

three doses. Patient was reviewed after one month when the VDRL titre was 1:4 and about half of the area involved had regrowth of hairs. Follow-up at two months showed complete and normal hair growth and the VDRL was non-reactive.

Secondary syphilis presenting only as alopecia is uncommon and definitely rare as there are no reports in literature.

This patient though denied a history of sexual contact, a possibility of sexual promiscuity can not be ruled out. Also in female patients a history of premarital or extramarital sexual exposure is not given easily. This patient could be in evolving phase of secondary syphilis and the other common feature like skin eruptions and lymphadenopathy might be following shortly. The hair loss in secondary syphilis is essentially nonscarring. It could be diffuse but commonly it is patchy alopecia sometimes giving a 'moth-eaten' appearance.<sup>1,2</sup> In this patient points against alopecia areata were non-oval rather square shape,

ill defined border and incomplete hair loss. Significant VDRL titre which responded as expected with penicillin treatment and complete regrowth of hairs without any established treatment of alopecia areata confirmed secondary syphilis.

Alopecia areata is always a close differential diagnosis of secondary syphilis.<sup>1,2</sup>

This case also establishes the classical teaching in Dermatology, that secondary syphilis is an important differential diagnosis of nonscarring alopecia

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## LORATADINE IN URTICARIA

### To the Editor

Sir,

This is in response to the article 'A multicentric trial of Loratadine and cetirizine in urticaria by Jayakar Thomas, et al in Jan-Feb 1998 issue of your journal.

I liked to share my following observations and comments about their study.

1. In case selection they have used the term chronic urticaria. It is not clear is it same as chronic idiopathic urticaria. If not so are base line investigations sufficient to rule out all the underlying cause?<sup>1</sup>

2. Regarding material and methods:

a. There is no mention of effects of Loratadine and cetirizine on the total duration of urticaria.

b. There is no patient's subjective evaluation scores and its correlation with efficacy of the drugs.

c. What had happened after 5th visit evaluation? Did it relapse? If so in how many of them?

3. One of the important parameters of antihistamine evaluation is assessment of cognitive and psychomotor impairment. No mention of it?<sup>2</sup>

4. The authors claim that very little data available comparing loratadine and cetirizine in urticaria is ill founded. There are enough data available in the literature regarding the superiority of cetirizine over loratadine in contrary to the huge list of claims made by the authors depending on their single study. It is also a well accepted fact that

cetirizine is little more sedative than the sedative potential of the loratadine. Therefore it is ridiculous to claim that cetirizine does not fit into the second generation non-sedating category.

I wish to bring following studies for the kind notice of the authors.

- a. Loratadine is less effective at the same dose in inhibition of histamine wheals than cetirizine.<sup>3</sup>
- b. Certirizine was superior to loratadine in histamine induced wheals in the periods 0.5 to 6 hours after injection indicating a rapid action.<sup>4</sup>
- c. In a study of a different studies comparing rank order of efficacy of non-sedating histamine H1-antagonists, cetirizine ranked one. Out of which loratadine ranked 2nd and 3rd only when compared with cetirizine and others.<sup>5</sup>
- d. Also 10 mg cetirizine had a more rapid and long lasting effect and produced a greater maximal decrease in wheal volume.<sup>6</sup>
- e. Siimons, et al performed a single dose, placebo controlled, double-blind, crossover comparative study of antihistamine effects of the second generation H1-antihistamines and over all, superior to astemizole, which was superior to loratadine, which was superior to chlorpheniramine and placebo.<sup>7</sup>

Therefore loratadine alone can not be acceptable as the most effective second generation antihistamine available

for the treatment of "chronic urticaria" as concluded by the above authors.

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