described are (a) male sex, (b) younger age of onset, (c) sudden onset, (d) low grade fever, (e) sparing of flexures, and (f) lack of annular or circinate lesions.

R Rajagopal

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DERMATOLOGISTS' VIEW OF WHO MDT REGIMEN

To the Editor

I read with great interest the letter written by Dr R Ganapati, Leprologist, Bombay in our journal 1995 Vol.61, titled "co-ordination in Leprosy elimination programme." He has highlighted the fact of Government of India in taking effective steps under NLEP to make MDT available to almost all identifiable patients in most part of our country. He has also mentioned that he is surprised to note that inspite of low endemicity reported (by Govt.), the dermatologists are encountering a large number of leprosy patients.

As a practising Dermatologist and as the leader of many skin camps conducted by Lion Dr TV Venkatesan Memorial Foundation and sponsored by Rotary, Lions International, etc., I would like to bring the following details.

In my consultations as well as in the Skin camps I have noticed lot of leprosy cases who have been administered MDT (mostly fixed duration). There the treatment is discontinued as per the guidelines of WHO. After a period of surveillence such cases have to resort to private treatment from dermatologists because they are not completely cured of the disease or got relapse. Hence the increase in the number of leprosy cases seen by dermatologists as stated by Dr Ganapati in his letter. Therefore I would like to mention that the treatment of leprosy cases should be continued till the complete inactivity of the disease by the Government agencies duly bringing it to the notice of WHO.

V Harshan
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ERYTHEMA ANNULARE CENTRIFUGUM RESPONDING TO DAPSONE

To the Editor,

A 47-year-old male reported with a mildly pruritic skin lesion over the right forearm of 2 weeks' duration. The lesion was an annular erythematous plaque, of about 2.5 cm in diameter, and had a raised border. Topical antifungals, and later topical steroids were given. After an initial response to topical clobetasol propionate 0.05%, the lesion started progressing and extending. New lesions with an annular configuration started appearing proximal to the initial lesion. The plaque was then biopsied and subjected to histopathological examination. The epidermis showed irregular atrophy with spongiosis and focal parakeratosis. There was a sharply demarcated perivascular infiltrate of lymphocytes in the dermis. Based on the histopathological diagnosis of Erythema Annulare Centrifugum, topical steroids (betamethasone dipropionate 0.05%) was continued, but with no effect. The lesions