

dermatomycosis, 37 (33.33%) were positive for fungal isolates. Most common clinical diagnosis was tinea pedis (31-27.67%) while tinea manuum was diagnosed in 9 (8.03%) cases.

The commonest fungus isolated was *Trichophyton rubrum* (17-15.17%) followed by *T. mentagrophytes* (15-13.39%) and *Epidermophyton floccosum* (12-10.71%), other fungi isolated were *Candida albicans* (8-7.14%) and *Trichosporon* (3-2.67%).

In the present study tinea pedis was the predominant clinical type of dermatomycosis. Tinea corporis has been documented as the predominant clinical type in other studies.<sup>1</sup> Barefooted walking and working in fields may probably be related to the high incidence of tinea pedis in this rural area.

*Trichophyton rubrum* was found to be the main aetiological agent responsible for dermatomycosis in this area (15.17%). This is in confirmity with other published reports.<sup>2</sup> *Epidermophyton floccosum* has also been isolated frequently in the present study (10.71%). The isolation of this fungus has been variously reported as 12.04%<sup>1</sup> and 32.28%<sup>3</sup> in other studies. *Trichosporon* was isolated from three cases and *Candida albicans* from 8 cases. These are opportunistic nondermatophyte fungi. Such fungi are normally commensals, saprobes or plant pathogens. Their isolation in culture is not in itself a proof of pathogenicity, however, in the present study this fungus was repeatedly isolated from patients. This may point towards their suspected potentially pathogenic role as an opportunistic nondermatomycotic fungi.

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## CHROMOBLASTOMYCOSIS

### To the Editor,

We read with interest the recent article on chromoblastomycosis.<sup>1</sup> Chromoblastomycosis when localized to the skin can be managed by surgical means. Variable results are seen after cryosurgery.<sup>2</sup>

We treated a confirmed case of chromoblastomycosis with a single lesion on the leg of size 6x6 cm with two freeze cycles of 10 seconds each using liquid nitrogen. There was blistering, crusting and oedema which lasted for 2 weeks. At the end of 1 month there was complete healing with depigmentation.

Another case with a single plaque measuring 5x6 cm on the lower leg was similarly treated by cryotherapy. As it was not successful we excised the lesion using CO2 laser in a continuous cutting mode with 10-15 watts. The laser wound healed in about 6 months. There has been no relapse.

As disseminated infection is uncommon in chromoblastomycosis, we wonder whether HIV testing was done for the patient reported.<sup>1</sup>

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## REPLY

### *To the Editor,*

The patient reported by us, started developing dissemination in 1978 (subacute intestinal obstruction due to a mass of fungi) which became life threatening in 1987 (growth in larynx and trachea), but the existence of HIV in Indian patients became obvious in 1986. Thus there was no reason of suspecting HIV in 1978 (3 years earlier than the first reported case in world) and even by 1987-the diagnostic facilities were not available in Amritsar, neither did we think of HIV.

We are, however, thankful to the Manipal duo of Drs Shenoj and Srinivas for highlighting importance of cryosurgery in management of solitary cutaneous chromoblastomycosis lesions.

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## PAPILLON LEFEVRE SYNDROME

### *To the Editor,*

Papillon Lefevre syndrome consists of palmoplantar hyperkeratosis and premature loss of deciduous and permanent teeth caused by homozygosity for autosomal recessive genes.<sup>1</sup> Deciduous teeth erupt normally but exfoliate by the age of 4-5 years. Dystrophic changes occur in periodontal ligament and alveolar bone leading to periodontal pocket. After exfoliation of teeth gingiva becomes normal. Permanent dentition erupts normally but they also exfoliate early by the age of 16

years. Only third molars are preserved.

A 36-year-old female patient presented with pain associated with lower left lateral incisor of a week's duration along with drying, scaling and fissuring of the skin surfaces of the palms and soles bilaterally since childhood. Family history revealed similar lesions in her mother as well as daughter. On general examination, there was facial pigmentation of lips and around the lips. There was thickening of palms and soles with scales. The left sole presented with an abscess. Intra-oral examination revealed normal mucosa and severely inflamed periodontium. History revealed exfoliation of missing teeth. Radiograph showed generalised bone loss in relation to all teeth.

A 19-year-old male patient presented with a chief complaint of missing teeth. History revealed that the deciduous teeth exfoliated at the age of 6-7 years and the permanent teeth did not erupt. Few of the deciduous teeth were retained. General examination revealed hyperkeratotic skin layer on palms and soles which was present since childhood. There was no significant family history. Both the patients were advised total extraction and later complete denture was given.

Papillon Lefevre syndrome results in edentulousness by the age of 16 years as reported by Gorlin et al.<sup>1</sup> But in the present 2 cases the teeth are retained and in second case report, even the deciduous teeth were retained due to the absence of permanent successors.

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