



Fig. 1. Big bulla at dermoepidermal junction with basal cell forming the roof of bulla and prominent mononuclear infiltrate at the base of the bulla (H&E, x100).

Third patient who was 10 years old was not seen by us. Distribution of bullae in our cases was distinct and can help in diagnosis of Bart syndrome. Degeneration of basal cells was not seen and therefore bullae of Bart syndrome were different from epidermolysis bullosa (EB) simplex. CLAS and EB are rare congenital skin diseases with unknown aetiology and their simultaneous presence suggests that they may be related.

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BLISTER BEETLE DERMATITIS

To the Editor,

A clinicopathological appraisal of 54 cases of an unusual, seasonal erythematovesicular dermatitis seen in post monsoon two and a half months period in the local population of Jodhpur was done. The age ranged between 15 months to 70 years. The common sites of involvement were the exposed parts of the body mainly face and extremities. The main presenting symptoms in majority of the cases were burning sensation, pain and itching of variable intensity. The spectrum of the lesions seen in this study were linear, herpetiformis, zosteriform, patchy and bizarre. The causative beetle could not be found out, however, patients gave positive history of some bite. As extensive study of beetle dermatitis has been done by Handa et al.¹

The skin biopsy obtained showed characteristic spongiosis and necrosis of superficial epidermal cells with a variable density of focal round cell infiltration in upper dermis.

All the patients responded well in 4-5 days to topical application of emollient creams with no sequelae.

It is being stressed that the condition be kept in differential diagnosis while examining erythematovesicular lesions specially on exposed parts during rainy season.

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BODY HAIR DISTRIBUTION OF WOMEN ATTENDING ENDOCRINE OPD

To the Editor,

There is no difference in the number of hair follicles per unit area of face in individuals of different races, yet there is difference in extent and degree of growth of hairs in androgen sensitive areas.¹ Apart from racial factor, hormonal status also alters the body hair distribution. There is scarcity of data on body hair distribution among Indian women.²

We assessed body hair distribution in 611 randomly selected female patients attending Endocrine OPD. Among women not complaining hirsutism significant hair growth was present in 17.16% on upper lip, 7.87% on chin, 1.22% on chest, 2.8% on lower back, 2.10% on upper abdomen, 4.2% on lower abdomen, 3.32% on arms, 6.82% on thighs, 30.92% on forearms and 40.92% on legs. Significant hirsutism (Ferriman Gallwey score more than 9) was present in 84 (13.73%) cases, of them only 40 (7.55%) sought medical help for this. They had moderate to severe hirsutism (score 19.17+52). Complete diagnostic evaluation was possible in 63 of the 84 cases. Congenital adrenal hyperplasia (CAH) (including classical, late onset and heterozygous state) was the commonest cause (26.94%), followed by polycystic ovarian disease (PCOD) and hypothyroidism (17.64% respectively). Idiopathic hirsutism was present in 11.11% cases. 12.70% had drug-induced hirsutism (glucocorticoids, anti-epileptics, anti-psychotic and progestinal preparations). Acromegaly, Cushing's syndrome, ovarian

tumour and prolactinoma were present in 6.35%, 4.76%, 1.59% and 1.59% patients respectively.

We concluded from this study that women from Delhi seek medical help for hirsutism only when it is of considerable severity. Among women with moderate to severe hirsutism contrary to previous Indian reports^{3,4} prevalence of CAH is quite high.

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TOPICAL VITAMIN A IN EXFOLIATIVE CHEILITIS

To the Editor,

I wish to share my experience on exfoliative cheilitis (*Ind J Dermatol Venereol Leprol* 1995; 61:132). Two cases, a 24-year-old Lebanese male and a 19-year-old Indian female presented with chronic cracking, crusting and peeling of skin of lower lip. Itching was absent, there was mild pain. Removal of crust revealed a glazed surface. Oral and topical steroids, antifungals and antibacterials were used previously with no benefit. There was no history suggestive of contact allergy.

Topical, intralesional, intramuscular steroids,¹ and beta radiation,² have been