

lesion biopsied in our patient appears to affect the folliculo-sebaceous epithelium leading to sebaceous gland extrusion into an acantholytic suprabasal blister within the epidermis.

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Dermatological findings in chronic alcoholics

Sir,

I read with great interest the recent article by Dr. G.S. Rao describing the changes in the skin, nails, hair and oral cavity.¹

The author's efforts are commendable. However, I would like to make certain observations and draw attention to other dermatological manifestations in alcoholics not reported by the author. These include type I allergic skin manifestations, palmoplantar hyperhidrosis (PPH), spontaneous skin necrosis,² and increased risk of basal cell carcinoma (BCC). Allergic skin manifestations in alcoholics occur due to a combination of a direct effect of alcohol and an indirect effect through elevation of IgE.³ Alcoholics are frequently noted to have PPH. As the findings of peripheral nerve conduction (sympathetic skin responses) studies do not differ between alcoholics with PPH and those with primary PPH, hyperhidrosis is believed to occur due to impaired central sweat control mechanisms.⁴ In a large prospective cohort study, the total alcohol and white wine intake were associated with a higher risk of occurrence of BCC in both men and women.⁵

In addition, chronic alcohol consumption affects the clinical presentation and treatment responsiveness of certain dermatological conditions. Excess alcohol consumption is associated with the onset and flare-up of psoriasis and discoid eczema.⁶ Alcoholism also leads to a poor response to anti-psoriatic treatment,⁷ and contributes to an excess mortality in patients with psoriasis.⁸

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Response by the author

Sir,

I appreciate the keen interest shown by the reader in my article "Cutaneous changes in chronic alcoholics". I thank the reader for sharing his knowledge about the topic. However, changes like spontaneous skin necrosis were not seen in our patients as none of them were in