back. Overlying skin, which had an "orange peel" appearance, was topped by 2 to 3mm sized soft papular lesions numbering five in total and a 5 mm sized hyperpigmented, raised soft nodule having furrowed skin. No ash leaf macules, adenoma sebaceum, cafe-au-lait macules or neurofibromas were seen. Rest of cutaneous and systemic examination was unremarkable. Routine laboratory examination was within normal limits. Skiagram of dorsolumbar spine did not show any abnormality. Microscopic examination of the lesions showed mild hyperkeratosis in the epidermis. The reticular dermis showed collagenisation. Verhoff-Von Gieson stain showed marked increase in the elastic fibres but there was no evidence of degeneration of elastic fibres.

The term naevus elasticus was first used by Lewandowsky[3] under the title of "Naevus Elasticus Regionis Mammariae" to describe a condition appearing in the pectoral regions and being characterised by groups of perifollicular papules which histologically showed disappearance and degeneration of the elastic fibres. Staricco and Mehregan,[2] however, later emphasized the use of the term naevus elasticus for a localised naevoid disturbance of elastic fibres, characterised by pure excess of normal appearing fibres. The use of term naevus anelasticus for Lewandowsky's naevus was justified. The naevus elasticus has been described under a variety of names such as dystrophia elastica follicularis thoracica, naevus pseudocolloid perifolliculaire, naevus conjunctivus and juvenile elastoma.[2] It is generally found in young children and is characterised by skin coloured or white-yellowish tumours varying in size from few mm to one centimeter, isolated or grouped in plaques, generally distributed on the back, the lumbar regions, the abdomen and thighs.[2] The features observed in our case were compatible with sporadic isolated form.

These connective tissue naevi are subtle at birth and may go unnoticed. They tend to persist throughout the life. Clinically, the appearance is so characterisitic that they are seldom misdiagnosed.

Devinder Mohan Thappa,
BR Garg, C Ratnakar
Pondicherry

References

1. Verbov J, Graham R. Buschke-Olendorf syndrome-disseminated dermatofibrosis with osteopoikilosis. Clin Exp Dermatol 1986; 11: 17-26.
2. Staricco RG, Mehregan AH. Nevus elasticus and nevus elasticus vascularis. Arch Dermatol 1961; 84: 105-9.
3. Lewandowsky F. Naevus elasticus regionis mammariae. Arch Clin Exp Derm 1921; 90: 131.

NAEVUS LIPOMATOIDES CUTANEOUS SUPERFICIALIS

To the Editor,

Naevus lipomatoides cutaneous superficialis (NLCS) was first described by Hoffmann and Zurhelle in 1921.[1] This is an uncommon naevus showing groups of soft populonodules of pale yellow colour. They start in the first two decades.[2] Only 8 cases of NLCS have been reported in Indian literatute[3] and around 130 cases in the world literature.[4] This condition is due to the presence of ectopic fat cells in the dermis which are derived from the perivascular mesenchymal tissue.[2]

A 35-year-old female was seen with multiple grouped asymptomatic nodules over the left hip. Lesions started at puberty and gradually increased in size. There was no family history of similar lesions. On examination there were multiple yellowish

coloured grouped soft non-tender nodules varying in size from 0.5-2 cm, seen on the left hip. There was no systemic involvement.

A provisional differential diagnosis of xanthoma or soft papilloma was made. Biopsy was taken from one of the nodules. Histopathological examination revealed island of fat cells embedded in the collagen bundles of the dermis, surrounding the dermal blood vessels and almost extending upto the epidermis (Fig.1).

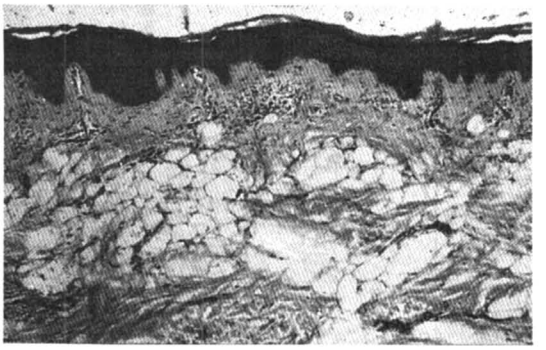

Fig. 1. Naevus lipomatoides cutaneus superficialis.

NLCS is a developmental anomaly. Though no sex predilection was mentioned earlier in the literature most of the cases including our patient were females.[3,4] There are two clinical forms, the one with zonal distribution occurs on the buttocks and presents from birth or childhood and the other domed or sessile papule beginning later in life and also occurring on the limbs.[5] The histopathology of this condition is characteristic. There is predominantly dermal collections of adipose tissue. Similar findings may also be seen with intradermal melanocytic naevi and Goltz syndrome both of which may be easily distinguished clinically from NLCS.[2] The lipocytes seen in the dermis are found to be immature and are postulated to arise from the pericytes as these are closely associated with dermal capillaries.[2] Comedo like plugs, cafe au lait spots, hypopigmented macules and ulceration over the lesions have all been described in a few cases, these were not observed in our patient.[5]

P V S Prasad
Annamalainagar

References

1. Hoffmann E, Zurhelle E. Uber einen naevus lipomatodes cutaneus superficialis derlinken glutaalgegend. Arch Dermatol Syphilol 1921; 130: 327-33.
2. Lever WF, Lever GF. Tumours of fatty, muscular and osseous tissue. In: Histopathology of skin. 6th edn. Philadelphia: J B Lippincott company, 1983; 652.
3. Thappa DM, Sharma RC, Lal S, et al. Naevus lipomatosus cutaneus superficialis-report of 2 cases. Ind J Dermatol Venereol Leprol 1992; 58: 27-9.
4. Chanoki M, Sugamoto I, Suzukie, et al. Naevus lipomatosus cutaneus superficialis of scalp. Cutis 1989; 43: 143-4.
5. Atherton DJ. Naevi and other developmental defects. In: Textbook of Dermatology (Champion RH, Burton JL, Ebling FLG, eds). 4th edn. Oxford: Blackwell Scientific Publications, 1992; 467-8.

MYCOLOGICAL ASPECTS OF DERMATOMYCOSIS IN YAVATMAL (MAHARASHTRA)

To the Editor,

Dermatomycosis is by far the most common fungal disease in human beings. Though various species of dermatophytes produce clinically characteristic lesions, a single species may produce variety of lesions depending upon site of infection. Infection is also produced by species of candida and a number of opportunistic fungi.

A total 112 clinically suspected cases of dermatomycosis were studied. Fungal species were identified by taking skin scraping and on the basis of cultural characteristics by standard mycological techniques.

Out of 112 clinically diagnosed cases of