

LETTERS TO THE EDITOR

DETECTION OF NICKEL IN COINS BY DIMETHYLGLYOXIME SPOT TEST

Nickel dermatitis is known to occur following contact with coins containing nickel. Nickel can be detected by dimethylglyoxime (DMG) spot test.¹ A few drops of 1% alcoholic solution of DMG, and a few drops of ammonia water when added to the coin gives strawberry red coloration in the presence of nickel. Nickel was detected in the old five, ten, twenty, fifty paise and one rupee coins and the new twenty five, fifty and one rupee coins. The test was negative with the new five, ten and twenty paise coins. This fact is of significance when patch testing is performed with coins for nickel.

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Reference

1. Fisher AA : Dermatitis and discoloration from metals, in : Contact Dermatitis, 2nd ed, Lea and Febiger, Philadelphia, 1978; p 38.

RECURRENCE OF HERPES PROGENITALIS AFTER CIRCUMCISION

Circumcision has been proposed as a form of curative therapy in recurrent herpes progeneritalis.¹ This proposal was based on a study of 5 patients of herpes progeneritalis on whom circumcision was performed. The patients were followed up for 6-15 months with no recurrence. However, there has been no report in the literature on a long-term follow-up of the effect of this mode of therapy. Recently, the author has come across a patient who developed recurrence of herpes progeneritalis 2 years after circumcision.

In 1982, a 32-year-old bachelor developed grouped vesicles on the mucosal surface of his

prepuce 5 days after an unprotected sexual contact with a call-girl. The lesions subsided during the next 7-10 days with some topical treatment. During the next 3 years, he kept on getting recurrence of the same at the same site as well as on other parts of his penis at intervals of about 20 days. The lesions used to subside in 3 days with some intramuscular injection and topical ointment. In November 1985, circumcision was performed. The next month in December 1985, he got married and there was no recurrence of the lesions during the next 2 years. On January 28, 1987, however, he developed classical lesions of herpes progeneritalis in the form of grouped vesicles on the ventral surface of his penis below the frenulum. He denies history of extra-marital exposure after the circumcision. Solvent ether was applied on the lesions on January 29 and 30, 1987 as described by Pasricha et al.² The lesions cleared the next day. The patient is under follow-up.

In view of the above, it will be interesting to know the fate of the initial 5 patients treated by Bajaj et al¹ as well as experiences of the other colleagues in the field.

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References

1. Bajaj AK, Swarup V and Mendiratta NK : Herpes progeneritalis, new method of treatment, Ind J Dermatol Venereol Leprol, 1978; 44 : 18-19.
2. Pasricha JS, Nayyar KC and Pasricha A : A new method for treatment of herpes simplex, Arch Dermatol, 1973; 107 : 775.