

IJDVL

ABSTRACTS

1971-80

A. K. BAJAJ



Published for
**INDIAN ASSOCIATION OF
DERMATOLOGISTS, VENEREOLOGISTS & LEPROLOGISTS**

Specially for the Delicate Skins

EUMOSONE

(Clobetasone butyrate)

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Efficacy

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Safety



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IJDVL ABSTRACTS

1971 - 1980

Compiled by
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Allahabad.

Published For
INDIAN ASSOCIATION OF
DERMATOLOGISTS VENEREOLOGISTS & LEPROLOGISTS.

FOR THE
FIRST TIME
IN INDIA

EXEL SKIN CREAM

AN ADVANCED POTENT
TOPICAL CORTICOSTEROID

MARKED ADVANTAGES

- ★ HIGHEST POTENCY
- ★ LONGER DURATION OF ACTION
- ★ MINIMAL OCCURRENCE OF TACHYPHYLAXIS



INDICATIONS:

- PSORIASIS
- ACUTE EXACERBATIONS OF CHRONIC ECZEMA
- SEBORRHOEIC DERMATITIS

PRECAUTIONS:

1. Clobetasol propionate cream in children under 12 years of age is not recommended.
2. Preparation should not come in contact with eyes.
3. This drug should not be used in treatment of acne, rosacea, perioral dermatitis.

COMPOSITION:

EXEL CREAM
Clobetasol propionate 0.05%
Cream base q.s.

CONTRAINDICATIONS:

EXEL Cream is contraindicated in patients who are hypersensitive to clobetasol propionate, or to any ingredients in this preparation.

DOSAGE:

Apply a thin layer of the cream with gentle rubbing to the affected skin area once or twice daily. But dosage should not exceed 50 gm per week.

PRESENTATION:

Available as **EXEL** Cream 15 gm tubes.

SIDE EFFECTS:

Clobetasol propionate is generally well tolerated when used for 2 weeks treatment, it has been shown to suppress HPA axis at doses as low as 2g per day. Epithelial thinning, telangiectasia, striae are common side effects.



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FOREWORD

There is a common complaint that Indian authors when publishing their research studies, frequently fail to quote the papers and reports made by other Indian workers on the same subject. Sometimes, it may be due to lack of proper effort by the author, but sometimes the literature is really not available to the author. It is also true that the old Indian journals are not available in many libraries and we do not have facilities of a central library service which can supply lists of references on a particular topic of interest to an author. Under the circumstances, Professor A. K. Bajaj has done a commendable job in bringing out his book IJDVL Abstracts (1971 to 1980). He has classified all the papers published in the Indian Journal of Dermatology, Venereology and Leprology during this particular decade and printed their abstracts with complete references. This should help any author to consult the relevant publications on the topic of his interest without having to survey all the old journals. An abstract should give an idea of the contents of the article, and if relevant, the author can look at the original paper for further details. It is hoped that further volumes of subsequent as well as previous decades will follow, but much will depend upon the response of the researchers and authors to this publication.

J. S. Pasricha
AIIMS, New Delhi

Preface

This abstract issue of IJDVL was conceived almost five years ago. The unduly long gestation period has been because of non-availability of a number of back issues which had to be procured from various sources. Another reason being the delay in deciding the format of presentation. Its present shape is the result of numerous discussions with different luminaries in the speciality.

I owe my gratitude to Prof J. S. Pasricha, chief Editor of IJDVL for providing back volumes, constructive suggestions and encouragement during the preparation of this issue. I must express my affectionate thanks to my wife, Dr. Sarita Bajaj for her keen assistance and correction of the manuscript. I am thankful to my colleague Dr. K.G.Singh for his help in collecting the material. Mr. Gopalji of M/S Law Publishers, Allahabad deserves special mention for his contribution towards publication of this book.

I am certain this issue will find acceptance by one and all, particularly those interested in further progress of this subject, and will enable me to come up with further volumes in the near future.

Allahabad
August 1988

A. K. Bajaj

MALIGNANT ACANTHOSIS NIGRICANS**Kumar Kamlesh and Sarin R C****Ind J Dermatol Venereol Leprol, 1978; 44: 229-232.**

A case of malignant acanthosis nigricans associated with gastric adenocarcinoma is reported. Patient had characteristic pigmented warty lesions especially over the flexural areas (axillae, groins, perianal region and neck) and mucosae. Gastrectomy for adenocarcinoma was done in 1968. Metastasis occurred in liver and lungs. With anticancer antibiotic Mitomycin-C patient improved and cutaneous lesions regressed. Patient died 5 months after discharge.

ACNE CONGLOBATA**Kumar Bhushan and Kaur Surrinder****Ind J Dermatol Venereol Leprol, 1977; 43: 158-159.**

A male patient suffering from severe mutilating acne conglobata is described. Detailed study of cell mediated immunity and bacteriology was done. Aetiopathogenesis of the disease is discussed.

ACNE CORNEA OR OIL-ACNE SIMULATING PITYRIASIS RUBRA PILARIS**Singh Raghbir, Reddy BSN and Singh Gurmohan****Ind J Dermatol Venereol Leprol, 1976; 42: 7-9.**

A case of acne cornea or oil acne simulating pityriasis rubra pilaris occurring in a 20 years old man is described. The importance of acneiform eruptions resulting after contact with industrial greases and oils as an occupational problem has been stressed. The aetiopathogenesis of acneiform lesions with special emphasis to industrial acne is discussed briefly.

CLINICOBACTERIOLOGICAL STUDY OF ACNE VULGARIS**Gupta U, Mukherjee D and Singh OP****Ind J Dermatol Venereol Leprol, 1979; 45: 269-271.**

The aetiological relationship of Propionibacterium acnes in acne vulgaris has been suggested. A clinicobacteriological study in 45 patients suffering from acne vulgaris was conducted for the first time in Indian patients. P acnes could be isolated from 18 (40.0%) and other propionibacterium species from 9 (20.0%)

of the 45 patients studied. No correlation of culture positivity with the sex of the patient or duration and grade of the disease could be established. P acnes antibodies were tested for in 33 and 20 patients sera by agglutination and immunodiffusion tests respectively. Immunodiffusion test was positive in 5 (25%) of the 33 patients and in only 1 (9.9%) of the 11 controls studied. The difference in the incidence of P acnes agglutinating antibodies in patients versus control was statistically significant ($p = < 0.001$).

HAS ACNE URBAN BIAS?**Pandey S S, Kaur P and Singh G****Ind J Dermatol Venereol Leprol, 1980; 46: 80-82.**

The school boys of class VIII and X from urban and rural schools were surveyed for presence of acne lesions. Acne was found to be significantly more frequent and more severe in urban boys than rural ones ($p < 0.05$). There was no difference in the two groups as regard to the age, height, weight, skinfold thickness (SFT) and haemoglobin (Hb) level. Some other factors which might be responsible for this significant bias of acne for urbanites are discussed.

TOPICAL RETINOIC ACID IN THE TREATMENT OF ACNE VULGARIS**Haribhakti PB****Ind J Dermatol Venereol Leprol, 1973; 39: 222-226.**

Retinoic acid was administered in 45 patients with grade I or grade II acne vulgaris. In 10 patients it was compared in a clinical study to sulfur resorcinol shake lotion. Good to excellent response was obtained in 22 patients (48.8%) while fair response was noted in 9 patients (20.0%). In 14 patients (31.1%) there was no change. Retinoic acid was found to be effective in reducing the number of comedones to about 68-70% in both grades of acne. When compared with the shake lotion it was found to be more effective in reducing the number of comedones (70% with retinoic acid compared to 50% with shake lotion). Burning of the skin, smarting pain and irritation were the main side effects noted. Nine out of 45 patients discontinued the medication on their own as a result of side effects. This was the major problem in continuing the therapy. Retinoic acid has a significant effect on the removal of comedones as compared to the other

available methods of treatment. Whilst it has only a moderate effect in reducing papular lesions, its effect on the pustules and cysts is virtually negligible.

RETINOIC ACID IN THE TREATMENT OF ACNE VULGARIS

Shroff HJ and Shroff JC

Ind J Dermatol Venereol Leprol, 1974; 40: 51-53.

We conducted a clinical trial of 0.05% alcoholic solution of retinoic acid (Vitamin A acid) used topically in 44 cases of acne vulgaris. Follow up examinations were done for a minimum of 8 weeks. Maximum age group was in the second decade (39%) of life. Good to excellent results were obtained in 77% of the cases. Side effects were seen in only four cases viz. hyperpigmentation-2 cases, excessive facial oiliness I case, and skin irritation-I case, and were of not much consequence to the patient. 0.05% alcoholic solution of retinoic acid is virtually an excellent topical therapeutic remedy for early comedone stage of acne vulgaris. The drug is well accepted by the patients and has an advantage of excluding systemic toxicity of vitamin A. Among the topical keratolytics used in acne, retinoic acid, in our experience, is by far the best.

RETINOIC ACID IN THE TREATMENT OF ACNE

Marquis L and Jagavkar CK

Ind J Dermatol Venereol Leprol, 1974; 40: 162-172.

A study of 50 cases of acne treated with topical 0.05% retinoic acid lotion, applied at bed time, conducted at St. Gorge's Hospital, Bombay is presented. 74% of cases (37 patients) showed a good to excellent response. The comedone count showed a remarkable drop by the twelfth week of treatment and the papules and pustules, responded to a lesser extent. Our impressions are that this topical application is ideal in comedone-acne. When papules and pustules predominate, retinoic acid therapy may be combined with antibiotic preparations. The side effects observed were minimal, only 7 patients reported itching and excoriation which were mild and transient.

EVALUATION OF RETINOIC ACID IN ACNE VULGARIS

Singh Gurmohan and Kumar Bhushan

Ind J Dermatol Venereol Leprol, 1976; 42: 113-115.

Fifty four patients of acne vulgaris were treated with retinoic acid 0.05% in propylene glycol base. The patients were interviewed before starting the treatment. They were advised not to use any cosmetic or other topical therapy. No systemic therapy was given for any ailment. They were advised to wash their face with non medicated soap at bed time and apply lotion. Patients were examined weekly for comedone count, degree of erythema and peeling. On completion of 12 weeks treatment, the response was assessed and recorded on a 4 point scale. Excellent response was seen in 72% and good response in 28% of cases. There was no treatment failure. No untoward effect was seen which warranted the stoppage of treatment.

THE USE OF TOPICAL VITAMIN A ACID IN ACNE VULGARIS IN SINGAPORE

Young Chuah Chong

Ind J Dermatol Venereol Leprol, 1976; 42: 203-207.

A clinical trial of topical vitamin A acid was undertaken on 88 patients suffering from acne vulgaris in a private dermatological practice. The majority of patients were ethnic Chinese. Twenty patients were treated with a 0.05% alcoholic solution and 66 patients with a 0.05% cream preparation of vitamin A acid. Both forms of vitamin A acid were found to be effective, particularly in cases presenting with comedones and papules. 86% of the patients in this series were successfully treated. Local reactions, mainly erythema and peeling were observed in a majority of cases treated. Local reactions were temporary, and in most cases treatment could be successfully continued with a lower frequency of applications. The cream preparation had less severe reactions and was better accepted by the patients.

THERAPEUTIC EVALUATION OF TOPICAL RETINOIC ACID IN ACNE VULGARIS

Dayal SG, Nigam Pranesh and Aggarwal AK
Ind J Dermatol Venereol Leprol, 1978; 44: 20-23.

A clinical trial with topical retinoic acid

0.05% was undertaken on 43 patients with acne vulgaris. The response was assessed over a 12 week period. Drug proved very effective giving excellent to good response in 83.3% of cases. Local reaction was temporary and in most cases the treatment could be successfully continued with reduced frequency of applications. The drug was well accepted by patients.

VITAMIN A ACID IN ACNE

Panja SK, Sengupta SK and Bose S

Ind J Dermatol Venereol Leprol, 1980; 46: 83-89.

