the world over, and is recommended by most standard dermatology textbooks.[3] Then is there any real need for a study of lincomycin, particularly when none of the standard dermatology textbooks even mention topical lincomycin in the list of treatment options?

The study gives a false sense of new research, which should not be allowed in major academic institutes.

Navin Modi
Consultant Dermatologist, Mumbai, India.

Address for correspondence: C-101, Nav Ambika Nagar, Shahad - 421103. Thane, India. E-mail: Modidr100@yahoo.co.in

REFERENCES

1. Sharma AD, et al. Topical lincomycin gel in acne vulgaris: A multicentric placebo controlled study. Indian J Dermatol Venereol Leprol 2003;69:271-4.
2. Sylvia HSO, Long TQ. Topical antibacterial agents. Comprehensive dermatologic therapy; 2002. p. 481.
3. Andrew's disease of skin. 9th ed. WB Saunders; 2000.

Response by the authors

Sir,

Lincomycin, belonging to the group of lincosamides, has been in use for the past 40 years.[1] The incidence of resistance associated with the use of lincomycin is lower than with some other antibiotics.[2] Earlier in vitro studies have demonstrated the effect of lincomycin against *Propionibacterium acnes,*[3] the organism implicated in acne.

Recent reports have suggested that *P. acnes* has developed resistance to a number of commonly used topical anti-acne agents.[4] The major aim of development of a topical formulation of lincomycin, the first of its kind, was to have a newer topical antibiotic to which the organism had not been earlier exposed. Lincomycin gel was therefore developed as a potent topical anti-acne agent. As it is an original formulation developed by Wallace Pharmaceuticals, acute and chronic toxicity studies were performed,[5] followed by a multicentric clinical study[6] to determine its efficacy. These have proved that the formulation was effective and well tolerated. As a topical formulation is available only in India recently, this has not been mentioned in textbooks.

As regards its safety profile, the study compared lincomycin gel with the base used (placebo) and demonstrated that adverse effects with the active drug were no more than with the placebo. Further comparative studies with other available anti-acne agents should be useful in determining the comparative efficacy and tolerability of lincomycin gel.

A. D. Sharma, P. D. Gupte,[1] M. Sundaram,[2] V. R. Janaki,[4] V. L. Rege,[4] F. E. Bilimoria,[5] J. Arora[6]
Wallace Pharmaceutical Ltd., Mumbai, India;[1]Department of Skin & VD, KEM Hospital, Mumbai, India; [2]Department of Dermatology, Govt. General Hospital, Chennai, India; [3]Department of Dermatology, Govt. General Hospital, Chennai, India; [4]Department of Skin & VD, Medical College, Goa, India; [5]Department of Dermatology, B. J. Medical College & Civil Hospital, Ahmedabad, India; [6]Govt. Medical College & Associated Hospitals, Jammu, India.

REFERENCES

1. Herrel WE. Lincomycin. Chicago: Modern Scientific Publications; 1969.
2. Dollery C. Therapeutic drugs. 1st ed. Edinburgh: Churchill Livingstone; 1991.
3. Unkles SE, Gemmell CG. Effect of clindamycin, erythromycin, lincomycin and tetracycline on growth and extracellular lipase production by propionibacterium in vitro. Antimicrob Agents Chemother 1982;21:39-43.
4. Eady EA, Jones CE, Tipper JL, Cove JH, Cunliffe WJ, Layton AM. Antibiotic resistant propionobacterium in acne: Need for policies to modify antibiotic usage. BMJ 1993;306:555-6.
5. Data on file, Wallace Pharmaceuticals, Mumbai, India.
6. Sharma AD, Gupte PD, Sundaram M, Janaki VR, Rege VL, et al. Topical lincomycin gel in acne vulgaris: A multicentric placebo controlled study. Indian J Dermatol Venereol Leprol 2003;69:271-3.

Innovative use of disposable syringe as a substitute for container of a dermajet

Sir,

The dermajet being used in our department is an imported one. When the container of the dermajet broke one day, it almost broke the hearts of the departmental doctors as well as those patients for

whom we had given a prior appointment for intralesional injections. We did not have a spare container of reinforced plastic from the company, and the cumbersome procurement procedure for importing another one was a strong deterrent for trying to get one. Since the circumstances were pressing, I had to search for a similar sized container and finally, found one: a 5 ml disposable syringe, the cylinder of which when cut to matching size, perfectly fitted our dermajet. This very cheap and easily available, sterilized substitute has been working so well for the past 2 years that the need to get an original one has never been felt.

Truly, someone has correctly said that necessity is the mother of most inventions.

Ashok Ghorpade

Department of Dermatology,Venereology & Leprosy,
J. L. N. Hospital & Research Centre, Bhilai Steel Plant, Bhilai ,
Chattisgarh - 490006, India.

Address for correspondence: Dr. Ashok Ghorpade, 1B, Street 13,
Hospital Sector, Bhilai - 490006, Chattisgarh, India.
E-mail: draghorpade@yahoo.com

Announcement

Indian Journal of Pediatric Dermatology

The editor of Indian Journal of Paediatric Dermatology has changed. All manuscripts may kindly be sent to the new editor in duplicate along with floppy disc on the following address:

Dr. D. M. Thappa
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