

SN are reported to be common type of naevi but we see them rarely in our area. The present case was a type of SN and association of chronic leg ulcers may be coincidental.

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OUT BREAK OF SCABIES FROM A CASE OF NORWEGIAN SCABIES

To the Editor,

Patients of Norwegian scabies (NS) have high mite population and present with hyperkeratotic crusted papules.¹ NS occurs more in patients of autoimmune disorders due to associated immunosuppression.² Although scabies occurs in pandemics, localized epidemics in chronic health care facilities are known.³ One such localized epidemic was treated with 5% permethrin and other with 1% Lindane.^{4,5}

A 36-years-female was admitted as a case of systemic lupus erythematosus (SLE) erythroderma and NS. She had SLE since 15 years which was controlled with 20-40 mg prednisolone daily. 6 months prior to admission she and her family developed scabies which was treated in all except the patient where it progressed to infected crusted papules, nodules, pustules, ulcers & erythroderma i.e. NS. Lesions were more in webspaces, around nipples and groins etc. SLE also worsened as she developed photosensitivity, dyspnoea on exertion, severe anaemia, oedema feet, loss of weight and appetite. She had intense pruritus with nocturnal itching and insomnia. Diffuse hair loss, residual lupus hair with scaling and crusting of scalp were seen. Generalised lymphadenopathy was present. Liver was enlarged by 3 fingers, smooth, soft and slightly tender. 2 bed sores, of 3 cm and 4.5 cm in diameter with yellow granulation were seen on buttocks. She was restless and at times aggressive since 15 days.

HB was 4.0 gm %. TLC was 10,700. DLC was P71, L22, E5, M2. ESR was 30 mm. TSP were 5.5 gm %, albumin 2.6 gm % and globulins 2.9 gm %. Urine sugar was 0.5%. FBS was 60 mg %. Scrapings revealed *Sarcoptes scabiei*.

Strangely, within 10-30 days of her admission, all junior residents, patients attendants, other female ward patients, nursing staff and later their families developed common type of scabies. Patient was treated with 10% crotamiton till ulcers healed and erythroderma was controlled. Repeated applications of 1% lindane cured NS in 3 months. All her clothes and bed linen were boiled daily. All others suffering in this localized epidemic were treated with 1% lindane.

SLE patients lack proper immunity and added immunosuppression was evident in this patient as she was receiving systemic steroids since 6 years. She developed scabies which became progressive despite treatment and turned into NS with high mite population and high degree of contagiousness. This was a unique challenging experience.

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COLOURFUL DERMATOLOGY

To the editor,

The Dertamalogoly is colourful as its terms. We have collected a few of those with their literal meanings.

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|--------------|---------------------------|
| 1. Salmon | Orange Pink |
| 2. Magenta | Bright Crimson (Deep Red) |
| 3. Mauve | Pale purple |
| 4. Fawn | Light yellow Brown |
| 5. Port wine | Red |

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| 6. Apple jelly | Light brown |
| 7. Strawberry | Rich Red |
| 8. Cafe-Au-lait | Brown (Light-Drak)
(Coffee with Milk) |
| 9. Lilac | Pale Purple (Pinkish Purple) |
| 10. Ivory | White |
| 11. Purpura | Purple |
| 12. Aureus | Yellow (Golden) |
| 13. Nigra | Black |
| 14. Alba/albino | White |
| 15. Roseolar | Pinkish Red |
| 16. Morbilliform | Measles Like (dull red) |
| 17. Scarletiform | Resembling scarlet
fever (Bright red) |
| 18. Coral red | Rich red(Brick Red) |
| 19. Oatmeal colour | White to Yellow |
| 20. Livid/cyanotic | Bluish red |
| 21. Fiery Coal | Red |
| 22. Rubra | Red |
| 23. Buff | Off/dull white |
| 24. Bronze | Golden brown |
| 25. Silvery | Shiny white |
| 26. Violaceous | Bluish purple |
| 27. Snow/Milky | White |
| 28. Achromatic | Depigmented |
| 29. Dyschromium | Discoloured lesion |
| 30 Versicolor | Multi coloured
(various colours) |

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References

- 1 Oxford English Dictionary
2. Medical Dictionary. (Churchill livingstone)