Topical vitamin A acid 0.05% in lotion and cream forms were tried in 55 patients. All of them except one had some form of local reaction, which started usually after a week and showed maximum intensity in between second and third week. Improvement started after 4-6 weeks and clearing of lesions were noticed in 8 weeks time. The occurrence of local reaction was often beneficial to the patient and served as a guide for effective therapy. The single patient without any reaction did not improve at all. Lotion seemed to be more effective than the cream preparations. 83.6% patients showed excellent response with papulo-pustular and comedone acne, whereas response was poor in nodules and cystic lesions. Vitamin A acid improved the complexion in majority of patients indicating its mild demelanising property observed in this study.

ACRODERMATITIS ENTEROPATHICA

Shafi M and Ahmed Shah SN

Ind J Dermatol Venereol, 1973; 39: 33-34.

Fifteen cases of acrodermatitis enteropathica, a rare disease, are reported from S M H S Hospital Srinagar. There were 8 males and 7 females. The criterion of diagnosis of this condition was the clinical picture of symmetrical vesiculo-pustular dermatitis, in upper and lower limbs and periorificial regions. Thirteen cases had variable degrees of diarrhoea, 10 were having glossitis and stomatitis, while 4 had conjunctivitis, blepharitis and chronic paronychia. These children had low body weight, were apathetic and irritable. Another additional diagnostic criterion was the fairly prompt therapeutic response to the oral administration of quinoline derivatives. Only one case died during the period of observation, the child with severe trismus.

This child was severely dehydrated and probably died of electrolyte imbalance. Two cases had a positive family history. Two of their siblings had suffered from similar disease. Two cases had no history of diarrhoea but had typical skin lesions and these responded to the quinolines without any supplementary systemic or topical medication. Apart from anaemia and ascariasis infestation in some of the cases other routine laboratory investigations were non-contributory.

'JASAD BHASM' A ZINC SALT SUPPLEMENT IN ACRODERMATITIS ENTEROPATHICA

Bhargava Rishi Kumar and Garg Pushpendra

Ind J Dermatol Venereol Leprol, 1979; 45: 221-225.

Two cases of acrodermatitis enteropathica, a rare familial disease occurring in infants and young children responding to 'Jasad Bhasm' an indigenous zinc salt supplement have been presented. These are the first two cases reported from this part of the country. 'Jasad Bhasm' an indigenous zinc salt supplement has been found to be of use in this intractable disorder.

ACTINOMYCETOMA PEDIS DUE TO NOCARDIA CAVIAE IN INDIA

Thammayya A and Sanyal Maya

Ind J Dermatol Venereol Leprol, 1979; 45: 128-135.

Actinomycetoma pedis due to *Nocardia caviae* in two male cultivators a Bengalee and a Bihari and a Bengalee housewife are described. In all the cases there was swelling of foot with multiple nodules and discharging sinuses showing protuberant openings and area of fibrosis. The discharging sinuses contained white to cream yellow granules, measuring 100-600 μ in size and composed of hyaline cementing matter and gram positive and non acid fast to acid fast branched filaments $< 1 \mu$ *Nocardia caviae* was isolated from the discharge in all 3 cases. Various properties of the isolates are presented. Bone was involved in 2 cases. The infection followed trauma in all the cases. The local soil was the source of infection.

ADENOCARCINOMA OF THE SEBACEOUS GLAND

Narang Sudha and Malik Gauri Bazaz

Ind J Dermatol Venereol Leprol, 1976; 42: 189-190.

A case of sebaceous gland adenocarcinoma arising from the back of the trunk of a 36 years old male has been described. The tumour is rare and has to be differentiated from sebaceous metaplasia occurring in a basal or squamous cell carcinoma.

METASTATIC DEPOSITS OF ADENOCARCINOMA IN THE SKIN

Bharija SC and Rao DS

Ind J Dermatol Venereol Leprol, 1980; 46: 59-60.

A case of metastatic deposits of adenocarcinoma in skin is reported. The importance of biopsy in the diagnosis of a patient presenting with subcutaneous nodules is stressed.

OCULOCUTANEOUS ALBINISM

Singh Ajit, Singh Atambir and Kaur Kamaljit
Ind J Dermatol Venereol Leprol, 1977; 43: 216-218.

A case of partial albinism involving eyes and skin has been reported. It is a rare disease entity and is congenital in nature. No satisfactory treatment is advocated in this disease.

GENITO-CUTANEOUS AMOEBIASIS

Nigam Pranesh, Mukhija RD and Goyal BM
Ind J Dermatol Venereol Leprol, 1975; 41: 236-237.

A case of genito-cutaneous amoebiasis has been discussed in a young unmarried girl and relevant literature has been reviewed.

MACULAR AMYLOIDOSIS

Mathur NK, Gupta DP and Mathur JS

Ind J Dermatol Venereol Leprol, 1975; 41: 194-196.

Eight cases of macular amyloidosis are reported. They presented with hyperpigmented lesions, most commonly in the scapular region, with a characteristic rippling pattern. Histopathology showed amyloid deposits with characteristic staining, in the upper dermis. The possibility that the amyloid is produced by fibroblasts is discussed.

MACULAR AMYLOIDOSIS

Bhargava HC and Ramdeo IN

Ind J Dermatol Venereol Leprol, 1976; 42: 182-183.

A case of macular cutaneous amyloidosis occurring in an unusual site is reported.

SECONDARY AMYLOIDOSIS IN LEP-ROSY

Sharma Satyanand, Sarin RC and Prakash Suraj

Ind J Dermatol Venereol Leprol, 1978; 44: 31-33.

A case of amyloidosis secondary to lepromatous leprosy has been discussed. He had proteinuria, Congo red retention 64 per cent (first hour), hyperglobulinaemia and renal biopsy revealed amyloid deposits. Factors responsible for amyloidosis are highlighted.

WHITE ANETODERMA

Behl PN and Pradhan BK

Ind J Dermatol Venereol Leprol, 1979; 45: 13-17.

The entity 'white anetoderma' has been studied histologically and its differentiation from similar clinical conditions has been discussed. That the macular white anetoderma manifests as a spontaneous suppression of melanogenesis with age, has been suggested. It is seen as a well defined, whitish, pinhead to a pea sized, discrete macule with slight wrinkling. They are usually seen in persons past 35 years of age. Histologically they show absence of DOPA positive cells in the basal layer and atrophic changes in the corium. They are often confused with vitiligo; hence our attempt to describe the condition as a definite entity. Name 'White anetoderma' appears to us to be most appropriate for the simple reason that it is whitish in colour and shows atrophic dermal changes.

ANGIOKERATOMA CIRCUMSCRIPTUM

Agarwal Radha Rani and Gupta Sudershan
Ind J Dermatol Venereol Leprol, 1979; 45: 122-125.

A case of angiokeratoma which is a rare disease has been reported.

ANGIOKERATOMA OF IMPERIAL AND HELWIG

Raja Babu KK, Harinarayana P and Vijayakumar B

Ind J Dermatol Venereol Leprol, 1980; 46: 305-308.

An unusual case of angiokeratoma of

Imperial and Helwig type with detailed clinical and histological features is presented. The difficulty in the clinical recognition of this type of vascular malformation is emphasised.

ANGIOKERATOMA OF SCROTUM (FORDYCE)

Kanwar AJ and Singh OP

Ind J Dermatol Venereol Leprol, 1978; 44: 307-309.

A case of angiokeratoma of scrotum (Fordyce) is being reported. The relevant literature is reviewed.

ANHIDROTIC ECTODERMAL DYSPLASIA

Sarin RC, Dewan SP and Joshi Surindra

Ind J Dermatol Venereol Leprol, 1974; 40: 254-256.

Two brothers suffering from anhidrotic ectodermal dysplasia have been described in detail. They had typical facies, dryness of skin, and total or partial anodontia.

APERT'S SYNDROME

Sohi BK and Sohi AS

Ind J Dermatol Venereol Leprol, 1980; 46: 169-172

A case of Apert's syndrome in a one year old female child is described and literature reviewed. She was the first born of a young couple. She had congenital syndactyl of toes and fingers, acro-cephalic skull, flat facies, exophthalmos, hypertelorism and greasy skin. In addition to the typical radiological features of this syndrome which the patient showed, thickened first metacarpals forked at the base were also seen. There were two phalanges for each toe. Calcification was seen intracranially. These radiological features have not been mentioned so far in the literature reviewed.

APLASIA CUTIS CONGENITA

Prasanthamurthy D, Vasanthi D, Vimala KN

Ind J Dermatol Venereol Leprol, 1974; 40: 276-278.

Congenital defect of the skin is a developmental defect. Predisposing factors are ingrained in the embryo, are essentially genetic and hence inherited. Extensive aplasia cutis as seen in this case involving trunk, shoulders, hips and thighs symmetrically is very rare.

APOCRINE GLAND CARCINOMA IN AXILLA

Saigal RK, Khanna SD and Chander Jagdish

Ind J Dermatol Venereol Leprol, 1972; 38: 203-205.

An apocrine gland carcinoma arising in the axilla of a 52 year-old woman has been described. The necessity of separation of this tumour from carcinoma arising from the eccrine sweat gland is emphasized. The relevant literature on the subject has been reviewed.

AUTO-ERYTHROCYTE SENSITIZATION

Singh OP and Panjwani Suresh

Ind J Dermatol Venereol Leprol, 1980; 46: 193-194.

Two cases of auto-erythrocyte sensitization, which is a rare clinical entity are reported.

AUTOIMMUNITY

Hajini GH

Ind J Dermatol Venereol Leprol, 1976; 42: 99-105.

Subject of autoimmunity is reviewed. Mechanism of production and damage by autoantibodies and autoimmunity is discussed in detail. Criteria of labelling a disease autoimmune and steps in diagnosing them are enumerated.

CLINICAL EVALUATION OF A SUSTAINED RELEASE ANTIHISTAMINE, AVIL RETARD

Gupta BN and Gupta RN

Ind J Dermatol Venereol, 1971; 37: 203-208.

Avil Retard 75 in a single dose was compared with Avil 25 given three times a day in 86 patients of chronic allergic dermatoses. Dose of Avil Retard 75 was doubled in 10 patients who showed inadequate response to the first two treatments. With respect to relief from itching, single dose of Avil Retard 75 was comparable to three doses of Avil 25. But the long acting preparation was definitely better in correcting the disturbed night sleep. Avil Retard 75 twice a day was the most effective of the three treatments, but also produced the highest side effects. However, the side effects were still mild in intensity, requiring no treatment or discontinuation of drug therapy.

BASAL CELL CARCINOMA NOSE SIMULATING SCLEROMA

Chatterjee P, Saxena RK and Sharma ML

Ind J Dermatol Venereol, 1972; 38: 104-107.

A case of basal cell carcinoma of nose, nodular variety is reported. Clinically it resembled scleroma and was actually mistaken for it. Only repeated biopsies revealed the true nature of it.

BASOPHIL DEGRANULATION IN DRUG ALLERGY

Radha Rani and Handa F

Ind J Dermatol Venereol, 1971; 37: 161-172

The present study reports our experience with indirect basophil degranulation test (IBDT) in drug allergy.

Twenty nine cases of drug allergy have been included in this study. Twenty two drugs were tested with indirect basophil degranulation test to find out whether they were responsible for producing the clinical reaction. Positive cases according to the number of drugs is: Out of 5 single drug cases, 4 were positive; 16, 2 drug cases showed 11 positive; 4, three drugs cases showed 4 positive; 4, more than three drug cases showed 2 positive. It was done in all the 29 cases and none of them showed a positive result. Twelve cases had 4% degranulation each and 17 had no degranulation. Drug control was also done for all the drugs and not a single drug showed a positive test. All these drugs showed 0-4% degranulation except two instances where the degranulation was 8%. The average level of degranulation was 3.19%. Indirect basophil degranulation test was done in 25 cases, who were receiving almost similar drugs but had no allergic reaction. The indirect basophil degranulation test was negative in all the 25 cases of control study. Indirect basophil degranulation with addition of prednisolone solution on the slide. It was carried out in 21 positive cases only. A marked decrease in the percentage of degranulation was observed. The degranulation ranged from 4% to 24% with an average of 12%. Indirect basophil degranulation test after two weeks therapy with prednisolone. It was done in all the 29 cases and observed that there was only negligible decrease in the percentage of degranulation without appreciably affecting the

results. In 43 negative drugs the degranulation ranged from 0-20% with an average of 9.25%; whereas in positive drugs, the degranulation ranged from 28% to 60% with an average of 40%.

