# MUDI CHOOD IN A MALE
## Case report

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**Summary**

Mudi-chood on the Pinnae and neck in a male is reported and the causative factors are discussed.

In 1972 Sugathan and Nair[1] described for the first time, a distinctive skin disease in 16 female patients which they called 'Mudi-chood'*. The vernacular name mudi-chood means hair-heat. The characteristic lesions were sharply defined, coin shaped, flat-topped brownish black papules on the nape of neck and upper exposed parts of back. Later, in 1976 Sugathan[2] reported a case of mudi-chood on the pinnae of a 17 year old girl. According to these Authors this disease occurs only in females and never in males. Recently we observed a male patient with typical lesions of mudi-chood on the nape of neck and on the pinnae.

### Case Report

In September 1978 a 20 year old male student attended the out-patient section of Dermatology and Venereology Department, Medical College Hospital, Alleppey, for an eruption at the back of neck and both pinnae of 4 months duration. The eruption was itchy in the initial stages and gradually became asymptomatic. The lesions progressively increased in size for about 2 months. Itching was mild and the patient sought medical advice mainly for cosmetic reason. He never had a similar disease in the past. There was no family history of a similar disease. For one year patient was keeping the hair long, almost covering the pinnae and back of neck. From childhood he used to apply plain cocount oil on the scalp. He had never used any medicated oil or commercial hair oil on the scalp.

On examination patient appeared to be healthy. Systemic examination revealed no abnormalities. There were multiple discrete, brownish black and coin shaped papules, on the nape of neck (fig. 1) extending to both sides (fig. 2) and to both pinnae. They were grouped and the surface was flat and scaly. Few lesions especially on the pinnae had keratinous rims and depressed centres. Isomorphic response was seen on the nape of neck. There were no lesions on the nape of neck below the collar line. Patient had long, coarse and oily hair almost covering the shirt-collar and both pinnae. His blood VDRL test was non-reactive and other routine laboratory investigations were within normal limits. He refused a biopsy examination.

* Mudi = hair, Chood = heat

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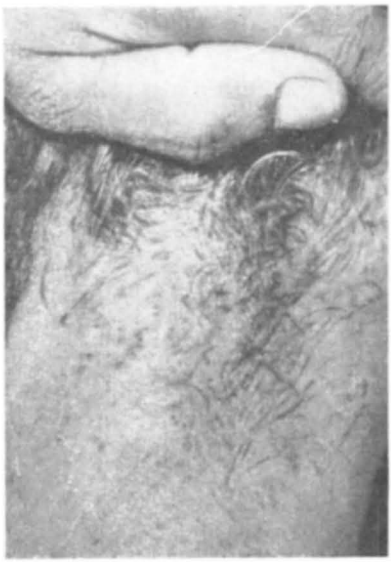

Fig. 1

As treatment he was advised to avoid application of any kind of oil on the hair and to keep it dry. Many of the lesions disappeared leaving hyperpigmented macules, when examined after 15 days. The patient was seen again after 1 month. The skin was normal except for slightly hyperpigmented macules on the nape of neck.

Again in May 1979 the patient attended the out-patient section with same complaint. He stated that he was applying plain coconut oil for 5 months as a remedy for scaling and dryness of scalp. He got relieved of this but during the hot humid climate in April he developed itching, especially during profuse sweating and he noticed few lesions on the neck. Gradually these increased in number and size. On examination he had same type of lesions as before.

**Comment**

To our knowledge mudi-chood is not previously described in males. It is considered as a disease of adult females. Non-occurrence of this condition in males may be due to the fact that customarily men keep short hair. Recently, however, the fashions have changed and many young men keep long hair. Though the patient was applying coconut oil for a long time he developed the skin lesions only after growing the hair long. There were no lesions below the shirt-collar line. This clearly shows that mudi-chood occurs only on the skin in direct contact with hair. The oil applied on the scalp comes into contact with the skin close to the hair margins. No lesions were however seen on the forehead or in front of ear. In our patient the lesions disappeared when he stopped applying oil and recurred within 4 months after starting to use it. This indicates that oil plays an important role in the aetiology of the condition. The lesions developed only during the hot humid climate associated with profuse sweating. There is no reason to believe that plant extracts used in oil or any additives used in dressing the hair has any role in causing this disease in our patient.

The exact cause of this disease remains unknown. This condition does not occur in young female children, though they also keep long hair and apply oil on it. The youngest patient so far reported is a 14 year old girl[1].

Fig. 2

It seems that maturation of pilosebacious apparatus is necessary for the development of mudi-chood. Even when all the conditions remain the same the disease does not occur in every individual. Our observations support the view of Sugathan and Nair that the lesions of mudi-chood may be a non-specific response of pilosebacious unit, to the high humidity and temperature produced by oily hair and profuse sweating.

This peculiar disease is reported only from Kerala. The climate, custom of applying oil on the scalp and the mode of hair dressing are almost the same in other parts of South India. Then, why is this not seen in other parts of the country? We would appreciate any report of this condition from other States.

**Acknowledgement** :

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**References**

1. Sughathan P and Nair MB: Mudi-chood-a new dermatosis, Essays on Tropical Dermatology, edited by Marshall J, Excerpta Medica Amsterdam, 1972, Vol 2 P 183.
2. Sugathan P: Mudi-chood on the pinnae, Brit J Derm, 95 : 197, 1976.

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— *Managing Editor*