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PEYRONIES DISEASE, SCLERODERMA AND DIABETES MELLITUS

To the Editor

A 55-year-old man, known case of diabetes mellitus with hypertension presented with features of scleroderma (scleroderma, Raynaud's phenomenon and difficulty in swallowing) of 3 months duration. He also complained of impotence and increased curvature of penis on erection for the past 2 months.

Skin biopsy findings were consistent with scleroderma, ANA was negative and ultrasonography revealed hyperechoeic area in the upper third of penis suggestive of Peyronies disease. Prevalence of diabetes mellitus is reported higher in patients with Peyronies disease[1] and association with systemic sclerosis has also been documented in recent literature.[2,3] Etiology of Peyronies disease remains a mystery, and recent studies on HLA antigens and immunological features suggest the hypothesis of an autoimmune etiology for the disorders.[4,5] Peyronies disease co-existing with scleroderma and diabetes mellitus in the present case corroborates autoimmune basis of the disease.

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NEVUS DEPIGMENTOSUS WITH SEGMENTAL VITILIGO

To the Editor

Nevus depigmentosus (ND) is a rare, congenital, non-familial stable quasidermatomal leucoderma. Vitiligo is a common acquired heritable melanocytopenic disorder with a high incidence of associated disorders.[1]

A 13-year-old girl presented with two hypopigmented lesions. The first on the left lower back was an asymptomatic 5x4 cm macule with irregular borders, present since birth, static in size. The second lesion appeared 7 months ago in the right pectoral region extending from the anterior axillary fold to the lower part of the breast. The lesion was asymptomatic, 20x12 cm depigmented macule with trichrome appearance,