barrier nursing, fluid and electolyte monitoring, there is not much to offer to them. At this stage institution of blood transfusion significantly alters the progress of the disease and modifies its outcome by curtailing the morbidity and reducing the mortality rate.

Over the last 2 1/2 years, I have treated 10 patients with SJS and 8 patients with TEN.In all these patients there was 60%-80% involvement of skin indicating a poor prognosis . In 8 patients (3 SJS, 5 TEN), systemic corticosteroid was given as they were brought within 3-4 days of development of skin lesion (S). In the rest 10 patients, corticosteroid was withheld since they were brought quite late . In all the 18 patients 2-3 units of blood was transfused after proper grouping and cross matching. Only two patients died , while16 recovered without any complication(s).

The efficacy of blood transfusion in cases of SJS and TEN is probaly multimodal. First, the toxic metabolites of the incriminating drug viz, arene oxides get diluted by haemotransfusion resulting in its reduced action on target tissue e.g, skin and mucous membranes. Cytotoxic T cells and autoantibodies could also be getting diluted in similar ways. Secondly, freshly transfused blood supplies immunoglobulins to combat infections. Moreover,transfused blood prevents hypovolaemia resulting from the loss of blood from skin surfaces. It also supplies nutrients and electrolytes essential for the tissue perfusion and thereby indirectly help in the function of cardiovascular and renal system . Transfusion of blood, thus combats many complications and final outcome of the disease.

Sandipan Dhar, Department of Dermatology Govt. Medical college, Kota, Rajasthan.

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EFFECT OF PARENTERAL VITAMIN D3 IN SKIN DISEASES

To the Editor

Taking the clue from the topical use of vitamin D3 derivatives in psoriasis and its efficacy, we in AIMS,.G. Nager,tried vitamin D3 parenterally in psoriasis. For the experimentation we used Arachitol of Duphar Company, 3 lakh international units intramuscularly every week for 4 weeks and we found substantial improvement in 4 patients. In first week itself,

there was decrease of erythema and scaling. By the end of 4 weeks erythema disappeared, the plaque thickness diminished by 80%, no new lesions appeared and some lesions disappeared altogether. What is of interest is that all four patients had extensive plaques.

Extending this interesting observation further, we tried the same dose in 2 cases of lichen planus. After 2 weeks the lesions regressed by 50% . Some lesions disappeared and new ones did not appear. Both the patients had complete relief from itching.

We tried the same regimen in 4 cases of photodermatitis. After 4 weeks the lesions in all disappeared leaving residual pigmentation. All had complete freedom from itching.

The conclusion therefore is that vitamin D3, parenterally has got antipruritic, anti inflammatory and healing properties, on skin. It is also evident that vitamin D3 administered intramuscularly could be a good adjuvant to existing dermatological therapies.

The only theoretical objection for using vitamin D3, parenterally, could be hypercalcemia. However even after repeated checking in these patients serum calcium levels did not cross 11mg %.

We are reporting this observation, because we feel that parenteral vitamin D3 may prove an important medicine or an adjuvant in the treatment of many skin conditions.

Anandam Kuravi

Dept.of Skin & V.D.
AIMS, B.G. Nagar,
Karnataka-571 448.

Repigmentation of leukotrichia over vitiligo patches after punch grafting

To the Editor

Vitiligo patches are often associated with leukotrichia which usually remains as such even after complete repigmentation of the patches. While surgically treating vitiligo by punch grafting we incidentally observed repigmentation of leukotrichia in three patients. It was noticed between 10 to 16 weeks. The repigmentation started after 3 to 4 weeks of the perigraft pigment spread in all the three patients.

Vitiligo patches are often associated with leukotrichia which makes them relatively resistant to medical treatment. Even after successful repigmentation of a vitiligo patch with PUVA therapy, the leukotrichic hairs remain depigmented causing tremendous psychological trauma to the patient.[1] Of late punch grafting (PG) has revolutionised the treatment of stable and resistant vitiligo.[2] This surgical technique alone with PUVA has been found to repigment the vitiliginous skin quite effectively.[3,4] However, the issue of repigmentation of leukotrichia after PG has not been adequately addressed in the literature. Only recently split