

References

1. Greenberg LM, Geppert C, Worthern HG, et al. Scleredema adultorum in children. *Pediatrics* 1963; 32: 1044-54.
2. Mulay DN, Mehta JS, Ahuja BB. Scleredema. Brief Review of literature and case reports. *Ind J Dermatol Venereol Leprol* 1968; 34: 57-63.

DEPRESSION MANIFESTING AS URTICARIA

To the Editor,

This letter is with reference to an interesting article entitled 'depression manifesting as urticaria' published in the *Journal* (1993;59:41-2)

From the article it envisages that the three patients of chronic urticaria were only partially controlled with antihistaminics and corticosteroids. It is not clear from the article that in what kind of depression the patients were i.e. exogenous or endogenous, as the term moderate to severe depression is not conceivable. It may be possible that the depression was only secondary to chronic urticaria i.e. exogenous depression in which case tricyclic antidepressants are not indicated.

Also it is not clear from the article that after how much period the patient first showed improvement after the institution of antidepressant therapy with imipramine. If it was due to antidepressant action (taking that the patients were in endogenous depression) it would take 3-5 weeks or more before the onset of action. But if the improvement occurred earlier (not specified except in the second case who showed immediate improvement after restarting the drugs which she had stopped for two weeks) then there is an immense possibility that the improvement could have taken place because of imipramine's H1 and H2 receptor

blocking action instead of its antidepressant action, as this drug is quite a potent blocker of the aforementioned receptors.¹

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Reference

1. Richelson E. Tricyclic antidepressants and H1 receptors. *Mayo Clin Proc* 1979; 54: 669-74, quoted in, *Drugs used in the treatment of disorders of mood*, In Goodman and Gilman's *The Pharmacological basis of therapeutics* 7th ed. New York Macmillan publishing company, 1985: 412-45.

KISSING LUPUS VULGARIS

To the Editor,

A 19-year-old male presented with chronic ulcers over both buttocks of 5 months duration. Initially, he noted a small pea-sized raised eruption over the left buttock near midline which 2 weeks later spontaneously ulcerated, discharging seropurulent material. A few weeks later, patient noticed similar swelling on the right buttock kissing the previous one. There was no history indicative of systemic involvement.

The skin of both gluteal regions was showing oblong obliquely placed plaques. They were brownish red, hyperkeratotic and indurated. Hyperkeratosis was marked at the margins especially over their inner ends. Scarring and pigmentation was apparent in the centres of the plaques. The skin adjacent to the medial ends of the plaques in the natal cleft was not involved. Diascopy was unrewarding. BCG vaccination scar was absent.

Total and differential count and blood sedimentation rate were within normal limits and so also was the skiagram of the chest and lumbosacral spine. Ziehl-Neelson-stained