

urban patients.

Prevalences of skin disorders were as follows - Atopic dermatitis in 40 (18.60%), LSC 29 (13.50%), post herpetic neuralgia 22 (10.3%), psoriasis 12 (5.6%), PMLE 12 (5.6%), Bacterial infection 10 (4.7%), eczema 6 (2.8%), delusional parasitophobia 6 (2.8%), erythroderma 5 (2.3%), senile pruritus 5 (2.3%), bullous pemphigoid, varicose dermatitis 4 (1.8%), pemphigus vulgaris 4 (1.8%), vitiligo 2 (0.9%), herpes zoster 2 (0.9%), actinic reticuloid 1 (0.5%), xanthelasma 1 (0.5%), malignant melanoma 1 (0.5%), wrinkling 110 (51.7%), xerosis 108 (50.8%), seborrhoeic keratosis 52 (24.2%), lentigenes 28 (13.1%), DPN 7 (7.2%).

Goal of study was to know the percentage of elderly having dermatological diseases so that we can detect, counsel, treat and protect them at early age and

they can grow old gracefully and live with the process of senescence with the process of senescence with dignity.

Adarsh Chopra

Department of Skin & VD, Government Medical College
Rajindra Hospital, Patiala-147001, Punjab.

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CRYOSURGERY WITH LIQUID NITROGEN IN STABLE VITILIGO

To the Editor

It is known that medium deep wounding, either surgical - therapeutic spot dermabrasion¹ or chemical - liquified phenol,² can stimulate perifollicular and perilesional melanocyte migration in vitiligo.^{2,3} This process occurs during the inflammatory and re-epithelialization phase and thereby induces repigmentation which may be enhanced by combining with PUVA/PUVASOL.^{2,3} With this lead, a pilot study was instituted to study the effect of cryonecrotic injury induced by local freezing (-196°C) with liquid nitrogen (LN₂) in stable vitiligo.

Two rapid 5-10 sec freeze-thaw cycles were carried out with spray technique in 10 patients on 15 sites (10 hairy, 5 non-hairy) such as lower legs, 5, forearm 4, back 2, buttocks 1 and scalp 1. After the initial blistering and crusting, on re-epithelialization (10-15 days) the

lesions showed perifollicular pigmentation in non-hairy areas. On further treatment with PUVA/PUVASOL, 84.6% of hairy sites and 78% of non-hairy sites showed near total repigmentation in 2-3 months. Side effects seen were persistent erythema - 3, hyperpigmentation - 2 and secondary bacterial infection at 1 site.

The conclusion therefore is that simple, inexpensive cryogenic modality like LN₂ is an effective office procedure in treating stable vitiligo successfully. It not only acts as an adjuvant to medical line of treatment, but can also cut down the total treatment period. Also LN₂ which is known to be lethal to the surface epidermal melanocytes⁴ does not injure the deeper follicular reservoir of melanocytes which play an important role in repigmentation when medium depth injury is induced. To the best of the author's knowledge the use of

cryosurgery with LN₂ alone with PUVA/ PUVASOL in stable vitiligo has not been reported previously.

S. S. Savant

25, Saroj Sadan, Police Officers Hsg. Soc.
Yari Road, Versova, Mumbai - 400 061, INDIA

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MULTIPLE MUCOSAL NEUROMA SYNDROME

To the Editor

A 17- year old girl operated for left pheochromocytoma in 1992 presented in 1997 with classical hypertensive crisis of four months and pricking sensation in mouth of two weeks duration. Examination revealed tachycardia (120bpm), hypertension (150/120mm Hg) and multiple, flesh- coloured papules 1-2 mm large over the dorsum of tongue and micropapular cobblestoning over buccal mucosa. There was no thyroid swelling. Investigations revealed anemia (Hb 10.0 gm%), increased urinary VMA (50 mg/day), right adrenal tumour (7cm x 6cm x 5cm) on USG, adrenal mass on CT scan and stippling of both eyes on funduscopy. FNAC of thyroid was normal. She was managed by antihypertensives and right adrenalectomy was performed. By two weeks postoperatively her pulse rate reduced (80 bpm),BP normalised (130 /90 mm Hg) and urinary VMA reduced (1.3 mg/ day).

Pheochromocytoma, medullary carcinoma of thyroid and Multiple mucosal neuromas are well known features of Multiple Endocrine Neoplasia Type 3 or Gorlin's syndrome.^{1,2} Multiple mucosal neuromas produce an irregular bumpy surface over the eyelids, conjunctiva, sclera. lips, tongue, buccal mucosa, gingivae,

palate, pharynx or larynx.³ A multitude of ocular and musculoskeletal changes are associated,⁴ but in our case only macular pigmentary stippling was detected. The case is reported because of its rarity in literature. Regular surveillance is , however, mandatory to detect development of medullary thyroid carcinoma.

S Grover, A Sirga, K Dash, S Radhakrishnan

From the Department of Dermatology, Command Hospital,
Air Force, Bangalore-560007.

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