

Thus, steroid instituted in high doses and early in the diseases halts ADCC reaction preventing further tissue damage by the ongoing process of TEN. Once tissue damage (maximum within first 7 days) has occurred, human body systems have to face its consequences and steroids have very little role to play. Once steroids have counteracted ADCC phenomenon and further tissue damage, and the offending drug has been omitted, no more steroids are required and these should be tapered rapidly and stopped.⁵ Unnecessary prolongation of steroid therapy may increase the mortality by increasing the incidence of secondary infection and sepsis.¹

There are occasional reports of patients with TEN not responding to even very high dose(s) of corticosteroid(s) instituted from the beginning. In these patients, a mixed lymphocyte reaction with the production of killer lymphocytes, resembling acute graft versus host diseases (GVHD) is the probable underlying process.⁶

It is, therefore, felt that if the corticosteroids are used in low dosage, later in the disease and there is lengthy tapering (3 Ls), their usefulness is questioned. It is the lack of knowledge and expertise about how to use it rather than the lack of its efficacy which has made the role of corticosteroid(s) a matter of debate.

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COWPOX

To the Editor,

A 20-year-old male from Bhilai presented with asymptomatic, vesicular lesion over right thumb of one week's duration. There was history of milking a cow having ulcerated teats about one week prior to the development of cutaneous lesion. There was no history of fever or malaise. Cutaneous examination showed one vesicular lesion of about 5 mm diameter having central umbilication and surrounding erythematous ring over dorsal aspect of proximal phalanx of right thumb (Fig.1). There was no regional lymphadenopathy. Biopsy of the lesion revealed massive spongiosis and reticular degeneration at several places in epidermis with marked acute inflammatory dermal infiltrate (Fig.2).

Cowpox is an occupational viral disease which affects persons who have been in contact with cows having infected teats.¹ However, half of the patients will not have such a history.²

Transmission of the virus from cat to man has been described.^{3,4} A small wild rodent may be the reservoir of cowpox virus.⁵ The lesions are characteristically found on the exposed skin, mostly on hands.² The incubation period varies from 2-14 days. It may affect the milk yield from inflamed teats

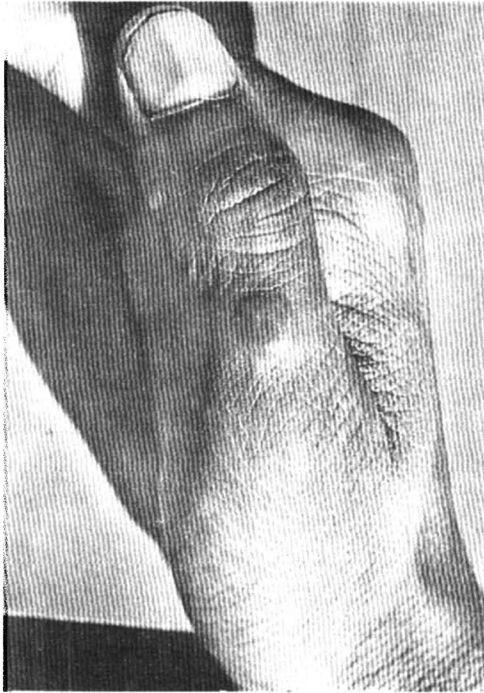


Fig. 1. Ubilicated, vesicular lesion on thumb.

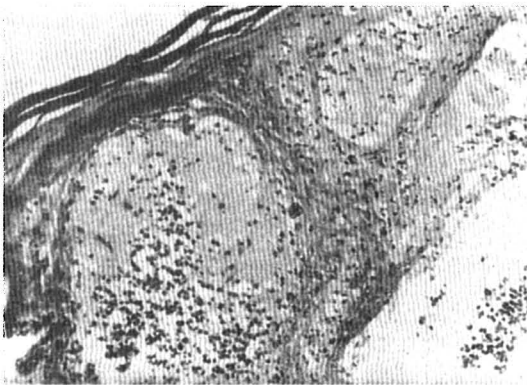


Fig. 2. Histopathology showing spongiosis and reticular degeneration in epidermis (H&Ex100).

of the cow.

In our case, the history and clinical features were classical which helped us to exclude other diseases like milker's nodule, orf and anthrax. The diagnosis was confirmed by histopathology. Though cattle population in

our country is quite large, cowpox has been very rarely reported in Indian literature. The object of the present report is to create awareness about this condition.

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BECKER'S NAEVUS ON LOWER LIMB

To the Editor,

Becker's naevus is an epidermal naevus of late onset. Though it may first appear in childhood, it is usually first noticed during adolescence. The usual sites of localization are shoulder, anterior chest or scapular region.¹ There are a few reports of Becker's naevus occurring at other sites such as on the face, neck, forearm or wrist, and lower extremity.^{2,4}

An 18-year-old male presented to us with asymptomatic, slowly progressive, dark patches over right knee region and right arm for the last 6 years and 1 year, respectively. On examination, irregular macular brownish hyperpigmentation was seen on an area of about 15 cm x 9 cm over the lateral aspect of