HOW TO MAKE DERMATOLOGY-LEARNING EASY?

To the Editor

Dermatology is perhaps the toughest medical speciality to learn and more so for the beginners, post-graduates and general practitioners. The unfamiliar and difficult to pronounce dermatological terminologies, numerous synonyms and doundant technical jargons have made the learning of our speciality on ardous task. However, there are ways to make dermatology learning easy. Here's an example; To know the ARA criteria for diagnosing SLE, remember "MAD SON RAPHI".i.e,

M-malar rash
A-arthritis
D-discoid rash
S-serositis
O-oral ulcers
N-neurological manifestations
R-renal manifestations
A-antinuclear antibodies
P-photosensitivity
H-haematological manifestations
I-immunological

I am planning to write a book entitled "MAKING DERMATOLOGY-LEARNING EASY", compiling such mnemonics, cartoons /lucid diagrams and other such material. I am asking all dermatologists, and other physicians including postgraduates to send me any such material regarding skin diseases and their treatment which can help me in my endeavour. If desired, author of each item selected will be recognised in the book. I am hoping the finished book will be valuable for all its readers.

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SECONDARY SYPHILIS : AN UNUSUAL PRESENTATION

To the Editor

Secondary syphilis presents in many ways. Besides the common skin rashes, lymphadenitis, mucocutaneous lesions, sometimes alopecia also occurs. Atypical presentations are fairly common in secondary syphilis. Recently we came across such a presentation.

A 22-year-old unmarried girl presented with a two months history of asymptomatic, slowly progressive areas of hair loss of scalp. There was no history of intake of drugs, personal or family history of atopy. On examination, on right temporal and parietal areas, two well-defined, roughly square areas of hair loss about 4x2 cm were present. There were no skin changes over these areas. The hair loss was not complete, the remaining hairs being normal in texture and colour. No other area was involved and there were no nail changes. This hair loss raised suspicion and investigations were carried out. Her blood VDRL test was reactive in 1:16 ttitre and this was repeated two more times with the same results. Treponemal tests were not carried out because of non-availability. Retrospectively a detailed history and clinical examination for secondary syphilis was carried out. The patient denied any history of sexual contact and there was no other sign or symptom of secondary syphilis. The patient was given inj.benzathine penicillin 24 lacs IM once a week for total