**ABO blood groups in alopecia areata**

There are only a few published reports from India on the ABO blood groups in alopecia areata. We determined the ABO blood groups in 100 cases of alopecia areata (95 males, 5 females) and an equal number of controls (70 males, 30 females) among Indian Armed Forces personnel and their dependents. The duration of the disease was a few weeks. The age distribution was from 10 years to 50 years. The incidence of ABO blood group was A (29%), B (26%), AB (15%) and O (30%) among the patients and A (24%), B (29%), AB (5%) and O (42%) among the controls. The difference was statistically not significant ($p > 0.05$), though, an increase in AB blood group frequency was noted. Hajini et al[1] observed a significant prevalence of blood group A in the Kashmir valley in his cases of alopecia areata.

**References**

1. Hajini GH, Sindwani ML and Shah SNA: ABO blood groups and skin diseases, Indian J Derm Ven, 1975; 41 : 230-232.

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**Analgin (Metimazole) Induced Toxic Epidermal Necrolysis**

Toxic epidermal necrolysis (TEN) has so far not been reported with analgin. Recently we had seen one such case. Hence it was considered worthwhile to report this observation.

*Case Report*

A 28 years female patient, a known case of rheumatoid arthritis for the last 12 years and had been taking various analgesics off and on. Four days prior to admission to the hospital she had taken a tablet of analgin + oxyphenbutazone for pain in the neck. A few hours after the intake of the tablet she developed severe burning in the vulval region and mouth, which was felt all over the body by the next day. She also developed erythema all over the body which was followed by appearance of blisters (total time taken for the appearance of blisters after the intake of the drug was about 20 hours).

On examination patient looked sick with large areas of ulceration in the mouth and vulva and bilateral conjunctivitis. Most of the skin over the trunk and thighs had thin roofed large flaccid blisters containing clear fluid. The skin had peeled off

in large sheets leaving behind eroded raw areas at many other places. Nikolsky's sign was positive. A diagnosis of drug induced TEN was made and patient was treated with systemic steroids, intravenous fluids and systemic antibiotics. She completely recovered from the illness in about 3 weeks time.

On enquiry the patient admitted to having suffered from almost similar symptoms and few bullae on the skin after taking a tablet of analgin 4 months earlier. She had been often taking oxyphenbutazone tablets and injections without any side effects.

After 3 weeks of stopping steroids and all other drugs patient was administered 100 mcg. of analgin intradermally. After about 14 hours she developed mild burning in the mouth, vulval region and all over the body which did not progress to erythema or blistering but subsided without any treatment. Similar challenge with oxyphenbutazone did not produce any symptoms. Perhaps very small doses of suspected drugs can be used intradermally if the reaction produced is not of anaphylactic type.

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Next annual conference of
Indian Association of
Dermatologists, Venereologists and Leprologists
will be held in
Visakhapatnam during January 1982