brother were brought to skin department for thickness and scaliness of palms and soles. On examination, palmoplantar hyperkeratosis with erythema and scales are noticed in both children. In elder child - psoriasiform scales are present on palms, soles, both knees, elbows, over tibia and malleoli. Within 1 month after coming to us patient developed psoriasiform plaques in many areas on the body. All deciduous teeth are lost except deciduous canine on right side of lower jaw, and permanent Ist molar on left side of lower jaw. X-ray mandible showed permanent tooth bud of 1st and 2nd premolar. No calcifiction of falx cerebre was seen.

Papillon-Lefevre syndrome is an autosomal recessive disorder of keratinization characterised by erythematous scales, thickness of palms and soles, psoriasis like lesions on elbow, knees, weakness of periodontial ligaments and teeth loss with calcification of falx cerebri. Localized disorders of keratinization such as mal de maleda, Unna Thost, Papillon - Lefevre syndrome may have strong relation with psoriasis.

Not only the present thinking of disordered leucocyte function, disordered gingival fibroflast, and cementoblast function in P-L syndrome, some other etiological factor such as Zinc deficiency in Acrodermatitis enteropathica may come into our notice in future. In this contest, response of psoriasis to linolenic acid may be thought of. In my patients cutaneous lesions responded well with external application of MF3 ointment (moisturizing ointment) retinoic acid, ointment, oral beta carotene, oral alfalin capsules (Linolic + Linolenic acid) massage of sunflower oil before bath.

V V Narasimha Rao
Skin Specialist, Civil Assistant Surgeon,
District Hospital, Machilipatnam - 521 001.

KERATOTIC PAPULES ON CHIN, A NEURODERMATITIS OR DYSMORPHOPHOBIA?

To the Editor,

The lettr on keratotic papules on chi (KPC) by M M Udagani published in IJDV 1993: 59: 45 was interesting. I wish to repo a case of KPC which may throw some light o the aetiopathogenesis of the condition. A female student aged 18 years presented wi asymptomatic bilateral skin coloured follicul papules on the chin of 9 months' duration Size was that of a rupee coin and the skin between the papules showed mil hyperpigmentation. though the patient denie any rubbing, her parents had noticed he constantly picking at the hairs on the chin Further queries revealed that the girl wa deeply worried about the unwanted hai growth on her face.

To reassure her, the prominent hairs o the chin were removed by electrolysis Pimozide 2mg as a single morning dose alon with topical Tretinoin (0.05%) produce almost complete clearing of her lesions in weeks, leaving only a little residual hyper pigmentation. With only alternate da application for another 1 month and a follo up period of 2 months, ther was n recurrence.

Predominance of the condition in fema teenagers with one or other congenital o acquired blemishes on their face,[1] th particular localization on the chin, the typica appearance of chronic follicular keratinizatio due to constant rubbing, and th psychological disturbance all point towards th tentative diagnosis of a neurodermatitis. Ch is the most easily accessible area for studen sitting with their elbows on the desktops an the chin resting between the thumb an forefinger. Modesty may be preventing the

from reaching out to other areas of the body.

However, when the patient firmly denies any conscious rubbing in the presence of real or, more important, imagined disfigurement, the diagnosis of dysmorpho-phobia has to be ruled out. In dysmorpho-phobia, a condition of disturbed psychological body image, the face and nose represent the indivisual's main areas of concern of his/her body image. These patients may present with psychogenic itching, burning, imagined facial hair and imagined distortions and the sequelae thereof. An attempt must be made to differentiate these patients into two groups-one, psychologically deluded and the other, anxiously and neurotrically preoccupied with their skin.[2] This condition has been considered as ominous because it is often a harbinger of schizophrenia.[3] This again underlines the importance of exercising extra caution while dealing with females presenting with facial symptoms. Meanwhile it will no doubt be fruitful to have psychological assessment carried out on all cases of keratotic papules on chin.

V S Hanis Babu
Skin Care Centre, Kokungallur
Trichur - 680664, Kerala.

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SEBACBOUS NAEVUS WITH CHRONIC LEG ULCERS

To the Editor,

Sebaceous naevi (SN) can be found in about 0.3% of all neonates.[1] SN is usually located on the scalp or face at birth as linear, oval or round hairless plaque. Usually SN are single but may be multiple or extensive. Extensive SN show associated CNS, eye or skeletal deformities.[2] Mental retardation and epilepsy may be associated.[3] SN and verrucous epidermal naevi are very closely related and may represent variants.[4] Histopathologically, SN in children show cords of undifferentiated hair cells simulating embryonic hair follicles, some hairs have dilated keratin filled infundibula with multiple buds of undifferentiated cells. At puberty, SN show large number of mature or nearly mature sebaceous glands with papillomatous hyperplasia of overlying epidermis with changes as seen in children.[5] Malignant change can superimpose secondarily in middle age or even earlier.

A 22-year-male was admitted with chronic venous leg ulcers since 2 years. In addition he had 2 plaques on the chin and right cheek since early childhood with rapid progression at puberty. He had epilepsy at the age of 5 which was treated. He had low intelligence and bilateral iridocyclitis. Bigger plaque on chin was 11 X 7.5 cm, firm, non-tender, mobile in certain drections, pinkish-brownish with well defined margins right side and ill defined on left and lower side. Its surface was smooth, velvetty, thrown into folds, sparse hairs were present in the centre of plaque with alopecia on either side. Similar 1.5 x 1.0 cm plaque was seen on the outer side of right angle of mouth. Systemic examination and routine investigations were normal. Histopathology revealed multiple mature sebaceous glands with peripheral mononuclear infiltration, giant cells and papillomatous hyperplasia of overlying epidermis.