

common antigenically and the question of any protection does not arise. If untreated, both these diseases seem to confer lasting almost life-long immunity though examples of superinfection in syphilis have occasionally been seen but proven re-infection in LGV seems not to have been reported¹. LGV is caused by a number of chlamydial organisms, earlier designated as *Miagawanella lymphogranulomatis*. More recent classification tends to identify fifteen separate serotypes of chlamydial organisms (A, B, Ba, D-K and L), designated *Chlamydia trachomatis*². Of interest to us in this context are L series (L1, L2, L3) which are responsible for causing LGV; (D-K series are responsible for about 40-50% cases of non-gonococcal urethritis).

References

1. Hart G: Chancroid, Donovanosis and Lymphogranuloma Venereum. US Department of Health, Education and Welfare, Public Health Service, 1968.
2. Felman YM and Nikitas JA: Lymphogranuloma venereum, *Cutis* 1980, 25: 264-266.

ABSTRACT

Contact dermatitis to henna (*Lawsonia*), Jagjit S. Pasricha, Ramji Gupta and Suresh Panjwani (Dept. Dermatol Venereol, AIIMS, New Delhi) *Contact Dermatitis*, 1980; Vol. 6, No. 4, pp. 288-289.

A case of contact dermatitis due to henna (*Lawsonia*) in a 46-year-old housewife is reported. The causative agent was confirmed by patch tests on three occasions. Extracts of henna in water, ether and alcohol also showed positive patch test reactions. Usage test performed by an aqueous paste of henna on the patient's forearm at four different skin areas for $\frac{1}{2}$, 1, 2 and 3 hours respectively produced itching in all the areas and distinct papulo-vesicles in the area exposed to henna paste for 3 hours.