

ASSOCIATION ACTIVITIES
INDIAN ASSOCIATION OF DERMATOLOGISTS &
VENEREOLOGISTS

(Northern India Branch)

C-1/13, Medical Enclave, New Delhi-16

May 8, 1962.

A meeting of the Northern Branch of the Association was held on 5th of May 1962 in the Safdarjung Hospital, New Delhi with Dr. Harbhajan Singh, F. R. C. S., President of the branch in the chair.

The meeting was held at 3-30 p. m. when members examined individually cases, which had been collected through the courtesy of hosts Dr. Dharam Pal and Dr. Ratan Singh of the Safdarjung Hospital, New Delhi. The cases were then brought in one by one and discussed by audience. Details of the cases are as under :—

Case No. 1	K. C. B.	39 Yrs.	M	Xanthoma Diabeticorum.
„ 2	K. D.	28 „	F	Sporotrichosis.
„ 3	K.	22 „	F	Case of Chronic sinuses and papilliferous nodules.
„ 4	D. K.	8 „	M.Ch.	Lymphangioma circumscriptum.
„ 5	B. L.	42 „	M	Early tabes dorsalis.

(Note:—Details of history and discussions held are attached)

After discussion, the presentors of the cases were adequately thanked by the President, Dr. Harbhajan Singh. After meeting, light refreshment and tea were served in the Department of Dermatology of the Safdarjung Hospital.

We are thankful to the Medical Superintendent, Safdarjung Hospital for allowing us to hold our meeting in the hospital.

CASE NO. 1

K. C. B. M, Hindu 30 Yrs.

COMPLAINTS : Eruptions on the body—8 years.

Treatment taken : Indigenous Therapy.

Family history : Nil abnormal.

O/E : Discrete, yellowish, solid, tender, dome shaped and papular, eruptions, present on the palms of the hands, extensor surface of the fore arms, elbows, knees and soles of the feet.

INVESTIGATIONS DONE

1. Blood—S. T. S* (Blood was Chylous)
2. Blood Cholesterol 384 mg/per 100 cc.

3. (i) Blood sugar—Fasting, 182 mg/per 100 cc.
Post Praindial, 238 mg/per 100 cc.
- (ii) Blood Urea:—25 mg./per 100 cc.
4. Urine:—Sugar-3%
5. Biopsy:—Hyperkeratosis with prominent stratum granulosum. Upper dermis contains isolated areas of fat laden histiocytes, packed together as localised tubercles D:—Compatible with Xanthoma tuberosum Multiplex.
6. Skiagram Chest (P. A.)—N. A. D.

Case was presented as a case of Xanthoma Diabeticorum for demonstration purposes and Dr. Dharam Pal while elaborating on this conditions stated that some cases of diabetes showed this condition and it was believed to be due to hypercholestraemia. Some non-diabetics also showed similar condition, when it is called Xanthoma Tuberosum multiplex. He also described that the treatment depended on:—

1. Treatment of Diabetes.
2. Giving of Lipotropic factors, such as Lecithin and Methionine.
3. Occasionally giving of Heparin.

DISCUSSION

Professor K. C. Kandhari:—How lipotropic factors will help? May be that liver is having load due to hyperlipaemia and these may help.

Prof. K. C. Kandhari:—The diabetes must be controlled with insulin as improvement is only expected when diabetes is properly controlled.

Col. C. L. Sukheja:—Are not these patients more prone to coronary heart disease?

Dr. Dharam Pal:—Yes, but E. C. G. in this case was normal. These cases require periodic check up.

Dr. D. R. Khurana:—Why Heparin was given in this case?

Prof. K. C. Kandhari:—It is a hypocholestraemic drug.

CASE No. 2

K. D. F. 28 Yrs.

CHIEF COMPLAINTS

1. Eruptions, ulceration with itching on the left hand and fore-arm
—1-4/12 Yrs.

Treatment taken:—16 Inj. of Procaine Fenicillin.

History of present illness:—Patient gave history that she was injured by a sickle, while cutting vegetables. She observed nodular swellings coming up in the surrounding area of injury. Since then the disease has been progressing.

O/E :—Multiple, discrete, reddish, nodular, nodulo-ulcerative and crusted lesions present on the dorsum of the fingers, hand and fore-arm (Left).

A sub-cutaneous nodule, about the size of a pea in the antero-lateral position near the elbow. A similar nodule excised from the left arm.

INVESTIGATIONS

I. Blood :

Hb : 80%

R. B. C. 2,97 mill./cu. cm.

W. B. C. 7,500/cu. mm.

DIFFERENTIAL LEUCOCYTE COUNT

Neut.	63%	X-RAY CHEST : N. A. D.
Lym.	34%	CULTURE (Sabaraud's medium)
Eosin	3%	Contaminated.
S. T. S.	Negative.	
Mantoux	Positive.	

HISTOPATHOLOGY

Dermis shows multiple epithelioid cell tubercles and foci of acute inflammatory exudate surrounded by middle layer of epithelioid cell and langhan's type giant cells and an outer layer of lymphocytes and plasma cells. No asteroid bodies seen. AFB not seen by Z. N. stain, nor any cigar bodies detected with P. A. S. stain.

DIAGNOSIS : HISTOPATHOLOGICALLY COMPATIBLE WITH SPOROTRICHOSIS

DISCUSSION :

Dr. Gurmohan Singh ;—Were the granulomas present in upper cutis or were diffusely scattered through out the dermis ?

