LETTERS TO THE EDITOR

MINOCYCLINE INDUCED LINGUAL HYPERPIGMENTATION

To the Editor,

A 27-year-old unmarried female patient with severe acne was put on therapy with minocycline 100 mg daily. Within 3 weeks of starting therapy, she developed bluish grey hyperpigmentation on the dorsal aspect of her tongue.

There was no pigmentary change in the buccal mucosa or on the skin and there was no discoloration of the nails. Minocycline was withdrawn when the patient came for check-up at 4 weeks. She was put on alternate treatment regime for acne and followed up at regular intervals of 4 weeks. The lingual pigmantation gradually faded and at 20 weeks was barely perceptiable.

Minocycline induced hyper-pigmentation has been described in a variety of forms but is distinctly infrequent. Several hypothesis have been proposed for its pathogenesis. Minocycline is thought to stimulate melanin production by epidermal melanocytes. In addition, an Iron containing compound possibly haemosiderin or an Iron chelate of minocycline, may be deposited within the dermal macrophages.[1]

Although, pigmentation has been generally reported after long-term therapy with minocycline,[2] occasionally it has been noticed as early as 20 days after starting treatment.[3] In our patient too, the lingual pigmentation developed about 3 weeks after starting minocycline therapy. Pigmentation caused by minocycline is usally reversible.[3] This was also the case with our patient whose lingual pigmentation was barely perceptible at 2 weeks, following withdrawal of the drug.

N Khanna, R K Pand
Department of Dermatology a
Venereology, All India Institute
Medical Science
New Delhi - 110 029, Indi

References

1. Sato S, Murphy G F, Bernhard J D, et a Ultrastructural and X-ray microanalytic observations of minocycline-relate hyperpigmentation of the skin. J Inve Dermatol 1981; 77 : 264 - 7.
2. Gordon G, Benjamin M S, Iatropousous M Hyperpigmentation of the skin associated wi minocycline therapy. Arch Dermatol 198 121 : 618-23.
3. Mashimo K, Kato Y, Saito R. Laborato and clinical investigations on minocyclin Chemotherapy 1970; 18 : 339 - 46.

EXFOLIATIVE DERMATITIS DUE TO TOPICAL MERCURY APPLICATION (PARA)

To the Editor,

Exfoliative dermatitis is one of th commonest and chronic conditions. A 5 year-old male presented with mild erythem oedema and scaling of skin with itching of month duration. Their were no specific ski lessions suggestive of any cutaneous conditio or malignancy. But patient is known diabet and had partially removed renal stone b litoplexy. For renal stones, he was investigate with all radiological and haematologic procedures. He was treated with routine dru like topical liquid paraffin, system corticosteriod and antihistaminics. There w no relief even after 1 month. Then patie gave history of mercury application by

Hakim 2 ½ months back for hemiparesis, then d-penicillamine in dosage of 250 mg Q I D given for 10 days. Then patient had complete relief and systemic steriods are maintained for 1 month in tapering dose. Exfoliative dermatitis due to heavy metals is rare.

Mahesh Unni
Skin Care Clinic and Hon.
Dermatologist Medical College,
Latur - 431 512 (M S)

SQUAMOUS CELL CARCINOMA FROM LIMBUS OF EYE IN XERODERMA PIGMENTOSUM

To the Editor,

Ocular neoplasms arising from the eye, excluding those of eyelids constitutes 11% Xeroderma pigmentosum (XP) patients.[1] They are most frequently arising from the limbus and are predominently sqamous cell carcinomas (SCC). Recently there was a case report of malignant melanoma of skin and SCC of the eye arising from limbus in an adult XP patient.[2]

A 6-year-oid male, youngest child of a consanguineous parents had multiple freckles and hypopigmented atrophic macules on sun exposed parts of the body since 4 years of age. He had photophobia, blepharospasm and increased lacrimation. Developmental mile stones were normal and no neurological manifestations were noticed.

Both the sisters of the patient developed XP, while his only brother was healthy.

Patient developed a small nodular growth 1 month back, situated at 5 O'clock position at the limbus of left eye. During 1 month, it attained the size of 1.5cm X 1cm grayish brown raised growth encroached upon cornea completely and growth was protruding out about 0.5cm. Child had pain, irritation and could not close the eye. There were no metastases.

Routine investigations were normal including LFT. X-ray chest found normal, skin biopsy confirmed the diagnosis of XP. Enucleation of eyeball was inevitable. Histopathology of the growth revealed as well differentiated SCC.

Neoplasm of the eye in XP confined almost exclusively to the conjuctiva, cornea and eyelids, those portions of the eye exposed to ultraviolet radiation. These tissue sheild the iris, lens and retina from ultraviolet radiation.

Unique review of 830 published cases of XP in a span of 108 years by Kraemer et al[1] revealed that neoplasms occured most frequently at the limbus followed by the cornea and conjuctiva. The most frequent histologic type reported was SCC.

M M Udagani, V G Govekar
Consultants Chambers, Shivaji Road
Belgaum - 590002, India.

References

1. Kraemer K H, Lee M M, Scotto J. Xeroderma pigmentosum, cutaneous ocular and neurologic abnormalities in 830 published cases. Arch Dermatol 1987; 123 : 241-50.
2. Nagabhushan N R, Satish D A, Sumathy T K, et al. Xeroderma pigmentosum with malignant melanoma and squamous cell carcinoma. Ind J Dermatol Venereol Leprol 1989; 55: 248-50.

ATOPIC DERMATITIS OF SCALP

To the Editor,

Though diffuse scaling of the scalp in children and adults with atopic dermatitis (AD) is a result of subacute dermatitis due to Pityrosporum ovale :[1] frank eczema over scalp as a manifestation of AD is certainly very rare. Eczema restricted to scalp alone has so far not