BCG - FROM TUBERCULOSIS TO CANCER

Bedi TR

Ind J Dermatol Venereol Leprol, 1976; 42: 133-136.

Modern information on tumour immunology has prompted the use of BCG in the control of tumor growth. Traditionally employed in the past as an antituberculosis vaccine, BCG appears to have been realized as an important therapeutic measure in the treatment of certain tumors, both in animals and humans. The possible mechanisms of action and its untoward effects are outlined.

LOSS OF PIGMENT IN BECKER'S MELANOSIS

Bedi TR

Ind J Dermatol Venereol Leprol, 1979; 45: 116-118.

Two male patients with Becker's melanosis are described. The observation of depigmentation and leucotrichia in the lesion in one of them is regarded extremely unusual. The histopathological features comprised of marked acanthosis, papillomatosis, increased basal pigmentation and hyalinization of dermal connective tissue. Focal areas of loss of basal pigment were attended by pigment incontinence and dermal inflammation.

BED-SORES IN PROLONGED BED-REST

Sarin RC

Ind J Dermatol Venereol, 1973; 39: 112-115.

Incidence of bed-sores and contributory factors towards their development were studied in 40 cases suffering from various medical or surgical diseases. Twelve cases (30 percent) developed bed-sores, 7 of whom developed bed-sores during first week of rest. Out of the 15 cases with neurological deficit, 11 developed bed-sores.

BEHCETS' SYNDROME

Verma KC and Singh Krishnibir

Ind J Dermatol Venereol, 1972; 38: 213-215.

A 55 years, male farmer had recurrent

ulcers in the mouth and on the skin of scrotum and penis for the last 5 years. Since the same duration he had been having transitory attacks of nodular eruptions thighs. With each such attack he had mild to moderate degree of fever and joint pains. On occasions he developed pustular lesions on the skin particularly over the traumatic or injection sites.

Examination of the eyes revealed, nebular opacities in cornea of both sides, fine pigmentation at lower half of both the corneae and optic atrophy more marked on the right than the left side. Vision was 6/60 in the right eye and 6/19 in the left eye. Field of vision was reduced on both sides.

STUDY OF PROTEINS IN BLISTER FLUIDS

Sobhanadari C and Kameshwara Rao M
Ind J Dermatol Venereol Leprol, 1974; 40: 29-34.

Twenty cases of vesiculo-bullous dermatoses were examined. Histopathological examination was done in all but a few cases. In majority of the conditions, biopsy findings based on histopathological examination are in agreement with clinical diagnosis. The importance and the diagnostic significance of paper electrophoresis was discussed with a review of the literature. Increase in α_2 and gamma globulin is said to be found in acute and chronic infections, even though this feature was noted in epidermolysis bullosa and in erythema multiforme. In pemphigus there is low level of all fractions of proteins. The importance of further research in this field, particularly in large number of similar entities keeping in view the stage of the vesicles is stressed to arrive at a firm and useful conclusion.

ABO BLOOD GROUPS AND SKIN DISEASE

Hajini GH, Sindwani Manohar Lal and Shah Ahmad SN
Ind J Dermatol Venereol Leprol, 1975; 41:

230-232.

Blood groups in 1259 patients of various skin diseases have revealed that subjects with blood group A are more prone to various skin diseases and this susceptibility decreased in that order with group AB, O and B. Urticaria, alopecia areata, pyoderma, fungal infections, acne vulgaris and zoster were significantly common in group A people while infective eczema, erythema multiforme, contact dermatitis, psoriasis and vitiligo in group A B subjects.

ABO BLOOD GROUPS AND SERO-POSITIVITY FOR SYPHILIS IN BLOOD DONORS AND ANTENATAL CASES

Sathe PV, Toshniwal MH and Gosawi SB
Ind J Dermatol Venereol, 1973; 39: 170-171.

VDRL tests and blood grouping was carried out on 1537 blood donors and 1968 antenatal cases at Medical College Hospital, Aurangabad. There is no evidence of any association between sero-positivity for syphilis and ABO blood groups.

BOWEN'S DISEASE

Bhutani LK, Pandhi RK, Rao DS et al
Ind J Dermatol Venereol Leprol, 1980; 46: 229-231.

A case of Bowen's disease with adenocarcinoma of the lung, probably the first to be reported from India, is presented. The rarity of this disease in India is highlighted.

BULLOSIS DIABETICORUM

Mohanty KC, Singh Ratan and Iyengar B
Ind J Dermatol Venereol Leprol, 1979; 45: 119-121.

The incidence of bullosis diabeticorum was 1% in a study of 200 diabetics. In the past it has been reported that bullosis diabeticorum is always an intra epidermal bullous disorder. Recently Kerl and Kreshbach reported subepidermal bullae in this condition. In this study, bullosis diabeticorum in 2 patients with diabetes showed intraepidermal bulla in one and subepidermal bulla in the other.

CALCINOSIS CUTIS CIRCUMSCRIPTA

Syamala Bhaskaran C, Prasanthamurthy D, Susheela Devi E et al

Ind J Dermatol Venereol Leprol, 1975; 41: 190-193.

Twelve cases of calcinosis cutis circumscripta are presented. The available evidence suggest that the lesion is commonly seen in negroes and coloured races. Scrotum is the commonest site of calcinosis cutis circumscripta in males while extremities are the site in females. Although the localisation of the pathological process may be determined by local trauma and friction, the primary change may well be a change in ground substance which later calcifies.

CALCINOSIS IN GENERALISED MORPHEA

Acharya KM, Vyas PJ and Buch AP

Ind J Dermatol Venereol Leprol, 1980; 46: 180-183.

A rare case of generalised morphea with extensive calcification in a female patient is reported. The literature on the same is briefly reviewed.

RESPIRATORY RESPONSES OF CANDIDA ALBICANS AS INFLUENCED BY NYSTATIN AND HYDROCORTISONE

Affifi Ahmed Fouad and Abdel Aziz Abdel Hamid M

Ind J Dermatol Venereol Leprol, 1976; 42: 63-66.

The RQ of *Candida albicans* indicates that fermentation goes side by side with respiration. Nystatin inhibited the respiratory rate of the organism, whereas hydrocortisone enhanced it.

CLINICAL PATTERNS OF CANDIDA INFECTIONS IN BOMBAY

Dalal Pratiba J and Kelkar SS

Ind J Dermatol Venereol Leprol, 1980; 46: 31-32.

One hundred consecutive cases of candidiasis in Bombay were studied. In each case the clinical suspicion was confirmed by isolation and typing of the *Candida* species. The clinical pattern was as follows: vulvo-vaginitis 30%; intertrigo 18%; onychia and paronychia 12%; oral thrush 16%; generalised cutaneous candidiasis 8%; enteritis 3%; bronchitis 12% and uri-

nary tract infection 1%. When compared to a study carried out in Bombay in 1966, there was an increase in the frequency of disseminated cutaneous candidiasis and a reduction in the cases of intertrigo and onychia and paronychia.

CANDIDIASIS IN PATIENTS ON CORTICOSTEROIDS

Sarin RC

Ind J Dermatol Venereol Leprol, 1976; 42: 231-234.

In 11 patients on long term corticosteroids 86 specimens were collected from various sites including vaginal mucous membrane, bronchii and skin. Material was collected one to four times from a patient at an interval of 20 to 134 days. Specimens were examined by direct smear in KOH and were cultured for candida. In 6 patients newer sites got involved. One patient became negative for candida as the dose of corticosteroid was reduced. One patient remained immune to candidiasis under observation for 134 days.

GIANT CHANCROID

Kumar Bhushan, Singh Surjit, Sharma SC et al

Ind J Dermatol Venereol Leprol, 1980; 46: 309-310.

A case of giant chancroid following rupture of inguinal bubo and having systemic symptoms is described. Response with sulfa and streptomycin combination was excellent and the lesion healed completely in 3 weeks. Early diagnosis and treatment of chancroid will prevent this debilitating complication.

CHICKENPOX CAUSING DIGITAL OR PERIPHERAL GANGRENE

Singh Sran Harbans Singh, Narula Indermohan and Agarwal RK

Ind J Dermatol Venereol, 1973; 39: 151-152.

Eight year old, Hindu, female presented with a history of fever and rash all over the body of ten days duration and black discoloration of toes of right foot of two days duration. Patient had severe burning pain in both feet and was unable to sleep. Physical examination revealed normal growth of child with pulse rate 94/min, temperature 99.2° F and had typical centripetal polymorphic rash all over the body. Systemic examination did not reveal any abnormality and

peripheral pulsations were also normal. Examination of the right foot showed gangrene at the tip of toes and patchy discolouration of skin of the dorsum of foot. Both the feet were comparatively cool.

SERUM CHOLESTEROL IN SKIN DISORDERS

Hajini GH, Sayeed M, Chisti P and Ahmad Shah SN

Ind J Dermatol Venereol Leprol, 1976; 42: 10-12.

Serum cholesterol studies were conducted in 326 patients suffering from various skin disorders and compared with the serum cholesterol levels of normal Kashmiris. A significant fall in the serum cholesterol levels in all the disease groups studied was observed. The results are in agreement with similar studies conducted in Gujarat.

CHONDRO-ECTO DERMAL DYSPLASIA (ELLIS-VAN CREVELD SYNDROME)

Sohi BK, Sohi AS and Ghosh MK

Ind J Dermatol Venereol Leprol, 1979; 45: 209-214.

Two sisters presenting features of chondroectodermal dysplasia (Ellis-Van Creveld syndrome) are described and literature reviewed. They were youngest of six sibs, elder four being normal. Their mother showed features of ectodermal dysplasia in the form of nail and teeth defects. These are the first living cases being reported from India.

ELLIS-VAN CREVELD SYNDROME

Mahakrishnan A, Velu S and Pandian PI

Ind J Dermatol Venereol Leprol, 1980; 46: 377-380.

A 21 years old male with typical features of Ellis-Van Creveld Syndrome is presented for its rarity. This is the second living case being reported from India.

CHROMOBLASTOMYCOSIS

Sivaramakrishna, Naidu P, Raja Babu KK and Leela Naidu PS et al

Ind J Dermatol Venereol, 1972; 38: 78-82.

A 25 years old male, farmer by occupation, had thick, hyperkeratotic, heavily crusted lesions, discrete and disseminated over the extremities, face and trunk. Crusts were easily detachable exposing highly vascularized

raw areas. There were scar marks also. Inguinal lymph nodes were enlarged. Culture yielded *Normodendrum pedrosoi*. The patient had 42% eosinophils. A good therapeutic response was achieved with iodides.

CHROMOBLASTOMYCOSIS

Venkataramaiah NR, Rao Ravikala V, Hafiz FA et al

Ind J Dermatol Venereol, 1973; 39: 207-208.

A case of chromoblastomycosis presenting as a chronic painless subcutaneous solitary nodule is presented. Though it is known to produce eosinophilic pattern of blood picture, our case had normal blood picture.

CHROMOBLASTOMYCOSIS

Nagarkatti PS, Ramachandraiah V and Rajashekaraiah HK

Ind J Dermatol Venereol Leprol, 1974; 40: 265-267.

A rare case of chromoblastomycosis caused by *Phialophora pedrosoi* is reported. It was successfully treated with Isonicotinic acid hydrazide (INH). Available literature has been briefly reviewed.

CHROMOBLASTOMYCOSIS

Kumar Kamlesh and Sarin RC

Ind J Dermatol Venereol Leprol, 1978; 44: 310-315.

Two cases of chromoblastomycosis are described. *Cladosporium carrionii* (case 1) and *Hormodendrum pedrosoi* (case 2) were the etiological agents. Both patients showed involvement of uncommon site such as face. Intraleisional Amphotericin-B caused the improvement. In case 2, lesions responded to I/V Amphotericin-B but recurred each time about one year after stopping treatment. Thiabendazole orally combined with local application showed favourable response.

CHROMOMYCOSIS IN MAN IN AN UNUSUAL SITE

Shivananda PG, Ganeshan Vasavi, Ramesh Rai K et al

Ind J Dermatol Venereol Leprol, 1978; 44: 369-371.

