

ture, drug sensitivity test and identification of each isolate by standard biochemical tests.

The highest incidence was observed in first decade of life 70(30%) followed by second decade 54(27%). More than 80% were of middle and lower income groups. Clinical analysis showed that Impetigo 58(27%) formed the largest clinical group followed by infectious eczematoid dermatitis 42(21%), furunculosis - 42(21%), folliculitis 32 (16%) secondary pyoderma 14 (7%), cellulitis 7(3.5%), ecthyma 4(2%) and carbuncle 2(1.0%)

In our study staphylococcus was isolated as a single organism in 90 (52.6%), followed by Bhaemolytic streptococci 27 (15.7%), mixed organism 26 (13%). Similar study conducted by others showed *Staphylococcus aureus* isolation from 68% of cases.²

Complications of pyoderma were id reaction 11 (5.5%) and urticaria 7(3.5%). Acute glomerulonephritis was found as a complication of B - haemolytic streptococcal infection in 1 (0.5%) patient. Similar observation reported streptococcal infection in 8 of the 9 acute glomerulonephritis cases.³

Total leucocyte count was increased in 29(14.5%) cases while impaired GTT was found in 9(4.5%) cases.

The drug sensitivity pattern showed that *staphylococcus aureus* was highly sensitive to ofloxacin 103 (96.2%) followed by erythromycin 100(93.45%) and gentamicin 76(71.02%) while *Bhaemolytic streptococcus* was also highly sensitive to ofloxacin 41(95.3%) followed

by erythromycin 38(88.3%) and gentamicin 36(88.7%).

The paucity of such a study from Western Rajasthan prompted us to report our observations.

Khalil Ahmed

Asheesh Batra

Renu Roy

G Kalla

PK Khatri

A Solanki

From the Department of Dermatology, Venereology and Leprology, Dr.S.N.Medical College, Jodhpur-342003, India

References

1. Dajani AS, Farah FS, Kurban AK. Bacteriological etiology of superficial pyoderma in Lebanon. J Paed 1968;73:431-435.
2. Pasricha A, Bhujwala RA, Shrinivas. Bacteriological study of Poderma. Ind J Path Bact 1972;15:131-138.
3. Jerath VP, Singh Ratan, Kumari Sudershan. B haemolytic streptococci group A in the skin and throat of patients of scabies with nephritis. Ind J Med Res 1979;69:933-936.

Treatment of nodular scabies

To the Editor:

Nodular scabies (NS) presents as pruritic, persistent nodules for weeks or months even after successful treatment of scabies. Scabidical drugs include 5-10% sulfur, 25% benzyl benzoate, 1% gamma benzene hexachloride, 25% monosulfiram, 5% permethrin, 5- 10% thia-bendazole and 10% crotamiton. Other modalities for treating nodules in scabies include intralesional steroids and surgical excision.¹ Crotamiton is the only antiscabies agent having antipruritic as well as antibacterial properties.² Topical crotamiton (10%) alone or with hydrocortisone (0.25%) have been successfully used in treating NS.³

One hundred cases of NS were diagnosed clinically and confirmed histopathologically from the Department of Skin and STD, Rajindra Hospital, Patiala from Feb. 95 to Dec. 96. After treating routine lesions of scabies,

nodules in all the cases were treated with topical crotamiton (10%) with hydrocortisone (0.25%) applied thrice daily for 12 weeks. Out of 100 cases 78 showed partial regression of lesions at the end of second week. Complete regression of nodules occurred in 35/100 cases at the end of the 4th week, in 85/100 cases by the end of 6th week and in all the cases nodules disappeared by eighth week.

It was observed from the above study that topical ointment containing crotamiton and hydrocortisone application thrice daily is an excellent therapy for treating NS. Initial period of study was kept as 12 weeks, taking into consideration of intractable nature of NS; but all patients in the above study were cured by eighth week. So none of the cases needed intralesional steroids or excision of multiple nodules.

References

1. Orkin M, Epstein E, Maibach HI. Treatment of today's scabies and pediculosis, JAMA 1976;236:1139.
2. Cubela V, Yawalkar SJ. Clinical experience with crotamiton. Br J Clin Practice 1978;32:229-231.
3. Sharma VK, Kumar B. Persistent scabious nodules-A clinicopathologic study. Indian J Dermatol Venereol Leprol, 1986;52:26-29.

R.R. Mittal

Chanchal Jain

Ramesh Jindal

From the Department of Dermato-Venereology, Government, Medical College Rajindra Hospital Patiala - 147 001, India.

Pediculosis palpebrarum

To the Editor:

Three college going male students between the ages of 18 to 22 years presented within a period of one month with marked itching, redness and watering of eyes, of 3-4 days duration. The right eye was involved in two

cases, while the third had bilateral lesions. Examination revealed conjunctival congestion, yellowish encrustation and oedema of both upper and lower eyelids. Hand lens examination revealed the crusts to be composed of ova adhering to the eyelashes in great numbers with occasional lice gripping the roots of the eyelash hair. Enquiry revealed history of exposure with prostitutes; and crowded staying conditions with over ten students living together in a single room and low standard of hygiene, though they denied homosexuality. Genital examination in all three showed excoriation, whealing and scratch marks in the pubic region and groins without maculae ceruleae. Low power microscopy of the nits and louse picked up from one of the hair confirmed the diagnosis of pediculosis pubis et palpebrarum, without involvement of the other hairy areas of the body like scalp, eyebrows, axillae, chest or back. VDRL, and ELISA for HIV were negative in all the 3 cases.

Pubic and axillary hairs are far enough apart to suit the span of the pubic louse (2 mm) whereas it avoids the scalp because the hair are too close together (1 mm). Rarely, they may spread to the perineum, thighs, very occasionally the lower legs and to the trunk. The eyelashes and eyebrows may be affected in heavily infested adults but more often in children without pubic or axillary hair and in inhabitants of crowded slums.¹ Phthirus pubis probably reaches the eyes by transmission by the hand from the pubic hair.²

Pediculosis pubis is spread by close physical contact, usually sexual intercourse, but less commonly by bed sharing by mother and child or brothers or sisters. The children in such