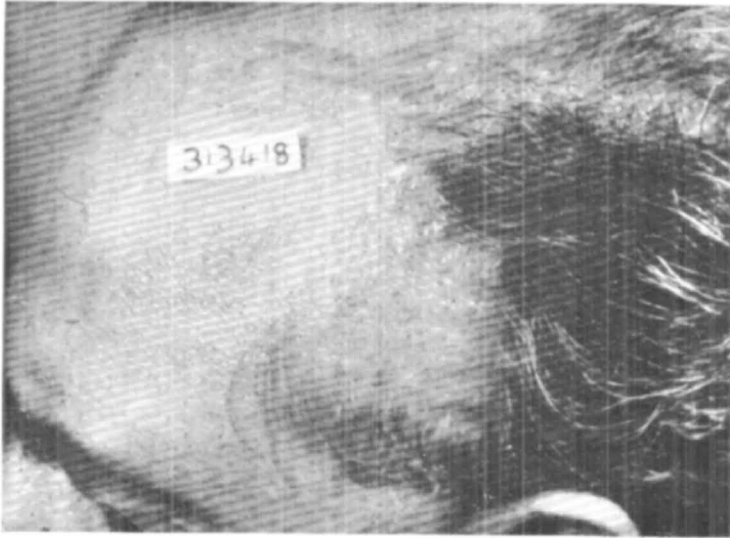


WHAT IS YOUR DIAGNOSIS ?

40 year old male patient complained of gradual progressive baldness in patchess for 9 years. He was otherwise well.

Examination showed irregular areas of alopecia in the fronto-parietal temporal regions. Spreading periphery of the bald areas showed follicular papules and pustules of 2-3 m.m size. No regional lymphadenopathy. No history of alcoholism



Differential diagnosis :

1. Folliculitis Decalvans
2. Lupus vulgaris
3. Blastomycosis like pyoderma

The clinical picture of a scarring alopecia with peripherally active border of follicular papules and pustules of 9 years' duration in an otherwise healthy patient is suggestive of Folliculitis Decalvans. Histopathology showed epidermis with patchy parakeratosis, hyperkeratosis and irregular acanthosis. Upper and mid dermis showed a dense infiltration of predominant plasma cells around the hair follicles. Some hair follicles were invaded by the infiltrate. There was also perivascular infiltration with plasma cells. Histologic features are also consistent with a diagnosis of Folliculitis decalvans.

Final diagnosis : Folliculitis Decalvans

ABSTRACTS

An interrogative study of pattern of urticaria in children, V. N. Sehgal, V. L. Rege and V. N. Kharangate (Dept. Venereol-Dermatol, Goa Med Coll, Panaji) J Dermatol (Japanese), 2 : 1, 1975.

Of the 44 patients of urticaria in children in 52.3 percent, the etiologic agents were defined with food as the major cause. The clinical features were characterised by itching, erythema, wheals and oedema of different configuration. The urticaria lesions were commonly seen on the extremities and the trunk. Largely the patients applied for treatment in the course of a week. Majority of the patients were in the age group of 5-9 years. The acute urticaria was most frequent, while the other variants were rare. The laboratory investigations were largely equivocal. The parasitic infestations in particular as etiologic factors were inconclusive.

Elimination of circulating antibodies - attempts to eliminate antibodies circulating in rabbits using a fraction of normal human epidermis, V. D. Sood, J. S. Pasricha and K. C. Kandhari (Dept. Dermatol - Venereol, A.I.I.M.S., New Delhi) Dermatologica 150 : 86, 1975.

Rabbits were immunised with a fraction of normal human epidermis to produce circulating antibodies. In each experiment, half of the immunised rabbits were given a dose of the same antigen intravenously and the changes in the titres of antibodies were recorded. Doses of the antigen used in different experiments varied from 0.09 to 3.5 mg protein per rabbit (each approximately 1 Kg in weight) and led to a mild decrease in the antibody titres for the first 24 hr, followed by a secondary rise. Administration of corticosteroids together with the antigen intravenously could check the secondary rise in antibody titre. Repeated intravenous injections of the antigen led to severe anaphylactic reactions, while subcutaneously administered antigen produced no significant effects.

Photochemotherapy of psoriasis with 4,5',8-trimethylpsoralen, V. N. Sehgal, V. L. Rege, V. N. Kharangate *et al*: (Dept. Venereol Dermatol Goa, Med Coll, Panaji) Dermatologica, 150 : 316, 1975.

Eleven psoriasis patients were orally administered 40 mg of TMP bi-weekly, 2-2.5 hours before the sun exposure on full stomach for 9 to 12 sittings (4-6 weeks). The exposure of psoriatic lesions to midday sunshine (between 11 a.m. and 3 p.m.) for 20 minutes was sufficient to cause erythema. Reduction of scales and flattening of lesions in weekly follow-up characterised a favourable clinical response. The histological examination was performed before and after the completion of therapy for determining the histological progress of the treatment. The clinical improvement in 3 patients was 100 percent; in 4 patients 75 percent; 2 had 50 percent and another 2 patients 25 percent. The latter discontinued the treatment after 1-2 weeks. In view of the favourable clinical response, TMP seems invaluable for keeping psoriasis under remission and may also be useful for its maintenance, coupled by innocuous nature, may prove superior to the conventional drugs thus far known for the condition.

BOOK REVIEW

Treatment of Skin Diseases, J. S. Pasricha, Arnold-Heinemann Publishers, New Delhi, 1976 (pp. 168, Rs. 17.50)

As I have often remarked, any book by an Indian writer is welcome apart from its merits. More so in a country where reading and therefore writing habits are so poor as remarked by the erstwhile Prime Minister Nehru some years ago.

The book under review is purely a clinical subject handled by essentially a research worker. Therefore it does suffer from incidental limitations. However, these do not detract from overall utility of the book to those for whom it is primarily written namely for medical students and general practitioners.

The young author has treated the subject in a clinical way. He gives a summary of clinical signs and symptoms of diseases and then attempts treatment in as much detail as necessary for a particular entity. The common conditions like infections, deficiency dermatitis, eczemas and iatrogenic conditions are well described and dealt with.

The useful and novel feature of the book is the introduction of classification of all the available proprietary formulations. The author has also provided a useful index. Besides, the book is handy and compact and printed on art paper. It provides easy reading. Since it is a subsidised book, the price is within the reach of all and sundry. For all these merits the book is bound to create a market for itself.

Dr. T. K. Metha,
Bombay.

Announcements... (Continuation in Page No. 212)

Immunology of Malignant Melanoma
Clinical Cutaneous Microbiology
Cutaneous Paraneoplasias
Diagnoses and Classification of Physical Urticaria
Hair Loss
Nodular Dermatoses of the Legs
Skin Reactions due to Food and Additives
Selective Immunosuppressive Therapy
New Occupational Dermatoses
Nonsteroid Anti-inflammatory Agents
Candidiasis
Pathophysiology of the Nail
Epidermal Necrolysis
Advances in Acne Treatment
Advances in the Management of Psoriasis

Subsequent issues of this Journal, will announce more details For further information contact:

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