An unusual case of chromomycosis of the parotid gland region is presented in this paper. There is suspicion that this infection might have entered through the oral cavity or a nick in the

skin. Superficial X-ray therapy has given some relief when the antifungal drugs were ineffective.

CUTANEOUS MANIFESTATIONS IN CIRRHOSIS OF THE LIVER

Bedi TRS and Kapur TR

Ind J Dermatol Venereol Leprol, 1978; 44: 366-368.

Cutaneous manifestations among 40 established cases of cirrhosis of the liver were studied. Skin and/or its appendages were involved in 26 (65%) cases. Incidence of palmer erythema, spider angiomas, nail changes, diminishing of pubic and axillary hair and gynaecomastia are discussed with a review of literature.

VASCULAR SPIDERS IN INDIAN CIRRHOTICS

Shah KC, Shah AC, Patel AJ and Shah PC

Ind J Dermatol Venereol Leprol, 1974; 40: 18-20.

The vascular spiders described by medical text books as very common finding in cirrhosis of liver are rarely seen in Indian patients. Our study on 300 cases of alcoholic cirrhosis of liver revealed the presence of spider nevi in 2% of patients as compared with the figures given by the western text books which vary from 60 to 80%. They should not be given the importance as physical sign in Indian cirrhotics.

CLUTTON'S JOINTS

Anandam K, Sriyaya R and Bhaskaralakshimi PV

Ind J Dermatol Venereol Leprol, 1979; 45: 139-142.

A case of clutton's joints is reported. The patient showed bilateral hydrarthrosis of knee joints. He also had bilateral iridocyclitis. Skia-gram of the knee joint showed increased joint space (suggestive of synovitis) and absence of any bony changes.

CONDYLOMATA ACUMINATA

Rama Ayyanagar MC

Ind J Dermatol Venereol, 1971; 37: 191-96.

A statistical study of 281 male patients with condylomata acuminata is attempted under different heads of epidemiology, clinical aspects and treatment. This sexually transmitted disease formed only 2.8% of all male VD cases. The sex ratio was 7 males to 1 female. Anal warts were found to be more common in the unmarried and

in the adolescents but rarer in the agricultural labourers. Mostly the genital warts were small, multiple and discrete while the anal lesions were few, large and papillomatous. The common sites of occurrence were coronal sulcus, anal margin and inside of prepuce. Application of podophylin paint was effective when the genital lesions were few and small but produce inflammatory reaction in 34%.

CONDYLOMA ACUMINATA OF THE THIGH

Bedi TR, Pandhi RK and Bhutani LK

Ind J Dermatol Venereol Leprol, 1975; 41: 144-145.

A rare case of condyloma acuminata involving the thigh is reported. There were no associated lesions of similar nature on the genital-anal areas.

CONDYLOMATA ACUMINATA - A CLINICAL STUDY

Indira Reddy MK and Vimala Bai K

Ind J Dermatol Venereol Leprol, 1977; 43: 160-163.

One hundred and forty cases of genital warts were seen during a period of 3 years (1971-73) at Gandhi Hospital, Secunderabad. They constituted 2.8% of the total number of VD cases and were more common among the females than males when compared to other venereal diseases. The prepuce was the common site of involvement in the males and labia majora in the females. They were more common among the unmarried but almost all patients had history of exposure. Chemical treatment is the treatment of choice.

VALUE OF RE-INTERVIEWING IN IDENTIFYING CONTACTS AND CONTACT TRACING

Dey MM and Sharma AK

Ind J Dermatol Venereol, 1971; 37: 197-202.

Interview and re-interview of VD patients by skilled interviewer, trained and oriented in the field is of great epidemiological significance in the VD control. The study conducted at the VD Training and Demonstration Centre, Safdarjang Hospital, New Delhi, revealed that 105 patients who denied any history of exposure and/or have furnished insufficient or incorrect informations during the initial interview by the physician

incharge with haste have named 279 pre-marital, marital and extra-marital contacts when they were re-interviewed by skilled interviewer, with sufficient care, in a separate room with enough privacy. Out of 279 contacts 78 marital, pre-marital and extra-marital were followed up; out of these, 62 contacts were brought for investigation and 60% of them were detected to be suffering from venereal infection.

SERUM COPPER, CERULOPLASMIN AND NON CERULOPLASMIN COPPER LEVELS IN HYPERPIGMENTARY DISORDERS

Rajeshrani, Sarin RC and Singh Gurdas
Ind J Dermatol Venereol Leprol, 1978; 44: 134-137.

In 50 controls and 50 patients with hyperpigmentation serum copper, ceruloplasmin and non-ceruloplasmin copper have been estimated. Significantly higher levels of serum copper and non-ceruloplasmin copper have been detected in hyperpigmentary disorders. In toxic melanoderma and in females with melasma the main rise had been in non-ceruloplasmin copper, importance of which has been high-lighted.

SERUM COPPER LEVEL IN PIGMENTED DISORDERS OF SKIN

Agarwal SP and Sinha RC
Ind J Dermatol Venereol Leprol, 1978; 44: 211-213.

Serum copper levels in 30 normal individuals, 52 cases of cutaneous hyperpigmentation and 10 cases of cutaneous depigmentation have been estimated. Diethyl dithiocarbamate method of serum copper estimation was used. The average normal serum copper level was 108.72 microgram per 100 ml. of serum. The level was higher in females as compared to males. The serum copper level was highest in dark complexioned females and lowest in fair complexioned males. Depigmented lesions exhibited lower serum copper levels and hyperpigmented lesions higher values as compared to normal.

A CLINICAL TRIAL WITH "COTARYL CREAM" IN HYPERKERATOTIC SKIN CONDITIONS

Aggarwal Radha Rani, Handa F and Kumar Raj

Ind J Dermatol Venereol Leprol, 1979; 45:

442-444.

A clinical trial with Cotaryl cream was undertaken on 60 patients suffering from various hyperkeratotic skin conditions, attending the Skin & VD outdoor from 1st March, 1977 to 28th February, 1978. Main constituent of Cotaryl Cream is 12% urea and it is known for its antipruritic, keratolytic, hygroscopic and antibacterial action. Our results were very encouraging and results were recorded as excellent in 11 patients, good in 25, moderate in 15, poor in 7. No response was observed in two patients. Only two patients experienced untoward effects such as mild erythema and burning sensation over the exposed areas. 60% patients had excellent to good results.

FOCUS ON CRYPTOCOCCOSIS

Bilimoria S, Marquis L and Desouza E
Ind J Dermatol Venereol Leprol, 1980; 46: 176-179.

A case report of disseminated cutaneous cryptococcosis with Hodgkin's disease is presented. No foci in the lungs, central nervous system, bones, gastro-intestinal tract, liver, kidneys or heart were detected. C. neoformans was cultured, identified by its capsule, growth at 37°C ability to produce urease, specific nitrate and sugar assimilation and pathogenicity for the mouse. Histo-pathologically the organism was demonstrated in the tissue sections. Clinical subsidence was seen with amphotericin B 0.5 mg/kg. for 22 days. The fact that present day use of steroids, immuno-suppressives and anti-neoplastic agents are known to predispose to this infection is emphasised.

CUTANEOUS LESIONS IN GASTROINTESTINAL DISORDERS

Bedi TR, Bhutani LK, Kandhari KC et al.
Ind J Dermatol Venereol Leprol, 1974; 40: 83-88.

One hundred and ten patients with gastrointestinal disorders comprising Idiopathic tropical malabsorption syndrome (33), gastro-intestinal malignancies (25), ulcerative colitis (25) and intestinal tuberculosis (25) were studied for cutaneous manifestations. Acquired ichthyosis, glossitis, xerosis conjunctivae with or without bitot spots, aphthous ulcerations in the oral cavity, hyperpigmentation and various

12.

types of hair and nail changes were observed in a varying percentage of cases. Acquired ichthyosis was the most frequently encountered observation.

CUTIS VERTICIS GYRATA

Nagabhushanam P and Patnaik R

Ind J Dermatol Venereol, 1971; 37: 132-133.

A case of cutis - verticis gyrata with no

systemic association has been reported. Even though it is reported in association with various internal disorders, its occurrence with them in practice is in very low proportions. Treatment consists of underlying disease whenever it is associated with and correcting deformities by plastic surgery.

APPRAISAL OF EFFICACY OF TWO ANTI DANDRUFF FORMULATION

Jagavkar CK

Ind J Dermatol Venereol Leprol, 1979; 45: 336-340.

The relative efficacy of two commercially available anti-dandruff shampoos, one containing selenium sulfide and the other containing an antiseptic, was studied in 40 cases both subjectively and objectively. Shampoo containing selenium sulfide was effective in 72.5% of the cases while the shampoo containing antiseptic was effective in 47.5% of the cases. Patient compliance was 57.5% for the former and 12.5% for the latter. In 30% of patients either of the shampoo failed to show much improvement. Both the shampoos showed negligible side effects.

ABSORPTION AND EXCRETION OF DAPSONE IN LEPROSY PATIENTS

Naik SS Sane AB and Ganapati R

Ind J Dermatol Venereol, 1973; 39: 68-78.

It is possible to divide patients arbitrarily into three groups of "slow, moderate and rapid excretors" of dapsone on the basis of the estimation on the diazotizable material excreted by them in the urine during 24 hours following an oral dose of 100 mg of the drug. Thirty two lepromatous patients rendered bacteriologically negative after a prolonged treatment with DDS were studied with respect to the concentration in the blood and excretion in the urine of free as well as total DDS during the administration of standard dose of 100 mg of the drug daily. The findings are discussed. When the same patients were subjected to a test dose of 100 mg a study of their 24 hours urinary excretory pattern revealed that none of them belonged to the groups of 'rapid excretors'. However, in an attempt to correlate clinical improvement with the excretory pattern of DDS, it is stressed that the estimation of the drug in the tissues should be taken into consideration.

DARIER'S DISEASE

Verma KC, Chaudhary SD and Rathi KS

Ind J Dermatol Venereol, 1973; 39: 189-192.

Clinical observations on 8 cases of Darier's disease which is quite rare have been reported, revealing dominant inheritance and low mar-

riage rate with histologically proved mucous membrane lesions in one case.

DARIER'S DISEASE

Raddey BSN and Singh Gurmohan

Ind J Dermatol Venereol Leprol, 1977; 43: 103-105.

Two patients suffering from Darier's disease are described. They had characteristic cutaneous, mucous membrane and nail changes. The skin lesions improved with oral therapy of vitamin A. One patient developed bilateral paresis of lower extremities. This feature has not been described in Darier's disease so far to our knowledge. The exact cause of this could not be ascertained. The pertinent literature is briefly reviewed.

DARIER'S DISEASE

Anandam K and Hemachandra CT

Ind J Dermatol Venereol Leprol, 1977; 43: 291-292.

Three cases of Darier's disease are reported. Histopathological aspects are presented. Other relevant aspects are discussed.

DARIER'S DISEASE

Bedi BMS and Garg BR

Ind J Dermatol Venereol Leprol, 1978; 44: 145-148.

Fifteen cases of Darier's disease were studied. Males and females were in the ratio of 3:2. The disease appeared between the ages of 5 and 16 in majority (80%) of the patients. Family history was positive in only 60% cases. Itching was the main symptom in 2/3rd (66.6%) of cases. Seven cases experienced aggravation of the disease in summer. Recurrent skin infection and eczematization were present in 5 cases. Majority of patients had typical lesions. Severity of the disease was directly related to its duration. Acrokeratosis verruciformis like lesions over the hands and feet were present in all the cases and 86.6% of cases had palmoplantar keratoderma. Mucosal lesions were seen in 73.3% of cases. These unusual findings are not often stressed in clinical practice and need to be highlighted. Leucoderma guttate yet another unusual finding was seen in 20% of cases.

VESICULAR DARIER'S DISEASE:

Mani MZ, Philips G and Mathew M

Ind J Dermatol Venereol Leprol, 1980; 46:

189-192.

A case believed to be linear vesicular Darier's disease occurring in a 5 year old male is reported. Features which suggested vesicular Darier's disease in preference to benign familial chronic pemphigus (BFCP) were the linear distribution, the absence of a family history and also the pronounced dyskeratosis seen histologically.

