

ABSTRACTS FROM CURRENT LITERATURE

Recurrent viral infections in patients with past and present atopic dermatitis, Rystedt I, Strannegard IL and Strannegard O : Brit J Dermatol, 1986; 114 : 575-582.

The increased incidence of herpes zoster, herpes simplex and upper respiratory tract infections (URI) has been shown in patients of atopic dermatitis (AD). This study included 549 patients of severe AD, 406 patients of mild AD and 199 normal controls. The patients getting more than five attacks were taken for analysis of results. Serum levels of IgE were also estimated in severe and mild AD. It was found that frequency of herpes simplex and URI was significantly higher in AD patients as compared to controls, and the incidence of infections was less when the remission periods were longer. There was no obvious relationship between the serum IgE levels and the occurrence of infections. It was shown that the infections were due to defective CMI and defective interferon production but were unrelated to serum IgE levels.

Kaushal K Verma

Short term use of cyclosporin A in severe psoriasis, Van Joost Th, Henle F, Stolz E et al; Brit J Dermatol, 1986; 114 : 615-620.

In this study five psoriasis patients with characteristic histopathological and clinical criteria were taken. Patients with other systemic diseases or those receiving psoriatic treatment were excluded. Psoriatic area and severity index (PASI) was recorded in each patient. Cyclosporin A was given for a 8-week period. It was shown that the drug had a satisfactory response in all the five patients and a mean PASI fell from 43.4 to 22.6 in two weeks and to 6.1 in four weeks, showing a mean improvement of 84%.

In the next four weeks, there was no further significant improvement in PASI score but psoriatic nail lesions and psoriatic arthropathy improved significantly.

Kaushal K Verma

Multidrug therapy for paucibacillary leprosy. Experience in Bombay, Revankar CR, Ganapati R and Naik DD : Ind J Leprosy, 1985; 57:773-779.

A total of 1057 active paucibacillary leprosy patients were treated with dapsone 100 mg daily and rifampicin 600 mg/300 mg according to body weight, supervised once monthly. In 498 cases, the treatment was stopped after a period of 6 months, at the end of which 65 (13%) cases attained inactivity, 231 (46%) cases showed marked improvement and 202 (41%) cases showed features of regression, though they were still clinically active. Of the 498 cases, 423 cases were regularly followed up for a maximum period of 6 months. During the follow up, inactive cases did not show any evidence of reactivation. Of the 198 cases who had shown marked improvement, 39 (20%) attained inactivity, 73 (37%) continued to show features of regression, but in 86 (43%) cases no further change was noticed. Of the 170 cases who had shown features of regression but were clinically still active when the treatment was stopped, 120 (70%) continued to regress further, while 50 (29%) cases showed no further change. Past treatment did not affect the clinical response to multidrug therapy. Tuberculoid leprosy responded better to multidrug therapy than borderline leprosy. Single lesion cases responded better than multiple lesion cases.

Dileep Jayant

Growth of *Mycobacterium leprae* in Redox : Further improvements in the system and growth efficiency, Chatterjee BR and Roy RD : Ind J Leprosy, 1985; 57 : 739-749.

Mycobacterium leprae obtained from human lepromata were grown in a highly reducing liquid culture medium in a considerably deoxygenated atmosphere within the culture vessel. The culture medium consisted of 'basal' medium to which other ingredients like sheep serum, the mixture of reducing substances and ATP, vitamin K₃, liposome, vitamin E, gelatin and penicillin-G sodium were added. The growth was seen predominantly as tiny granules, almost dusty flakes at the bottom. The growth of the acid-fast forms was seen to be localised in microcolonies. AFB grew in these colonies in small and large clusters and in globoid agglomeration from amongst dark amorphous material. These showed a strong DOPA oxidase activity and absence of catalase activity. Non-acid-fast coccoids and bacilli were encountered in the early phases of growth. Improvement of the Redox system for growth of *M. leprae* was brought about by modification in the concentration and mode of preparation of individual media constituents, and by adding newer substances. Vitamin E (K-tocopherol) was found to be useful. The three constituents of liposome (cholesterol, lecithin and n-tetradecane) were found to be indispensable. The generation time of *M. leprae* in this system would prove to be much faster than the 2 weeks worked out in the mouse foot-pad system.

Dileep Jayant

Paraneoplastic acrokeratosis : Basex syndrome, Boudoulas O and Camisa C : Cutis, 1986; 37 : 449-453.

Paraneoplastic acrokeratosis, or Basex syndrome, first described in 1965, is a rare, distinct dermatosis characterized by psoriasiform hyperkeratosis, nail dysplasia, paronychia and violaceous erythematous scaly lesions on the

nose and acral helices. It is a specific sign in certain patients with cancer of the upper respiratory or upper gastro-intestinal tract with metastasis to the lymph nodes of the neck.

Here, the authors report a 51-year-old man who presented with a two-month history of marked hyperpigmentation, hyperkeratosis of the hands and feet associated with dys'trophies of the nails, and development of hyperpigmented plaques on the nose, cheeks and lips. Histopathology of a specimen from the hand showed hyperkeratosis, acanthosis and a mild perivascular lymphocytic infiltrate. She had an associated fungating tumour in the oral cavity that on histopathology proved to be poorly differentiated squamous cell carcinoma. The tumour was treated using surgery and radiation. Nearly all the hyperpigmentation resolved, but the nail dystrophy persisted. The authors conclude by stating that Bazex syndrome is a distinct clinical entity and its characteristic cutaneous changes should alert physicians to search for occult malignancies of the upper aero-digestive tract before the tumour produces its own signs and symptoms.

K Pavithran

Reactive annular erythema after intramuscular vitamin K, Kay MH and Duvic M : Cutis, 1986; 37 : 445-448.

A 70-year-old woman suffering from renal insufficiency received multiple intramuscular vitamin K injections before undergoing an invasive diagnostic procedure. Four weeks later she noted enlarging, annular erythematous plaques at the sites of each injection. The lesions had flat purpuric centres, a collarette of scale and an outer erythematous border. Histology showed focal spongiosis, a perivascular lymphohistiocytic infiltrate with a few eosinophils, and papillary dermal oedema. Topical steroid therapy caused resolution of the lesions in two weeks without scarring.

Reactive annular erythemas may be seen in response to a diverse range of antigens, including drugs, infectious agents and malignant growths. In the present case enlarging annular erythematous plaques occurred at the same location and within several weeks after the injection of vitamin K. The timing and location suggest a type IV cellular hypersensitivity reaction to the injected medication. The histologic features of a perivascular infiltrate and spongiosis are consistent with an allergic response.

K Pavithran

Chap-stick acne : Shelley WB and Shelley ED : Cutis 1986; 37 : 459-460.

Two females aged 20 years and 16 years are reported with an unusual limited form of acne manifesting as a single row of large, open comedones along the entire cutaneous margin of the upper lip. Histological examination under

light field, and transmission electron microscopy revealed typical comedone structures. The acne began after repetitive application to the lips of chap-stick in one patient and petroleum jelly (vaseline) in the other. They were treated successfully by eliminating the chap-stick and petroleum jelly respectively as well as by microincision and expression of the comedones. Petrolatum, the major ingredient of chap-stick, appears to be responsible for this type of contactant-induced acne. Normally, chap-stick does not induce comedones since it is applied to the mucosal surface of the lip rather than the skin. It is likely that, here, the patients inadvertently transferred some chap-stick or vaseline to the comedone-prone skin bordering the vermilion surface by generous application or by sweeping movements of the lower lip over the upper lip.

K Pavithran