiated SCC.

Neoplasm of the eye in XP confined almost exclusively to the conjuctiva, cornea and eyelids, those portions of the eye exposed to ultraviolet radiation. These tissues sheild the iris, lens and retina from ultraviolet radiation.

Unique review of 830 published cases of XP in a span of 108 years by Kraemer et al[1] revealed that neoplasms occured most frequently at the limbus followed by the cornea and conjuctiva. The most frequent histologic type reported was SCC.

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PAPILION-LEFEVRE SYNDROME

To the Editor,

In 2 cases of Papilion-Lefevre syndrome slightly different morphological features were seen by me. Both the patients are brothers; 1 is 6-years-old and other is 6-months-old. Parents are not consanguineous. Psoriasiform lesions are present not only on classical sites but on many other areas over the body in the elder child. Because of very rarity (only 10 cases are reported upto 1988 from our country).[1] These cases are discussed here.

A 6-year-old boy and his 6 months

brother were brought to skin department for thickness and scaliness of palms and soles. On examination, palmoplantar hyperkeratosis with erythema and scales are noticed in both children. In elder child - psoriasiform scales are present on palms, soles, both knees, elbows, over tibia and malleoli. Within 1 month after coming to us patient developed psoriasiform plaques in many areas on the body. All deciduous teeth are lost except deciduous canine on right side of lower jaw, and permanent Ist molar on left side of lower jaw. X-ray mandible showed permanent tooth bud of 1st and 2nd premolar. No calcifiction of falx cerebre was seen.

Papillon-Lefevre syndrome is an autosomal recessive disorder of keratinization characterised by erythematous scales, thickness of palms and soles, psoriasis like lesions on elbow, knees, weakness of periodontial ligaments and teeth loss with calcification of falx cerebri. Localized disorders of keratinization such as mal de maleda, Unna Thost, Papillon - Lefevre syndrome may have strong relation with psoriasis.

Not only the present thinking of disordered leucocyte function, disordered gingival fibroflast, and cementoblast function in P-L syndrome, some other etiological factor such as Zinc deficiency in Acrodermatitis enteropathica may come into our notice in future. In this contest, response of psoriasis to linolenic acid may be thought of. In my patients cutaneous lesions responded well with external application of MF3 ointment (moisturizing ointment) retinoic acid, ointment, oral beta carotene, oral alfalin capsules (Linolic + Linolenic acid) massage of sunflower oil before bath.

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KERATOTIC PAPULES ON CHIN, A NEURODERMATITIS OR DYSMORPHOPHOBIA?

To the Editor,

The lettr on keratotic papules on chi (KPC) by M M Udagani published in IJDV 1993: 59: 45 was interesting. I wish to repo a case of KPC which may throw some light o the aetiopathogenesis of the condition. A female student aged 18 years presented wi asymptomatic bilateral skin coloured follicul papules on the chin of 9 months' duration Size was that of a rupee coin and the skin between the papules showed mil hyperpigmentation. though the patient denie any rubbing, her parents had noticed he constantly picking at the hairs on the chin Further queries revealed that the girl wa deeply worried about the unwanted hai growth on her face.

To reassure her, the prominent hairs o the chin were removed by electrolysis Pimozide 2mg as a single morning dose alon with topical Tretinoin (0.05%) produce almost complete clearing of her lesions in weeks, leaving only a little residual hyper pigmentation. With only alternate da application for another 1 month and a follo up period of 2 months, ther was n recurrence.

Predominance of the condition in fema teenagers with one or other congenital o acquired blemishes on their face,[1] th particular localization on the chin, the typica appearance of chronic follicular keratinizatio due to constant rubbing, and th psychological disturbance all point towards th tentative diagnosis of a neurodermatitis. Ch is the most easily accessible area for studen sitting with their elbows on the desktops an the chin resting between the thumb an forefinger. Modesty may be preventing the