DERMATOGLYPHICS IN DARIER'S DISEASE

Sarojini PA, Gopala Krishnan Nair TV and Khaleel S

Ind J Dermatol Venereol Leprol, 1977; 43: 95-96

Dermatoglyphic pattern was studied in ten cases of Darier's disease. There were no characteristic lines or distribution diagnostic of Darier's disease. The presence of numerous pin point to pinhead sized spots located mainly in the hypothenar area may be an additional point in the diagnosis of Darier's disease. The study of palm prints in the family members of Darier's disease may help in the detection of latent cases.

DEMODICTIC DISEASES IN HUMAN BEINGS

Phadke SN, Gupta DK and Gupta JC

Ind J Dermatol Venereol Leprol, 1977; 43: 114-115.

Two cases of demodicidosis resembling acne rosacea and pityriasis alba respectively are described. The significance of mite-load and response to antiparasitic treatment are discussed with reference to a short review of literature.

DEMODICIDOSIS INVOLVING HUMAN FACE

Hati AK, Tandon Neelam, Bhattacharyya SK et al.

Ind J Dermatol Venereol Leprol, 1979; 45: 203-205.

From the face of each of 9 patients having rosacea-like lesions the follicle mites identified as *Demodex folliculorum* (DF) (Simon) were isolated in varying numbers. In our control cases no mites were demonstrated from similar sites. Treatment with one percent lindane (Cosmascab lotion-Napha) applied locally for seven consecutive days improved the condition in all

patients.

CLINICAL PATTERN OF INFANTILE ATOPIC ECZEMA IN BIHAR

Simha PK

Ind J Dermatol Venereol, 1972; 38: 179-184.

The incidence of atopic eczema (including all the types) works out to be 0.38%, of the total attendance of the department. Infantile atopic eczema constituted about 38% of total cases of atopic eczema. Majority of the cases (45%) were between 6 months to one year. Onset of the disease was highest at the age of 10 and 11 months. The male to female ratio was about 2:1. 92.5% of cases belonged to the poor and middle class. Positive family history of atopic diseases was obtained in 27 cases (67.5%). In 3 cases there was history in more than one relative. 66.6% had family history in parents. Grand parents accounted for 26.6% of cases. Brothers and sisters were affected only in 6.6% of cases. It appears, therefore, that atopic infantile eczema usually affects only one child of a family. In family history asthma accounted for 73.3% of cases. The atopic eczema accounted for 20% of cases. Exacerbating factors were present in 9 cases i.e. 22.5%, Dietetic factors accounted for 10% of cases, while teething and infective factors, each accounted for 5% of cases. Itching was a feature in all the cases with varying degrees. It was severe in 20 cases (50%), moderate in 11 cases (27.5%) and mild in 9 cases (22.5%). Four cases showed seasonal flare up. Among these 3 showed seasonal flare up in autumn and spring and 1 case in winter. The most commonly affected sites were cheeks (95%), forehead (80%), front of legs (57.5%), external surfaces of forearms (55%), ears (50%) and scalp (42.5%).

TOPICAL MANAGEMENT OF ATOPIC DERMATITIS BY DEMECLOCYCLINE AND TRIAMCINOLONE OINTMENT

Hemchandra CT, Anandam K and Ramana Rao P et al

Ind J Dermatol Venereol, 1972; 38: 190-196.

Seventeen cases of various types of atopic dermatitis were treated by topical application of an ointment containing demeclocycline and triamcinolone acetonide in a lanolin and white petrolatum base. Results were assessed clinically, subjectively and histologically (biopsy

specimens). All patients improved; in 10 of the 17 patients, the clinical improvement was over 75 percent. The ointment had a remarkable antipruritic effect which was evident on the fourth day of treatment. No untoward effects were noticed.

CONTACT DERMATITIS IN DELHI

Baruah Manik Chandra and Singh Ratan
Ind J Dermatol Venereol Leprol 1978; 44: 328-330.

Four hundred thirty four cases of contact dermatitis were investigated for various etiological agents. Allergic dermatitis and irritant contact dermatitis constituted 1.8% and 0.4% of the total numbers of dermatology patients seen during the study period. Males (78.6%) predominated over females (21.4%) and maximum number of cases (57%) were in the age group 20-49 years. Various topical medications were the commonest contactants (40%). Vesicular fluid in case of allergic contact dermatitis showed preponderance of lymphocytes.

SUBSTANCES CAUSING CONTACT DERMATITIS

Pasricha JS and Kanwar AJ
Ind J Dermatol Venereol Leprol 1978; 44: 264-268.

Analysis of the results of patch tests done on 490 cases of contact dermatitis seen over a period of 4 years showed that professional pursuits, hobbies and other similar activities account for the largest number of cases. Other causes of contact dermatitis include cosmetics, wearing apparels, locally applied medicines and air-borne antigens. Various patterns of distribution of the lesions of contact dermatitis produced by various substances are discussed.

SIMULTANEOUS MANIFESTATIONS OF CONTACT DERMATITIS TO MULTIPLE ANTIGENS

Nayyar KC and Pasricha JS
Ind J Dermatol Venereol, 1972; 38: 255-257.

An individual can be sensitive to several antigens, but clinical manifestations of sensitivities to all antigens at the same time is rare. A patient is described who showed contact dermatitis to shaving cream, plastic frame of his spectacles, soaps remaining in the clothes during washing and the rubber slippers. Patch tests to all

these substances were positive and withdrawing these substances from contact led to disappearance of the lesions.

MARKING NUT DERMATITIS

Bedi BMS

Ind J Dermatol Venereol, 1971, 37: 209-211.

Two cases of contact dermatitis to Bilawa (*Semecarpus anacardium*) are reported who used this substances as indigenous topical application for the treatment of alopecia areata. The relevant literature on the subject is reviewed. Apart from localised reaction, there was also acute allergic-reaction, involving the face and extremities. Patch test was found to be positive. A word of caution is thus indicated against the use of Bilawa as an indigenous topical treatment even as marking ink for the clothes. The possibility of cross sensitivity between other members of the Anacardiaceae is emphasized.

CONTACT DERMATITIS DUE TO NICKEL STARTING AT THE AGE OF ONE YEAR

Pasricha JS and Panjwani Suresh

Ind J Dermatol Venereol Leprol, 1980; 46 : 359

The case of child developing contact dermatitis due to nickel in the bangles at the age of one year is being reported.

ALLERGIC CONTACT DERMATITIS DUE TO PARTHENIUM HYSTEROPHORUS

Tiwari VD, Sohi AS and Chopra TR

Ind J Dermatol Venereol Leprol, 1979; 45 : 392-400.

Fifty cases of allergic contact dermatitis from *Parthenium hysterophorus* have been studied in detail. Clinico-epidemiological features have been described. Patients present with any of the four observed patterns of dermatitis viz atopic, photosensitivity, seborrhoeic and miscellaneous. Patients were patch tested with 12 extracts of the plants in six solvents producing differing reaction. Limited chemical analysis of the plant extracts yielded various fractions of which three were found to be immunologically active. Chemical nature of parthenin which is a known allergen of this plant has been studied. Possibility of cross sensitivity with other plants is briefed.

CONTACT DERMATITIS DUE TO SHAVING CREAMS

Pasricha JS and Panjwani Suresh

Ind J Dermatol Venereol Leprol, 1980; 46 : 266-267.

Thirteen cases of contact dermatitis due to shaving creams are being reported to highlight the clinical features, diagnosis and management of this disease.

EXFOLIATIVE DERMATITIS--DERMATOPHYTID

Mrs Annamalai R, Thonthiraj A and Lakshmiathy KV et al

Ind J Dermatol Venereol, 1973; 39 : 163-166.

Exfoliative dermatitis is a symptom complex. Varied aetiology are operative in the causation of generalised exfoliation. Two cases of exfoliative dermatitis, one above the age of 50 and the other 15 years are reported caused by superficial keratolytic fungus belonging to the Trichophyton group as proved by culture. It is worthwhile to note the seasonal variation of exfoliative dermatitis due to fungus, occurring commonly in the colder months.

A RETROSPECTIVE STUDY OF EXFOLIATIVE DERMATITIS

Sehgal VN and Rege VL

Ind J Dermatol Venereol Leprol, 1974; 40 : 36-39.

A retrospective study of 32 patients of exfoliative dermatitis revealed greater affliction of the males than the females. The condition is frequently observed in third to seventh decade. The duration of the disease was usually short. In majority of cases it was possible to find out the etiologic agents, drugs and topical application being the commonest. The presenting features of the conditions were classical. Investigations were not of much assistance, though they are imperative to know the implication of systemic organs. The histopathology was usually of non-specific nature, but it is desired to undertake this procedure for finding out the primary skin disorder.

EXFOLIATIVE DERMATITIS : STUDY OF SYSTEMIC MANIFESTATIONS

Nigam Pranesh, Goyal BM, Misra DN et al

Ind J Dermatol Venereol Leprol, 1977; 43 : 145-148.

This report is a study of 40 cases of exfoliative dermatitis with special reference to systemic manifestations. The condition was frequently observed in 3rd to 5th (75%) decades of life with male to female ratio of 3 : 1. The duration of the disease was usually short. In majority of cases, drugs were the precipitating factors. Lymphadenopathy was observed in 70% cases with hepatomegaly in 25% and splenomegaly in 7.5% cases. 37.5% of cases had pyrexia during their illness without any evidence of infection, pointing towards a poor temperature mechanism. Cardio-vascular system revealed hyperdynamic circulation in 20% of cases. All patients had hypoalbuminaemia and 27.5% of cases had oedema of feet.

JUVENILE DERMATITIS HERPETIFORMIS

Harijeevan Shetty K and Vijay Shankar MR

Ind J Dermatol Venereol Leprol, 1974; 40 : 24-26.

A case of dermatitis herpetiformis in a child of two and a half years is reported. Puritic, mostly bullous with wide spread distribution over the body which is not common is discussed. Important feature of its unresponsiveness to sulpha pyridine, which gives better results in adults and involution of the lesions with dapsone therapy is obvious.

INDUSTRIAL DERMATITIS DUE TO DIESEL OIL--A STUDY OF 25 CASES

Rao M Virbhadra

Ind J Dermatol Venereol, 1972; 38 : 146-149.

Twenty five workers affected with industrial dermatitis due to diesel oil and 25 workers who were exposed to diesel oil for over 3 years but who never developed dermatitis were studied with reference to their blood groups. It is observed that blood group A is evenly distributed among affected and non-affected persons. Two out of every 3 persons with blood group B have developed dermatitis, whereas only one out of 3 person with blood group O developed dermatitis. It is concluded that blood grouping provides a rough screening test for the prospective employees to be engaged in work connected with diesel oil during pre-placement medical examination.

Dimethicone-20 containing ointment

(Siloderm) was used on 25 workers affected with oil acne and found to give excellent result in 76% of the cases and good result in 16% of the cases. It is concluded that this ointment is reliable and safe in the prophylaxis and management of industrial dermatitis due to diesel oil.

ECZEMA IN INFANTS AND CHILDREN : AETIOLOGICAL AND CLINICAL OBSERVATIONS

Bhattacharyya S and Banerjee AK

Ind J Dermatol Venereol Leprol, 1978; 44 : 214-217.

A series of 70 infants and children with eczema was studied with reference to the aetiology and clinical features. Data on age and sex incidence, socio-economic status, dietary history and occurrence of allergic diseases and scabies in the family are presented. The eczema was scabetic in 36 (51.4%), pediculous in 7 (10%), microbic in 9 (13%), seborrhoeic in 10 (14.3%), atopic in 6 (8.6%) and due to irritants in 2 (2.9%).

OIL DERMATITIS

Khare KC and Naik GD

Ind J Dermatol Venereol, 1973; 39 : 203-206.

This study consisted of 50 cases of acneiform lesions and hyperpigmentation over face. The lesions in all cases consisted of comedones or hyperpigmentation or a combination of both. These were confined to cheeks, temples and forehead. These lesions appeared gradually and patients did not get fever, itching, urticaria, eruptive lesion associated with them. The patients were mostly from low or middle socioeconomic group and they rarely used other cosmetics. Most commonly used article was medicated hair oil called Brahmi Amla Oil 76% and 20% coconut oil. Majority of the patients reported within few months to one year but 3 patients had pigmentation for last 9 years. The interval between application of oil and onset of signs varied from 3 months to 1 year.

