References

1. Greenberg LM, Geppert C, Worthern HG, et al. Scleredema adultorum in children, Pediatrics 1963; 32: 1044-54.
2. Mulay DN, Mehta JS, Ahuja BB. Seleredema, Brief Review of literature and case reports. Ind J Dermatol Venereol Leprol 1968; 34: 57-63.

DEPRESSION MANIFESTING AS URTICARIA

To the Editor,

This letter is with reference to an interesting article entitled 'depression manifesting as urticaria' published in the Journal (1993;59:41-2)

From the article it envisages that the three patients of chronic urticaria were only partially controlled with antihistaminics and corticosteroids. It is not clear from the article that in what kind of depression the patients were i.e. exogenous or endogenous, as the term moderate to severe depression is not conceivable. It may be possible that the depression was only secondary to chronic urticaria i.e. exogenous depression in which case tricyclic antidepressants are not indicated.

Also it is not clear from the article that after how much period the patient first showed improvement after the institution of antidepressant therapy with imipramine. If it was due to antidepressant action (taking that the patients were in endogenous depression) it would take 3-5 weeks or more before the onset of action. But if the improvement occurred earlier (not specified except in the second case who showed immediate improvement after restarting the drugs which she had stopped for two weeks) then there is an immense possibility that the improvement could have taken place because of imipremines H1 and H2 receptor blocking action instead of its antidepressant action, as this drug is quite a potent blocker of the aforementioned receptors.[1]

P K Sharma
Port Blair

Reference

1. Richelson E.Tricyclic antidepressants and H1 receptors. Mayo Clin proc 1979; 54: 669-74, quoted in, drugs used in the treatment of disorders of mood, In Goodman and Gilman's The Pharmacological basis of therepeutics 7th ed. New York Macmillan publishing company, 1985: 412-45.

KISSING LUPUS VULGARIS

To the Editor,

A 19-year-old male presented with chronic ulcers over both buttocks of 5 months duration. Initially, he noted a small pea-sized raised eruption over the left buttock near midline which 2 weeks later spontaneously ulcerated, discharging seropurulent material. A few weeks latter, patient noticed similar swelling on the right buttock kissing the previous one. There was no history indicative of systemic involvement.

The skin of both gluteal regions was showing oblong obliquely placed plaques. they were brownish red, hyperkeratotic and indurated. Hyperkeratosis was marked at the margins especially over their inner ends. Scarring and pigmentation was apparent in the centres of the plaques. The skin adjacent to the medial ends of the plaques in the natal cleft was not involved. Diascopy was unrewarding. BCG vaccination scar was absent.

Total and differential count and blood sedimentation rate were within normal limits and so also was the skiagram of the chest and lumbosacral spine. Ziehl-Neelson-stained

smear for tubercle bacilli was negative. Lowenstein-Jenson medium did not yield growth after 6 weeks. Mantoux test was positive with a reading of 15 mm after 48 hours. The VDRL and HIV tests were non-reactive.

The hematoxylin and eosin stained section of skin lesion revealed the formation of tuberculoid granuloma composed of epithelioid cells, mononuclear cells, langhans and foreign body giant cells located in the dermis. There was not much of caseation necrosis. Secondary epidermal change in the form of hyperkeratosis and acanthosis of the epidermis were present. Acid fast bacilli could not be demonstrated.

Short course treatment regime comprising of INH 300 mg, rifampicin 450 mg and ethambutol 800 mg daily was given for 8 weeks. Favourable response was recorded by regression in the induration as well as hyperkeratosis. The treatment with INH and rifampicin was continued after 2 months, for another 7 months.

The bilateral disposition of lupus vulgaris over the buttocks leaving normal intervening skin in the natal cleft is unusual. This probably resulted from auto-inoculation of the lesion from one buttock to the other.

Devinder M Thappa, B R Garg,
C Ratnakar
Pondicherry

OCCURRENCE OF SQUAMOUS CELL CARCINOMA AND MULTIPLE CUTANEOUS HORNS IN POROKERATOSIS

To the Editor,

A 75-year-old male presented with multiple atrophic plaques over the upper limbs, trunk and lower limbs of 4 years duration. The lesion in the upper limbs extended from the forearm to the arm. The plaque in the lower limbs involved the knee, ankle and thigh regions. The plaques showed central atrophy with a raised peripheral keratotic edge. Using a hand lens, a furrow could clearly be made out in the edge. Multiple small atrophic lesions with a keratotic edge could also be seen in the trunk. A depressed plaque was also made out in the tongue. GHair, nail and teeth were normal. The plaque over the right forearm showed an ulcerated growth (Fig.1). The plaque in the left lower limb showed in its upper border, a large hyperkeratotic horny projection about 4 cm in height and having a diameter of about 3 cm in the base (Fig 2). A similar projection was seen in the lower end of the same plaque. routine investigations were normal. Biopsy of the plaque in the left forearm from the raised edge showed the typical features of porokeratosis. Another biopsy was done from the ulcerated area on the right forearm. This revealed a squamous cell carcinoma (SCC). a wide excision of the SCC was done. Follow up over a period of 1½ years showed no recurrence. Biopsy of the cutaneous horns showed no evidence of any malignant degeneration.

This case, an elderly male who has manifest porokeratosis for several decades presents a unique combination of both cutaneous horns and SCC over different plaques of porokeratosis. Malignant degeneration is more common in the giant, linear and plaque types of porokeratosis. Many mechanisms have been suggested for the malignant change in these lesions. One is the presence of an instability in the short arm of chromosome 3 as seen in cultured