

## Reference

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## BODY HAIR DISTRIBUTION OF WOMEN ATTENDING ENDOCRINE OPD

### To the Editor,

There is no difference in the number of hair follicles per unit area of face in individuals of different races, yet there is difference in extent and degree of growth of hairs in androgen sensitive areas.<sup>1</sup> Apart from racial factor, hormonal status also alters the body hair distribution. There is scarcity of data on body hair distribution among Indian women.<sup>2</sup>

We assessed body hair distribution in 611 randomly selected female patients attending Endocrine OPD. Among women not complaining hirsutism significant hair growth was present in 17.16% on upper lip, 7.87% on chin, 1.22% on chest, 2.8% on lower back, 2.10% on upper abdomen, 4.2% on lower abdomen, 3.32% on arms, 6.82% on thighs, 30.92% on forearms and 40.92% on legs. Significant hirsutism (Ferriman Gallwey score more than 9) was present in 84 (13.73%) cases, of them only 40 (7.55%) sought medical help for this. They had moderate to severe hirsutism (score 19.17+52). Complete diagnostic evaluation was possible in 63 of the 84 cases. Congenital adrenal hyperplasia (CAH) (including classical, late onset and heterozygous state) was the commonest cause (26.94%), followed by polycystic ovarian disease (PCOD) and hypothyroidism (17.64% respectively). Idiopathic hirsutism was present in 11.11% cases. 12.70% had drug-induced hirsutism (glucocorticoids, anti-epileptics, anti-psychotic and progestinal preparations). Acromegaly, Cushing's syndrome, ovarian

tumour and prolactinoma were present in 6.35%, 4.76%, 1.59% and 1.59% patients respectively.

We concluded from this study that women from Delhi seek medical help for hirsutism only when it is of considerable severity. Among women with moderate to severe hirsutism contrary to previous Indian reports<sup>3,4</sup> prevalence of CAH is quite high.

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## TOPICAL VITAMIN A IN EXFOLIATIVE CHEILITIS

### To the Editor,

I wish to share my experience on exfoliative cheilitis (*Ind J Dermatol Venereol Leprol* 1995; 61:132). Two cases, a 24-year-old Lebanese male and a 19-year-old Indian female presented with chronic cracking, crusting and peeling of skin of lower lip. Itching was absent, there was mild pain. Removal of crust revealed a glazed surface. Oral and topical steroids, antifungals and antibacterials were used previously with no benefit. There was no history suggestive of contact allergy.

Topical, intralesional, intramuscular steroids,<sup>1</sup> and beta radiation,<sup>2</sup> have been

advocated as treatment for exfoliative cheilitis. However the disease tends to persist.

Since my patients had not responded to any treatment, I initiated an empirical treatment with twice a day application of vitamin A oil (obtained by opening a vitamin A capsule containing 50,000 IU). Both patients responded well after 2 months. The applications were gradually tapered and stopped in 4 months. The Indian patient has had no recurrences. The Lebanese patient was lost for follow-up after 1 year. He had no recurrence at that time.

It is difficult to postulate the role of vitamin A in these cases. Vitamin A may have had some effect on keratinization.

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## BALANOPOSTHITIS IN CHILDREN WITH SCABIES

### *To the Editor,*

Scabies is a common parasitic disorder which at times can be of venereal origin. Usually erythema, papules, papulovesicles, urticaria, pustules, folliculitis, vesicles, nodules, bullae and burrows are seen. Some cases of scabies have associated balanoposthitis which has not received due importance and therefore we are reporting balanoposthitis in children with scabies.

Ten cases of balanoposthitis in children below 10 years of age suffering from scabies

were selected for this study from dermatovenereology out patients. Detailed history, general physical, systemic and dermopathological examinations were carried out to rule out venereal diseases. Urine examination and urethral smears were prepared in all cases.

Seven cases had nodular scabies, that is nodules on penis and external genitalia, and 3 had routine scabies. Balanoposthitis was observed in the form of oedema, erythema of urethral meatus and prepuce associated with mucoid urethral discharge. Culture and sensitivity test of urine in all 10 cases ruled out UTI. Urethral smears revealed Gram +ve cocci in 8/10 cases and all 10 cases had polymorphs and occasional squamous cells. Scabies was treated with 1% GBHC for 12 hours and balanoposthitis by topical soframycin twice/day and both conditions were cured by 2 weeks.

Balanoposthitis in association with scabies in adults can be venereal/non-venereal. Balanoposthitis in children with scabies was non-venereal in this study. Balanoposthitis was more common in cases of nodular scabies where persistent pruritus and colonization by Gram +ve cocci could predispose to balanoposthitis. Cure with disappearance of residual post scabetic pruritus was better if balanoposthitis was treated simultaneously with scabies.

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## CUTIS VERTICIS GYRATA WITH EPILEPSY

### *To the Editor,*

A 28-year-old man presented with corrugated scalp, abnormal physical growth, poor mental development and epileptic seizures since early childhood. Family and