PERIORAL DERMATITIS

Sarojini PA

Ind J Dermatol Venereol, 1973; 39 : 92-94.

This paper is based on the study of 30 cases of perioral dermatitis. It is found that perioral dermatitis occurred mostly in females between 30-50 years of age and all of them were addicted

to chewing. Majority of them showed dental sepsis and decrease in the vertical dimension of the lower half of the face and infection with pyogenic organism and candida.

BECLOMETHASONE DIPROPIONATE-- A NEW TOPICAL CORTICOSTEROID

Haribhakti PB

Ind J Dermatol Venereol, 1973; 39 : 272-275.

Thirty patients with chronic eczema of various types were selected to compare the efficacy of Beclomethasone dipropionate 0.025% + chinofom and Betamethasone 17 valerate 0.12% + chinofom in a single blind study. Good to excellent response was obtained in 73% with Beclomethasone dipropionate and 80% with betamethasone 17 valerate ointment. Overall result showed that both preparations were very effective in achieving satisfactory response. No side effects were noted.

BECLOMETHASONE DIPROPIONATE (PROPADERM) AND HYDROCORTISONE IN STEROID RESPONSIVE DERMATOLOGICAL LESIONS

Gharpuray MB and Kochar Agya Singh

Ind J Dermatol Venereol Leprol, 1974; 40 : 13-17.

Twenty one patients suffering from bilateral steroid-responsive dermatological lesions were studied in a double-blind comparative fashion for clinical evaluation of Propaderm and Hydrocortisone. The period of treatment was fixed arbitrarily for 3 weeks and patients were subsequently followed up for a further period of 2 weeks after the discontinuation of the therapy. The response to Propaderm treatment was quick and was found to be highly significant as compared to Hydrocortisone therapy. No untoward side effects were noticed with either of the drugs.

BETAMETHASONE 17--BENZOATE CREAM FOR COMMON DERMATOLOGICAL CONDITIONS

Zachariah Jacob and Joy M I

Ind J Dermatol Venereol Leprol, 1974; 40 : 178-180.

Twenty four cases with bilaterally symmetrical steroid responsive lesions were included in this placebo controlled trial. Each patient used both placebo and the active drug on two sides of the body for two weeks. 83% of

patients showed favourable response to Beben cream. Beben was considered definitely superior in 50% of the patients, whereas no patient showed better response to placebo. The difference in the response to Beben compared to placebo was statistically significant.

A CLINICAL ASSESSMENT OF A NEW STEROIDAL CREAM FLUPREDNYLIDENE-21-ACETATE (DECODERM)

Marquis L and Jagavkar CK

Ind J Dermatol Venereol Leprol, 1976; 42 : 272-280.

In an open clinical trial using Decoderm cream, 55 patients suffering from eczematous diseases and other corticosteroid responsive dermatoses were studied. The cream was applied twice daily for a period of 2-4 weeks. An excellent response was obtained in 16.4%, a good response in 54.5% and a moderate response in 23.6% of the cases studied. The cream was well tolerated and no undesirable side effects were observed in any of these cases.

COMPARATIVE INVESTIGATION WITH FLUPREDNYLIDENE ACETATE (DECODERM)

Marquis L and Jagavkar CK

Ind J Dermatol Venereol Leprol, 1979; 45 : 284-289.

The therapeutic efficacy of a new fluorinated steroid, 0.1% fluprednylidene-21 acetate (Decoderm) cream was compared to betamethasone and triamcinolone in two double blind clinical trials. All the three topical steroids were effective in various steroid responsive dermatoses within one week and the beneficial effects continued throughout the four weeks of the trials. The various signs and symptoms, such as erythema, pruritus, oedema, exudation, scaling, vesicles, crusting, lichenification and burning, improved significantly with each of the steroid under trial. Fluprednylidene-21-acetate (Decoderm) cream represents an important addition to the presently available topical steroids.

DOUBLE - BLIND TRIAL OF DESOXYMETASONE - A NEW TOPICAL CORTICOSTEROID

Mulay DN and Sood BK

Ind J Dermatol Venereol Leprol, 1974; 40 :

271-275.

We have presented here our results of a comparative double-blind study with desoxymetasone, a new topical corticosteroid and beta-methasone valerate, in 55 patients, followed up for a period of 14 days. Desoxymetasone had significantly earlier onset of action and greater effect on various signs and symptoms associated with dermatoses suitable for treatment with topical steroids. Both the treatments were well tolerated.

CLINICAL EVALUATION OF DESOXYMETHASONE - A NEW CORTICOSTEROID

Gharparay Mohan B and Dave Meena L

Ind J Dermatol Venereol Leprol, 1980; 46 : 151-155.

In a double blind paired comparison study, the patients with steroid responsive dermatoses received desoxymethasone 0.25% on lesions on both sides of the body for first 4 days and desoxymethasone 0.25% on one side and 0.05% on the other side for the next 10 days. There was no significant difference in the percent reduction in severity scores of symptoms in global assessment or patient preference between the two treatments.

CLINICAL EVALUATION OF FLUMETHASONE PIVALATE (LOCACORTEN) WITH NEOMYCIN AS A TOPICAL CORTICOSTEROID

Mulay DN and Sood BK

Ind J Dermatol Venereol, 1972; 38 : 89-92.

Thirty one cases suffering from various dermatoses comprising bilateral symmetrical single lesions were treated with topical application of flumethasone pivalate (Locacorten cream) with neomycin on one side and hydrocortisone with neomycin ointment on the other side and the result evaluated. Flumethasone pivalate with neomycin elicited a better response compared to hydrocortisone with neomycin ointment.

CLINICAL EFFICACY OF A NEW TOPICAL CORTICOSTEROID - FLUOCORTOLONE CREAM

Fernandez RJ, Karunakaran M and Fernandez JC

Ind J Dermatol Venereol Leprol, 1979; 45 :

36-41.

Thirtyone patients with various eczematous dermatoses were treated with a twice daily non-occlusive application of a combination of 0.25% each of fluocortolone caproate and 0.25% fluocortolone trimethylacetate in a cream base. The cases selected were of eczematous dermatitis, contact dermatitis, neurodermatitis, nummular eczema, dyshydrotic eczema, discoid lupus erythematosus and perioral dermatitis of both acute and chronic types. In 15 of sub-acute eczema, there was relief from the subjective symptoms within 2 weeks and all the cases healed totally within one month. There were 14 cases of chronic eczema all of which had relief from pruritus within 18 days and got complete healing in 28 days. Sensitization to the cream was not observed.

CLINICAL EVALUATION OF FRAMYCETIN-HYDROCORTISONE (FRAMYCORT)

SKIN OINTMENT

Punshi SK

Ind J Dermatol Venereol Leprol, 1974; 40 : 57-59.

Thirty nine cases suffering from different types of dermatoses were taken for study and were treated with Framycort skin ointment. The results obtained were quite encouraging in most cases. Out of the total 39 cases 31 (i.e. 79.7%) showed complete improvement within 1 to 2 weeks of treatment while 6 (i.e. 15.2%) showed considerable improvement in their conditions whereas 2 had no response. No side effects were noticed in this series.

GENTAMICIN - HYDROCORTISONE CREAM IN SOME INFLAMMATORY DERMATOSES

Choudhury SK and Panja RK

Ind J Dermatol Venereol Leprol, 1976; 42 : 267-271.

Seventy five patients suffering from acute, sub-acute and chronic inflammatory dermatoses were treated with a new antibiotic and corticosteroid combination Genticyn HC topical cream. Seventy one (94.6%) of 75 cases responded favourably to treatment, 45 (60%) of them obtained complete cure, 20 (26.6%) had marked improvement and 6 had slight improvement.

Most of the cases where active or potential bacterial infection was the primary cause or secondary aggravator Genticyn HC cream was found to be dramatically effective. The response was slow in cases of chronic lichenified conditions. Genticyn HC topical cream was found to be on the whole a very effective, non sensitizing and cosmetically acceptable preparation.

EVALUATION OF FURACIN - S (NITROFURAZONE AND HYDROCORTISONE ACETATE) IN THE TREATMENT OF DIFFERENT DERMATOSES

Banerjee BN, Mandal SB and Datta AK

Ind J Dermatol Venereol Leprol, 1975; 41 : 209-214.

Nitrofurazone (Furacin) is well known for its antibacterial activity. Its topical application although quite effective, is often alleged to be associated with local irritation and sensitization. Hence a new product Furacin-s" incorporating hydrocortisone acetate 1%, in Furacin, is tested in a clinical trial in impetigo, folliculitis, pompholyx, eczematoid, and seborrhoeic dermatitis with 3 other preparations, (Framycetin sulfate + Dexamethasone acetate -0.1% and Neomycin, Bacitracin, Polymyxin B sulf + Hydrocortisone 1% in a control study. A total of 190 cases divided into variable groups of varying number was studied. Results showed Furacin-s to be more effective and acceptable for treating impetigo and folliculitis. Pompholyx lesions with possible microbial background responded very satisfactory, the product gave comparatively poor result in cases of seborrhoeic and eczematoid dermatitis. No side effect was observed with Furacin-s. A routine bacteriological culture done in all the cases of impetigo and folliculitis showed that coagulase positive staph. aureus was the major pathogen in both these conditions.

DERMATOFIBROSARCOMA PROTUBERANS

Narula IMS and Bofira VC

Ind J Dermatol Venereol, 1971; 37 : 50-54

A 25 years, Hindu, female complained of a swelling on the left cheek below the left lower eyelid for the last five years. The swelling started as a small painless nodule, which gradually became larger. Similar nodules appeared in the

neighbourhood in due course of time. Later the swelling got ulcerated and started bleeding. Skin biopsy confirmed the diagnosis.

STUDY OF DERMATOGLYPHICS IN DERMATOSIS

Sharma Nand Kishore, Sarin RC and Prabhakar BR

Ind J Dermatol Venereol Leprol, 1977; 43 : 262-265.

Dermatoglyphic patterns and total ridge count have been studied in 100 Punjabees. These included 25 each of controls, patients with psoriasis, alpecia areata and ichthyosis. No definite single pattern was indicative of any of the diseases studied. However, a decreased TRC observed in males with psoriasis was found to be statistically significant.

HAIR PENETRATION ABILITY OF VARIOUS DERMATOPHYTES "IN VITRO"

Jagtap P, Junnarkar RV and Grover S

Ind J Dermatol Venereol, 1972; 38 : 27-28.

Hair penetration tests were done on human scalp hair (rough black and soft brown) of adults of both sexes. It appeared that *T. violaceum*, *T. schoenleinii*, *T. rubrum* and *M. audouinii* were non penetrators of human scalp hair.

SENSITIVITY OF DERMATOPHYTES TO HAMYCIN IN VIVO AND IN VITRO

Garg AK and Mulay DN

Ind J Dermatol Venereol Leprol, 1974; 40 : 143-148.

Efficacy of hamycin (greasy and non-greasy base) ointment in the topical treatment of dermatophytoses has been investigated. Results of the treatment with greasy base ointment were unsatisfactory since 14.7% of the cases only got cured. An increase in the concentration of antibiotic from 0.25 to 1.0% in the ointment did not show any appreciable difference in the efficacy of the drug. Treatment with non-greasy base ointment gave better results since 45.6% of the cases were completely cured.

ANALYSIS OF 141 CASES OF DERMATOPHYTOSIS

Amin AG, Shah CF and Shah HS

Ind J Dermatol Venereol, 1971; 37 : 123-128.

In the present study 141 cases of dermatophytosis were examined clinically and then subjected to mycological study. Total 97 cases of

dermatophytosis showed evidence of fungus either by KOH or culture or both. 23 patients had *T. versicolor* due to *M. furfur* while 5 cases of vulvovaginitis and perianal dermatitis in children were due to *C. albicans*. Clinically analysis of 97 cases of dermatophytosis showed *T. corporis* to be the commonest type, next in frequency was *T. cruris*. *T. unguium* constituted 6.34 per cent of the total cases. Age and sex incidence were recorded. On mycological study of 105 cases, *T. rubrum* (90), *T. violaceum* (4), *T. tonsurans* (2) and *E. floccosum* (1) were the dermatophytes isolated.

