

Letter to the Editor

Madam,

North India has recently been in the grip of an epidemic of a viral fever that most probably was dengue. We have over the past few weeks observed a peculiar form of pruritus and parasthesiae that generally stay confined to the palms and soles, but may extend to involve the distal parts of the extremities and occasionally be generalised. The onset of pruritus occurs a couple of days after the subsidence of fever and lasts for 2 and rarely upto 7 days. The intensity of pruritus is moderate to severe causing considerable restlessness and, not infrequently, interfering with sleep. Mild antihistaminics seem not to help. Some of the patients are not relieved by strong antihistaminics either. Preceding or accompanying the pruritus is a feeling of pricking sensation usually described as 'mosquito bites'. Objective examination does not show any sensory loss. The nerves are not thickened. A vast majority of patients do not have any cutaneous lesions. A few show blotchy erythematous macules. Spontaneous recovery usually occurs in a week's time.

Dengue fever has been associated with some neurological abnormalities like radicular pains¹, but this specific form of parasthesiae and pruritis has not, to our knowledge, been reported.

1. Wagner RR: Dengue, Principles of Internal Medicine, 5th Ed. Edited by Harrison TR, Adams RD, Bennet IL et al, McGraw-Hill Book Company, New York, 1966, P. 1753.

L. K. Bhutani

D. A. Satish

P. S.:

Following the subsidence of the epidemic of Dengue fever, we have seen a number of these patients with 'telogen effluvium'. Though post-febrile telogen effluvium is not uncommon¹, the massiveness and profuseness of the hair fall in this instance has been far more than we have seen in the past.

1. Kligman AL: Pathological dynamics of human hair loss, Arch Dermatol, 1961, 83: 175-198.