Dr. L. K. Bhutani :—Guinea pig inoculation for AFB may be done in this cases.

Dr. Harbhajan Singh :—What will be the line of treatment ?

Dr. Dharam Pal :—We shall start with 10 drops of saturated solution of pot. iodide thrice daily and will raise to 40 drops and then maintain for two weeks and again reduce.

CASE No. 3

K. F. 22 Yrs.

COMPLAINTS —Eruptions on the body—about 2 years.

On Examination :—Papular, crusted, hypertrophic reddish lesion about 1 cm. long, present in the left iliac fossa. At places atrophic scarring is present.

INVESTIGATIONS

Blood :

Hb ... 77% (11 G%)

R. B. C. ... 3,72 mill./cu. mm.

W. B. C. ... 7,000/cu. mm.
 Differential Leucocyte Count :—Neut. 63%
 Lymph. 35%
 Eosi. 2%

E. S. R. 2 mm. 1st hr. Westergren.

S. T. C. Negative.

X-ray chest: N. A. D.

BIOPSY: 8-9-1961.

Histopathology reveals hyperkeratosis with denusion of stratum corneum at places. Patchy parakeratosis. Rete malpighii acanthotic and reticulated. Dermis contains multiple dense collections of lymphocytes monocytes and histocytes. Neither tubercles nor any giant cells seen. Lesion not typical of lupus vulgaris.
 BIOPSY: II, 12-3-62.

Histopathology reveals, hypekeratosis, acanthosis with foci of acute inflammatory exudate in the superficial layers, subpapillary and inter-papillary collection of mononuclear cells. No tubercles or giant cells, seen.

The cases was presented by Dr. Dharam Pal for purposes of diagnosis.

DISCUSSION

Dr. Ratan Singh—In view of histopathology and site, skin smear for donovan bodies should be seen, though epidemiologically it is not common in this part of country.

Dr. Dharam Pal—The lesions are not bleeding and this site is not commonly affected in G. I.

Dr. Ratan Singh—There is a variety which is fibrotic.

Col. Sukheja—It may be a case of Scrofuloderma.

Prof. K. C. Kandhari—Clinically the case looks like dermato-fibro sarcoma protuberens.

CASE No. 4 D. K. M. Ch. 8 Yrs.

Complaints—Eruptions in the iliac region 4 yrs.

Present History—Patient developed small whitish eruptions on his lower abdominal region about 4 years back, which gradually developed into, bigger, raised lesions and spread to the surrounding areas, to the present extent.

On Examination—Small discrete dome shaped, other flat topped papules at places they coalas to form plaques.

INVESTIGATIONS

I. Blood:

Hb 11.5 gm (80%)
 R. B. C. 4.12 mill/cu. mm.
 W. B. C. 9,000/cm. mm.

DIFFERENTIAL LEUCOCYTE COUNT

Neut.	72%
Lym.	26%
Mon.	1%
Eosi.	1%
S. T. S.	... Negative

2. Urine : N. A. D.
3. Mantoux test : Positive.
4. X-ray chest : N. A. D.
5. Biopsy : 22-2-62.

Dilated lymph vessels situated in the upper dermis closely attached to the lower edge of epidermis which is papillary in appearance. Dilated sub-epidermal lymph channels lined by a single layer of endothelial cells. The overlying epidermis is atrophic at places.

Differential diagnosis was discussed from Warts, Naevi, and molluscum contagiosum and lymphangioma circumscriptum.

The cases presented by Dr. Dharam Pal.

CASE No. 5 B. L. M 42 Yrs.

Complaints—He had no presenting complaints, but was referred to the V. D. Department on 24.8.61 for positive S. T. S. detected routine ante-natal check up of wife.

On Examination—Genital, skin & M. M.—N. A. D.

C. V. S. N. A. D.

C. N. S. Both sides ankle and knee jerks lost.
Ataxia + Hypotonia + Rest N. A. D.
C. S. F. not done.

Diagnosis—Syphilis late (? early tabes)

Treated with 6 M. U. of PAM.

FOLLOW UP (STS)

- 12.8.61 V. D. R. L. positive (1:64); Kahn—Positive.
9.12.61 V. D. R. L. ,, (1:32); Kahn—Weekly positive.
4.1.62 V. D. R. L. ,, (1:32); Kahn—Doubtful
25.4.62 V. D. R. L. ,, (1:64); Kahn—Positive.
27.4.62 Clinical Examination
C. N. S.
Pupillary reaction slightly sluggish, size normal.
Fundus—N. A. D.

Perimetry—N. A. D.

Ankle jerks—Absent both sides.

Mild degree of Rombergism; Ataxic gait, hypotonia.

Rest of C. N. S.—N. A. D.

Other systems—N. A. D.

C. S. F.—Cells 10/cu. mm.

S. T. S. Positive.

Protein Langes curve—Not done.

The case was presented by Dr. Ratan Singh.

DISCUSSION

Prof. K. C. Kandhari—The dose of penicillin given in such patients should be up to 20 m. u. and that may even be repeated. Crystalline penicillin should be preferred atleast to start with.

Col. C. L. Sukheja—Therapeutic paradox must be expected and such cases must be prepared.

CHANGE OF ADDRESS

Our Office is shifted to

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All further communications may kindly be made at the above address.

—*Managing Editor.*