A CLINICAL AND MYCOLOGICAL STUDY OF TINEA CAPITIS IN NAGPUR

Jagtap P, Grover S and Junnarkar RV

Ind J Dermatol Venereol, 1972; 38 : 21-26.

One hundred clinically suspected cases of tinea capitis were studied. Out of these cases 35 positive cultures were further studied mycologically. Four pathogens *T. violaceum*, *T. schoenleinii*, *T. rubrum* and *M. audouinii* were isolated. They were further identified by various methods.

TINEA CAPITIS IN HYDERABAD

Naga Bhushanam P, Singh Nandan and Patnaik R

Ind J Dermatol Venereol, 1972; 38 : 56-59.

A total number of 68 clinically suspected cases of *T. capitis* formed the subject of this study, *T. capitis* was more prevalent in children than in adults. Out of 63 KOH +ve cases 47 (74.6%) yielded positive culture. *T. violaceum* was the commonest pathogen recovered and was responsible for 23 out of 47 cultures. Next in order were *T. rubrum* (14 cases), *T. mentagrophytes* for 7 cases etc. The cases attending the outpatient department were treated with daily dose of griseofulvin (600 mg) daily for adults and 2 or 3 tablets daily for children for 4 to 6 weeks. Majority of these cases showed a clinical cure.

DERMATOMYCOSES IN ROHTAK

Verma KC and Singh Krishanbir

Ind J Dermatol Venereol, 1972; 38: 238-242.

In the present series, 100 cases of dermatophytoses were studied clinically and subjected to mycological examination. Total of 93 cases of dermatophytoses showed evidence of fungus either by KOH method or culture or both. *T.*

cruris (34%) was commonest and next in frequency was *T. corporis* (25%), *T. capitis* was 6%. Age and sex incidence were recorded. From 63 cases the dermatophytes were isolated. Forty-five isolates were of *T. rubrum*, 6 of *T. violaceum*, 6 of *E. floccosum*, one of *T. tonsurans* and 5 were of *Candida albicans*. These studies are in conformity with most of the other workers.

DERMATOPHYTOSES IN VISAKHAPATNAM

Rao B, Raja and Annapurna E

Ind J Dermatol Venereol, 1973; 39: 209-212.

Two hundred clinically diagnosed cases of dermatophytoses were examined and subjected to mycological study. Dermatophytes were found in 127 cases (63.5%) by direct microscopic examination and cultures were positive in 60 cases (30%). The commonest clinical type was found to be tinea corporis followed by *T. cruris*, *T. unguium*, *T. capitis*, *T. pedis* and *T. barbae*. The commonest species encountered was *T. rubrum* followed by *T. mentagrophytes*, *E. floccosum*, *T. violaceum* and *M. gypseum*. The infection was found to be mainly prevalent in adult males.

INCIDENCE AND TYPES OF DERMATOMYCOSES IN AURANGABAD

Khalique A, Sengupta SR, Jhala HI et al

Ind J Dermatol Venereol Leprol, 1974; 40: 66-72.

With the objective to study the incidence of dermatomycoses and to identify the dermatophyte fungi from clinical lesions of dermatomycoses 425 cases of clinically suspected dermatomycoses were examined by the standard mycological methods of direct microscopic examination of the wet preparation of skin scrapings taken from the lesions and cultures for dermatophyte fungi on Sabouraud's glucose agar with chloromycetin medium. The majority of the clinical lesions investigated were of tinea corporis, followed by tinea versicolor. There were 157 direct microscopic examination positive cases. Fifty cultures of dermatophyte fungi were isolated, 29 of *Epidermophyton floccosum* and 21 of *Trichophyton rubrum*. The literature regarding the incidence of dermatomycoses is reviewed. The results of this study are compared with those of other workers.

MYCOSES IN MADRAS

Pankajalakshmi VV and Subramanian S

Ind J Dermatol Venereol Leprol, 1974; 40: 228-235.

A study of 3002 cases of superficial mycoses confirmed by direct microscopic examination, out of 6369 cases diagnosed clinically, during a period of one year, is reported. The age and sex incidence, clinical types of lesion and seasonal variation, as analysed from the 3002 cases positive by direct microscopy and the different species of dermatophytes isolated from 240 cases out of 535 patients subjected to cultural methods of study are analysed. The infection is predominantly seen in the age group 21-30. Men were more commonly affected than women. Tinea corporis (67.4%) was the commonest clinical type encountered followed by tinea cruris and tinea versicolor. *Trichophyton rubrum* was the commonest etiological agent responsible for 54.17% of ring worm infections. *T. mentagrophytes* was the next commonest agent (32.92%), followed by *E. floccosum* (9.17%), *T. violaceum* and *Microsporum gypseum* in one case.

SUPERFICIAL MYCOSES IN MANIPAL

Stephen S and Rao KNA

Ind J Dermatol Venereol Leprol, 1975; 41: 106-110.

Superficial mycoses from Manipal (coastal Mysore) is reported for the first time. 100 specimens from clinically diagnosed cases of superficial mycoses were subjected to mycological investigation. 40 cases were found to be positive either by direct microscopy (KOH mount) or culture, or both. Tinea corporis had been found to be the commonest entity (77%), followed by *T. unguium* (10%), *T. cruris* (6%) and *T. capitis* (5%). *T. pedis* had the lowest incidence (2%). The ratio of male to female patient is 72:28. From 27 cases the fungi could be isolated in culture. Among them, 9 were of *T. rubrum*, 2 each of *T. violaceum* and *T. verrucosum*, 1 each of *T. mentagrophytes* and *E. floccosum*, 3 of *M. gypseum*, and 9 *Candida* species. These findings, regarding the prevalence of various species of dermatomycetes are in general agreement with reports from other parts of India. The incidence of *M. gypseum*

(16.67), the highest percentage amongst the Indian reports so far, is worth mentioning.

DERMATOPHYTOSES AT KURNOOL

Leela Naidu PS, Sasirekha E, Sivakrishnaiah Naidu P et al

Ind J Dermatol Venereol Leprol, 1976; 43: 34-37.

Among 125 cases of dermatophytoses studied 45 were positive for fungi by culture. The commonest clinical presentation was *T. corporis* (38.4%), which was followed by *T. pedis* (29.6%). Incidence of *T. capitis* was the lowest (4.8%). The frequency of *T. rubrum* infection was quite high (53.33%). Occurrence of *E. floccosum* was comparatively high in Andhra Pradesh and 4.44% was observed in the present series. *T. violaceum* was absent. 11.11% *M. gypseum* was encountered and showed incidence at par with *T. mentagrophytes*. *T. concentricum* species was rare having been isolated only once among the 45 isolates.

A STUDY OF DERMATOMYCOSES

Shah AK, Dixit CV and Shah BH

Ind J Dermatol Venereol Leprol, 1976; 42: 225-230.

One hundred fifty cases of dermatophytes in patients attending Civil Hospital, Ahmedabad have been studied morphologically, culturally and whenever necessary by special tests. The positive isolation rate was 73.3%. The commonest dermatophyte was *Trichophyton rubrum* comprising 65.5%. Next in frequency was *Epidermophyton floccosum* with an incidence of 12.7%. The least common species isolated were *Trichophyton tonsurans* 0.9% and *Microsporum canis* 0.9%, while *Trichophyton mentagrophytes*, *Trichophyton violaceum*, *Microsporum gypseum* and *Candida albicans* had an incidence of 7.3%, 4.6%, 1.8% and 6.3% respectively. The commonest clinical type was *Tinea corporis*. The highest incidence of dermatomycoses was in the age group between 20 to 40 years except in *Tinea capitis* which was seen between 0-10 years. The male to female ratio was 2:1 except in the case of *Tinea pedis*. The highest incidence was seen during the summer season.

DERMATOPHYTIC PROFILE OF CHHOTANAGPUR

Prasad VB and Prakash APS

Ind J Dermatol Venereol Leprol, 1979; 45: 103-110.

Two hundred sixteen clinically diagnosed cases of dermatophytoses in a cross section of the population of Chhotanagpur plateau were studied mycologically. Two scrapings from each patient totalling 432 were collected. Both scrapings were culture negative in 40 patients and one scraping was culture negative in 53 cases. Altogether 133 scrapings were culture negative and 299 culture positive. 176 patients had culture positive scrapings. Only one type of species was isolated from 85 patients. 38 patients had multiple mixed infections. 104 patients had positive wet smears as well as positive cultures. 112 patients had negative wet smears of which 72 were culture positive. Incidences of species isolated namely *T. rubrum*, *T. mentagrophyte*, *T. verrucosum*, *T. violaceum*, *T. rosaceum*, *E. floccosum* and *M. audouinii* were 30.9, 19.6, 1.3, 5.6, 0.93 and 0.93 percent respectively. Lower prevalence rate of dermatophytoses among the tribals was probably due to racial variation in immunity. *E. floccosum* occurred more frequently than in other parts of the country.

TINEA IMBRICATA

Das J and Kukreja BB

Ind J Dermatol Venereol Leprol, 1977; 43: 275-277.

A case of *Tinea imbricata* is reported. The literature pertaining to its epidemiology, clinical features and treatment is briefly reviewed.

PATTERN OF DERMATOPHYTES AFFECTING THE NAILS

Puri DKK, Sarin RC and Arora Satya

Ind J Dermatol Venereol Leprol, 1978; 44: 91-94.

Thirty cases of *tinea unguium* with positive culture for dermatophytes have been studied. Involvement of all the nails on hands, feet or both was not uncommon. Twenty three cases had distal subungual onychomycosis and seven white superficial onychomycosis. *Trichophyton mentagrophytes* was the most frequently isolated fungus being present in 50% of isolates followed by *Trichophyton rubrum* in 36.37%. Other fungi isolated were *Epidermophyton floccosum* and *Trichophyton tonsurans*.

CLINICAL AND EPIDEMIOLOGICAL STUDIES ON *TINEA VERSICOLOR* IN KERALA

Maheswari Amma S

Ind J Dermatol Venereol Leprol, 1978; 44: 345-351.

One hundred cases of tinea versicolor were studied with reference to their clinical features, age and sex distribution, relation to climate, personal habits and other epidemiological aspects. The predominant sites of involvement were neck, chest, back and face. The disease was commonest in the age group of 11-20 years. The disease could be related to increased sweating and the habit of taking oil bath. Intercurrent infection did not appear to be an important predisposing factor. Type of pigmentation showed a relationship to the duration of the disease; younger lesions tending to be hypopigmented and older lesions hyperpigmented. A high degree of familial transmission was noticed, spread being more frequent among siblings than among marital partners, suggesting a genetic factor in susceptibility to the disease.

INCIDENCE OF *TINEA PEDIS* AMONG THE LOCAL POPULATION IN MADRAS

Pankajalakshmi VV, Saichand T, Sundarav-
 elu T et al

Ind J Dermatol Venereol Leprol, 1980; 46: 209-216.

Of 217 randomly selected subjects, investigated for the presence of pathogenic fungi in the interdigital spaces of foot, 32.7% showed some clinical abnormality. Mycological study revealed the presence of fungi only in 15%. The organism was isolated from 1.8% of individuals with apparently normal feet. The age and sex incidence, its relationship to the nature of footwear and the species of fungi isolated in the study are analysed. The infection was predominantly seen in the age group 21-30 years. Both sexes were more or less equally affected. 52.8% of those who use heavy to moderate footwear showed evidence of clinical abnormality and in 23.6% the fungi could be isolated. *Trichophyton rubrum* was the major offender (42.4%), followed by *Candida albicans* (27.3%) and *T. mentagrophytes*, interdigitale type (24.2%). *Epidermophyton floccosum* was isolated from

only 2 persons.

TINEA CRURIS IN CHANDIGARH

Sharma SC, Talwar P, Kumar B et al

Ind J Dermatol Venereol Leprol, 1980; 46: 216-217.

Hundred cases of tinea cruris were studied. Pathogenic dermatophytes were grown in all. *T. rubrum* was the commonest organism isolated (84%), followed by *E. floccosum* (11%). Four patients grew more than one organism, crural tinea was associated with tinea corporis and tinea pedis in 23 and 7 patients respectively. Maximum number (55%) of patients were seen during the summer months (March to June).

