right knee and adjoining areas of thigh and leg (Fig.1). The pigmentation was diffuse towards

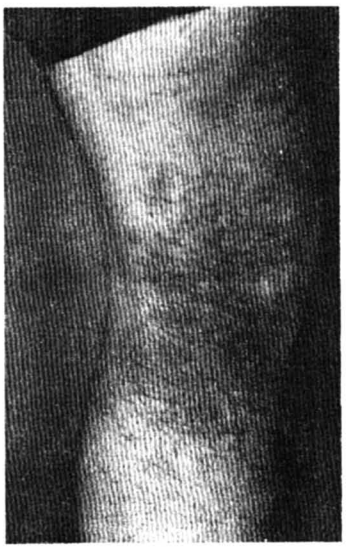

Fig. 1. Becker's naevus.

the centre and there were discrete macules at the periphery. The central portion showed mild hypertrichosis in addition. A few similar but discrete hyperpigmented macules without hypertrichosis could be seen over a small area on the lateral aspect of the middle third of right arm.

Histopathological examination of the biopsy material obtained from the knee region showed slightly hyperkeratotic epidermis with heavily pigmented basal and suprabasal keratinocytes. Interpapillary ridges and dermal papillae were elongated. These features were consistent with the diagnosis of Becker's naevus. This case is being reported for the unusual location of the naevus.

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CUTANEOUS SARCOIDOSIS WITHOUT SYSTEMIC INVOLVEMENT : RESPONSE TO INTRALESIONAL CORTICOSTEROID

To the Editor,

A 39-year-old male patient presented with mildly itchy, slowly progressive, purplish red, papular and nodular lesions mainly on the upper part of chest and extensor aspect of right arm, and a few lesions over the nape of neck and medial canthus of the right eye for past 3 years. There was no history of fever, cough, breathlessness, weight loss or night sweats. General and systemic examinations revealed no abnormality. Examination of the skin showed purplish red papules and nodules. Few lesions had coalesced to form plaques of 3-4 cm in diameter. Following investigations were negative or within normal limits : total leucocyte count, liver function tests, serum calcium, VDRL test, slit skin smear for acid fast bacilli and Leishman Donovan bodies, slit lamp examination of eyes, routine urine and stool examinations, X-ray of skull, hands and chest, pulmonary function tests. Differential leucocyte count showed mild eosinophilia, erythrocyte sedimentation rate was 36 mm in first hour (Westergren method). Mantoux test with 2 tuberculin units was negative (erythema

2 mm, induration nil). Biopsy of a lesion showed noncaseating epithelioid cell granulomas in the dermis with no evidence of any infective organism. The patient was diagnosed as a case of cutaneous sarcoidosis without systemic involvement.

Treatment was begun with intralesional injection of triamcinolone acetonide (40 mg/ml) in half dilution once a month. After the first injections, there was marked improvement with reduction in erythema and thickness of the lesions, smaller lesions subsided completely. After receiving 3 courses of injections, most of the lesions subsided considerably.

Cutaneous sarcoidosis has been rarely reported from India.[1-4] However, in none of these reports sarcoidosis spontaneously occurred and remained confined to the skin. The possibility that other organ systems may get involved in future in our patient cannot be ruled out. The response to intralesional injection of corticosteroid was encouraging in our patient and this form of therapy may be considered in cutaneous sarcoidosis.

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