

LETTERS TO THE EDITOR

DEPRESSION MANIFESTING AS URTICARIA

To the Editor,

I wish to express my comments on report entitled as depression manifesting as urticaria published in IJ DVL (1993; 59: 41-2) with reference to following important statement.

They were given antihistamines and later oral corticosteroids over a period of 4 to 7 months — the poor response to treatment they were subjected to the psychiatrist — histamine release from the mast cells can be provoked by cholinergic agonists.¹

1. Patients with chronic urticaria for the period of 4 to 7 months, the disease itself might have resulted in state of depression.
2. Corticosteroids are known to produce psychiatric problems, therefore administration of corticosteroids for a long time might have resulted in state of depression.
3. Administration of imipramine in these patients might have also acted as cholinergic antagonist.¹

Therefore state of depression must have resulted due to chronicity of urticarial condition and partly due to administered drugs before submitting the patients to psychiatrist.

M M Udagani

*First main, 4th cross, Sadashiv Nagar,
Belgaum - 590 001, India.*

Reference

1. Kolb L C. Noye's Modern Clinical Psychiatry, 7th edn. New Delhi : Oxford & IBH Publishing Co, 1970; 585-6.

REPLY

To the Editor,

We wish to thank Dr Udagani for his pertinent comments on our article 'Depression manifesting as urticaria' (IJ DVL, 1993, 59: 41-2). In view of the briefness of the report certain issues were not discussed. We wish to clarify the issues raised by Dr Udagani.

1. The content of a depression arising as a reaction to urticaria will reflect only that stress factor whereas in our cases the origin of depression was primarily related to other factors and not to the chronic skin problem.

2. In our cases the symptoms of depression were present even before treatment with steroids was initiated. Hence the steroids could not be implicated in the causation of depression, though it is possible they could have worsened.

3. The antidepressant effect of imipramine in our patients occurred gradually over 3-4 weeks. If it is due to anticholinergic effect, the effect would be sooner and seen within a few days.

*S Shobana, T N Srinivasan, J Vasantha
Department of Dermatology,
S R Medical College & Research Institute
Perur-600116, Madras*

SQUAMOUS CELL CARCINOMA ARISING FROM LIMBUS OF EYE IN XERODERMA PIGMENTOSUM

To the Editor,

Ocular neoplasms arising from the eye excluding those of eyelids constitute 11% of xeroderma pigmentosum (XP) patients.¹ They are most frequently arising from the limbus and are predominantly squamous cell

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 milestones 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,

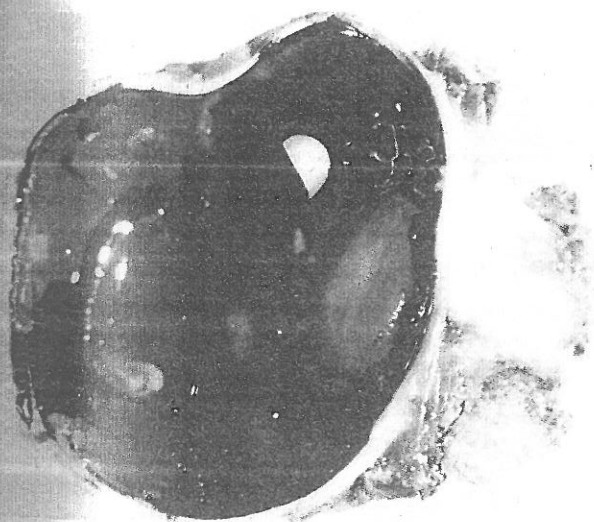


Fig. 1. Vertical section of eyeball with growth.

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

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 conjunctiva, cornea and eyelids, those portions of the eye exposed to ultraviolet radiation. These tissues shield 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 al¹ revealed that neoplasms occurred most frequently at the limbus followed by the cornea and conjunctiva. The most frequent histologic type reported was SCC.

M M Udagani, V G Govekar
Consultants' Chambers, Shivaji Road,
Belgaum - 590 002, India.

References

1. Kraemer K H, Lee M M, Scotto J. Xeroderma pigmentosum; cutaneous, ocular and neurologic abnormalities in 830 published cases. Arch Dermatol 1989; 55: 248-50.
2. Negabhushan N R, Satish D A, Sumathy T K, et al. Xeroderma pigmentosum with malignant melanoma and squamous cell carcinoma. Ind J Dermatol Venereol Leprol 1989; 55 : 248-50.

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