

Fig. 1. Ubilicated, vesicular lesion on thumb.

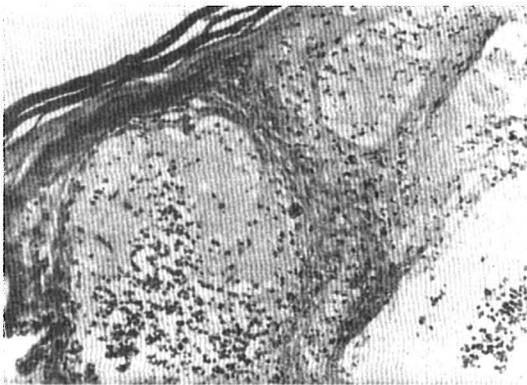


Fig. 2. Histopathology showing spongiosis and reticular degeneration in epidermis (H&Ex100).

of the cow.

In our case, the history and clinical features were classical which helped us to exclude other diseases like milker's nodule, orf and anthrax. The diagnosis was confirmed by histopathology. Though cattle population in

our country is quite large, cowpox has been very rarely reported in Indian literature. The object of the present report is to create awareness about this condition.

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BECKER'S NAEVUS ON LOWER LIMB

To the Editor,

Becker's naevus is an epidermal naevus of late onset. Though it may first appear in childhood, it is usually first noticed during adolescence. The usual sites of localization are shoulder, anterior chest or scapular region.¹ There are a few reports of Becker's naevus occurring at other sites such as on the face, neck, forearm or wrist, and lower extremity.^{2,4}

An 18-year-old male presented to us with asymptomatic, slowly progressive, dark patches over right knee region and right arm for the last 6 years and 1 year, respectively. On examination, irregular macular brownish hyperpigmentation was seen on an area of about 15 cm x 9 cm over the lateral aspect of

right knee and adjoining areas of thigh and leg (Fig.1). The pigmentation was diffuse towards

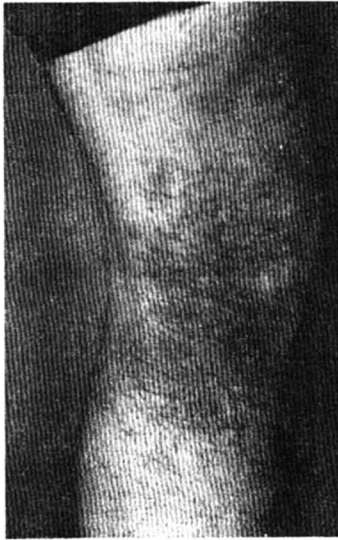


Fig. 1. Becker's naevus.

the centre and there were discrete macules at the periphery. The central portion showed mild hypertrichosis in addition. A few similar but discrete hyperpigmented macules without hypertrichosis could be seen over a small area on the lateral aspect of the middle third of right arm.

Histopathological examination of the biopsy material obtained from the knee region showed slightly hyperkeratotic epidermis with heavily pigmented basal and suprabasal keratinocytes. Interpapillary ridges and dermal papillae were elongated. These features were consistent with the diagnosis of Becker's naevus. This case is being reported for the unusual location of the naevus.

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CUTANEOUS SARCOIDOSIS WITHOUT SYSTEMIC INVOLVEMENT : RESPONSE TO INTRALESIONAL CORTICOSTEROID

To the Editor,

A 39-year-old male patient presented with mildly itchy, slowly progressive, purplish red, papular and nodular lesions mainly on the upper part of chest and extensor aspect of right arm, and a few lesions over the nape of neck and medial canthus of the right eye for past 3 years. There was no history of fever, cough, breathlessness, weight loss or night sweats. General and systemic examinations revealed no abnormality. Examination of the skin showed purplish red papules and nodules. Few lesions had coalesced to form plaques of 3-4 cm in diameter. Following investigations were negative or within normal limits : total leucocyte count, liver function tests, serum calcium, VDRL test, slit skin smear for acid fast bacilli and Leishman Donovan bodies, slit lamp examination of eyes, routine urine and stool examinations, X-ray of skull, hands and chest, pulmonary function tests. Differential leucocyte count showed mild eosinophilia, erythrocyte sedimentation rate was 36 mm in first hour (Westergren method). Mantoux test with 2 tuberculin units was negative (erythema