

advocated as treatment for exfoliative cheilitis. However the disease tends to persist.

Since my patients had not responded to any treatment, I initiated an empirical treatment with twice a day application of vitamin A oil (obtained by opening a vitamin A capsule containing 50,000 IU). Both patients responded well after 2 months. The applications were gradually tapered and stopped in 4 months. The Indian patient has had no recurrences. The Lebanese patient was lost for follow-up after 1 year. He had no recurrence at that time.

It is difficult to postulate the role of vitamin A in these cases. Vitamin A may have had some effect on keratinization.

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## BALANOPOSTHITIS IN CHILDREN WITH SCABIES

*To the Editor,*

Scabies is a common parasitic disorder which at times can be of venereal origin. Usually erythema, papules, papulovesicles, urticaria, pustules, folliculitis, vesicles, nodules, bullae and burrows are seen. Some cases of scabies have associated balanoposthitis which has not received due importance and therefore we are reporting balanoposthitis in children with scabies.

Ten cases of balanoposthitis in children below 10 years of age suffering from scabies

were selected for this study from dermatovenereology out patients. Detailed history, general physical, systemic and dermopathological examinations were carried out to rule out venereal diseases. Urine examination and urethral smears were prepared in all cases.

Seven cases had nodular scabies, that is nodules on penis and external genitalia, and 3 had routine scabies. Balanoposthitis was observed in the form of oedema, erythema of urethral meatus and prepuce associated with mucoid urethral discharge. Culture and sensitivity test of urine in all 10 cases ruled out UTI. Urethral smears revealed Gram +ve cocci in 8/10 cases and all 10 cases had polymorphs and occasional squamous cells. Scabies was treated with 1% GBHC for 12 hours and balanoposthitis by topical soframycin twice/day and both conditions were cured by 2 weeks.

Balanoposthitis in association with scabies in adults can be venereal/non-venereal. Balanoposthitis in children with scabies was non-venereal in this study. Balanoposthitis was more common in cases of nodular scabies where persistent pruritus and colonization by Gram +ve cocci could predispose to balanoposthitis. Cure with disappearance of residual post scabetic pruritus was better if balanoposthitis was treated simultaneously with scabies.

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## CUTIS VERTICIS GYRATA WITH EPILEPSY

*To the Editor,*

A 28-year-old man presented with corrugated scalp, abnormal physical growth, poor mental development and epileptic seizures since early childhood. Family and