MYCOLOGY OF *TINEA CORPORIS* AND *TINEA CRURIS* IN DELHI

Singh Ratan, Kumari S and Jerath VP

Ind J Dermatol Venereol Leprol, 1980; 46: 218-220.

Out of 138 cases of superficial mycoses, positive on direct KOH mount, culture was positive in 106 (76.8%) cases. The organism isolated included *Trichophyton rubrum* in 74.5% cases *Epidermophyton floccosum* in 14.2% cases, *Trichophyton mentagrophytes* in 1.9% cases, *Trichophyton violaceum* in 0.9% and *Aspergillus flavus* in 0.9% cases. In 7.6% cases, *Trichophyton* species could not be identified further. Majority of the cases were in the age group 11-40 years. Males were more commonly affected than females. Tinea cruris in 57.3% was the commonest clinical type followed by tinea corporis in 25.4%.

TRICHOPHYTIN TEST IN DERMATOPHYTOSES

Mehta Jagdish P, Deodhar KP and Chaphekar PM

Ind J Dermatol Venereol Leprol, 1976; 42: 55-58.

Trichophytin test was carried out on patients suffering from dermatophytoses as well as on controls and it was correlated with mycological findings. Most of the patients gave positive trichophytin test. Immediate and delayed type of skin responses to trichophytin were noted. Immediate skin response to trichophytin was found to be associated with *T. rubrum* infection. Few laboratory workers developed allergic reaction to trichophytin which was different than the

usual positive response to trichophytin. It was felt that this test could be used as an immunological index of exposure to *T. rubrum* infection giving an idea of its endemicity.

HUMORAL ANTIBODY RESPONSE IN DERMATOPHYTOSES

Mehta JP and Chaphekar PM

Ind J Dermatol Venereol Leprol, 1976; 42: 168-171.

Humoral antibody response in patients suffering from dermatophytoses and in normals is described. Different fractions of antigen (Trichophytin) were prepared and used to detect circulating antibodies in patients and in normals by gel precipitation test and complement fixation test. Proctor's method was found to be superior to Ouchterloney's method for gel precipitation test. Precipitins were detected in more sera and in higher titre than complement fixing antibodies. There was no significant difference in titre of sera of patients and normals. The specificity of these antibodies is discussed.

EVALUATION OF CLOTRIMAZOLE, A NEW BROAD-SPECTRUM ANTIFUNGAL AGENT FOR DERMATOMYCOSES

Desai SC and Sheth Rekha

Ind J Dermatol Venereol Leprol, 1976; 42: 13-19.

A clinical investigation with clotrimazole cream and solution was conducted in 60 patients with dermatomycosis. Ten had candidiasis, 41 had dermatophytosis and 9 had tinea versicolor infection. All the 10 patients with candidiasis were cured, the average duration of therapy being 1-2 weeks. Clotrimazole was also effective in dermatophyte infection, resulting in cure in 25 and improvement in 13, there being only 3 failures. Whereas the clinical evidence of disease disappears within 3 weeks in acute dermatomycoses of less than 6 months duration, it required 4-6 weeks of therapy for chronic infection. We found it difficult to assess the efficacy in pityriasis versicolor infection. Both the cream as well as solution produced identical results and tolerance was very satisfactory in over 95% of patients. Clotrimazole is notable for its remarkable quick effect on both dermatophytes and candidiasis as confirmed by us and also in erythrasma and tinea versicolor infec-

tions as reported by other workers. Its well documented persistence in all the layers of epidermis and its utility in subjects clinically resistant to griseofulvin adds to its usefulness. It is a valuable addition to the range of topical antifungal drugs particularly in developing countries where there is a lack of proper dermatological and mycological expertise for diagnosis and therapy.

CLOTRIMAZOLE IN THE TREATMENT OF SUPERFICIAL MYCOSES

Mulay DN and Garg AK

Ind J Dermatol Venereol Leprol, 1976; 42: 23-28.

Results of a trial, conducted on the treatment of superficial mycoses of man with clotrimazole, are given. Topical treatment with clotrimazole cream gave very good results in the treatment of dermatophytoses and candidiasis of skin, but moderate only in tinea versicolor. Excellent results were also obtained in the treatment of candidiasis vaginitis with clotrimazole vaginal tablets.

CLINICAL TRIAL WITH JADIT AND JADIT-H IN DERMATOMYCOSES

Nagabhushanam P, Urmila S and Patnaik Raghunath

Ind J Dermatol Venereol, 1971; 37: 29-31.

Fifty three cases of various dermatomycoses were studied with topical therapy with Jadit and Jadit-H. Thirty seven cases showed good response, 10 cases showed fair response and 6 cases showed poor response. Average duration of local therapy required in 29 cases was less than a month while 18 cases required about 6 weeks. No case showed untoward reactions. Jadit being a colourless, non-staining and non-irritating ointment was acceptable to all patients. Our experience shows Jadit is a safe and effective antimycotic preparation for topical therapy.

TOPICAL BUCLOSAMIDE IN DERMATOMYCOSES

Sadana SR, Sarin RC and Kumar Kamlesh
Ind J Dermatol Venereol, 1972; 38: 47-50.

Jadit ointment was tried in 22 cases. Cure rate had been 36.3% (8 out of 22 cases) for cases and for lesions at various sites cure rate has ranged from 0 to 100%. The factors involved for

this variation are discussed.

CLINICAL TRIAL OF JADIT IN SUPERFICIAL MYCOSES

Mathur SM and Agarwal RK

Ind J Dermatol Venereol, 1973; 39: 266-269.

Jadit ointment was tried in 30 cases of superficial fungal infections. Four clinical types were included in this series. Response to treatment was found good in 30% and excellent in 43%. On the whole 73% of the patients responded well to Jadit which is very encouraging with a topical antimycotic agent. It was well tolerated by all patients and there were no side effects.

CLINICAL EVALUATION OF JADIT SOLUTION IN DERMATOMYCOSES

Marshall JT, Nagamani Mohan and Bhat P

Ind J Dermatol Venereol Leprol, 1979; 45: 42-47.

A clinical evaluation of Jadit solution in 60 patients showed that there was 93.6% reduction in the mean severity scores of sign and symptoms on 21st day of treatment. 66.7% and 88.3% patients showed marked improvement on 7th and 21st day of treatment respectively. 91.2% patients showed absence of fungi on microscopic examination and 100% patients had a negative culture examination on 21st day of treatment.

CLINICAL TRIAL OF TOPICALLY APPLIED MICONAZOLE NITRATE IN DERMATOMYCOSES

Haribhakti PB and Vohra Ila

Ind J Dermatol Venereol Leprol, 1974; 40: 268-270.

Forty five patients with mycotic infections of the skin due to dermatophytes, Trichophyton, Microsporum and Candida were treated topically with miconazole nitrate 2% cream. Twenty eight patients were completely and 12 were almost completely cured, thus giving a cure rate of 88.8%. No side effects were reported.

MICONAZOLE IN SUPERFICIAL MYCOSES

Shroff HJ, Miskeen AK and Shroff JC

Ind J Dermatol Venereol Leprol, 1975; 41: 150-152.

Fifty cases of dermatomycoses were treated with topical application of 2% micon-

azole nitrate cream. Clinical response was very good in 25 cases (50%), good in 18 cases (36%) and unsatisfactory only in 7 cases (14%). Absence of side effects, non-irritating and non-staining properties of the drug are an advantage. Miconazole is a drug of choice for *T. rubrum*, *T. mentagrophytes*, *T. violaceum* and *C. albicans* infections.

MICONAZOLE IN PITIRIASIS VERSICOLOR

Singh Gurmohan and Kumar Bhushan

Ind J Dermatol Venereol Leprol, 1975; 41: 157-159.

Miconazole 2% cream was tried in 26 patients of pityriasis versicolor. The cream was rubbed twice a day by the patient with the assistance of an attendant. Scrapings from the lesions were examined for fungus at the beginning and at the end. In nearly 1/3rd of patients scrapings were negative at the end of 7 weeks treatment. All but one patient became mycologically negative after 10 weeks. Return to normal colour started after 3 to 4 weeks of start of treatment and became completely normal after 8 to 16 weeks. No untoward effects were seen and the cream was extremely acceptable.

MICONAZOLE VERSUS SALICYLIC - BENZOIC ACID OINTMENT IN THE TREATMENT OF DERMATOPHYTOSIS

Kaur Milap, Sarin RC and Tyagi SC

Ind J Dermatol Venereol Leprol, 1979; 45: 445-448.

In 38 cases of tinea corporis, which were KOH positive, a comparative therapeutic trial with miconazole nitrate 2% gel cream and salicylic-benzoic acid ointment were made. On culture 25 of these cases gave positive results. (*T. mentagrophyte* 13 cases, *T. rubrum* 11 cases and *Epidermophyton floccosum* 1 case). Miconazole gave 100% cure rate in four weeks as compared to 73.7% with salicylic-benzoic acid ointment. Response with miconazole was quicker than with salicylic-benzoic acid ointment.

THIABENDAZOLE VERSUS MICONAZOLE IN DERMATOPHYTOSIS

Kaur Milap, Sarin RC and Tyagi SC

Ind J Dermatol Venereol Leprol, 1980; 46: 90-93.

Thirty cases of tinea corporis who were KOH positive and having at least three lesions underwent therapeutic trials with 70% alcohol, 0.25% thiabendazole in 70% alcohol and miconazole nitrate 2% gelcream. They were followed up for 4 weeks. 100% cure was obtained with both thiabendazole and miconazole. Response was significantly earlier with thiabendazole. The drug was equally effective in *T. mentagrophyte*, *T. rubrum* and *E. floccosum* infections.

CLINICO--PATHOLOGICAL STUDY OF INFECTIVE AND ALLERGIC DERMATOSSES

Shroff HJ, Amin BM and Bhatia PK
Ind J Dermatol Venereol Leprol, 1976; 42: 208-212.

Clinical trial with 1% neomycin cream and a combination of 1% neomycin with 0.5% hydrocortisone ointment was carried out respectively in infective and infective cum-steroid-responsive dermatoses. A total of 183 cases were studied - 87 in the former and 96 in the latter group. Follow-up was done weekly for three weeks. Bacteriological study of 10 cases was done by taking culture initially and after ten days. Common pathogens, in this group, were *Staphylococcus aureus* (coagulase-positive), *beta Streptococcus haemolyticus* and *Bacillus diphtheriae* (KLB). *Achromobacter anitratus* was found in one case. Overall results were good to excellent in 74.71% in neomycin and 82.29% in neomycin-hydrocortisone treated group. In our study, we find that neomycin is particularly effective in cases of impetigo contagiosa, infected ulcers and sycosis barbae and neomycin-hydrocortisone combination in cases of contact dermatitis, infantile eczema, discoid eczema and infective eczematoid dermatitis. Side effect was not reported in a single case.

DEXAMETHASONE ON NEO-NATAL RAT SKIN

Jain KK, Koranne SP and Niglai UV
Ind J Dermatol Venereol Leprol, 1975; 41: 226-229.

The effect of dexamethasone sodium phosphate has been studied on the skin of neonatal albino rats. The steroid has caused reduction in the thickness of the dermis, which is attributed to the impairment of the mucopolysaccharide

metabolism. The only change noticed in the epidermis is hyperkeratosis. The epidermal mitotic activity has not been affected by the clinical doses of the steroid. The number of the hair follicles has been reduced, which may be due to the effect on the hair primordia, mediated through the presumed chalone system.

CUTANEOUS MANIFESTATIONS IN DIABETES MELLITUS

George Thomas and Fernandez JC
Ind J Dermatol Venereol Leprol, 1976; 42: 261-266.

Fifty cases of diabetes mellitus with skin complications were studied over a period of one year. 74% of the patients had associated skin diseases, 12% had skin manifestations due to diabetes, and 8% had manifestations due to antidiabetic therapy. 6% had skin symptoms which helped in the detection of the underlying diabetes.

ASSESSMENT OF DIABETIC STATE IN VARIOUS SKIN DISORDERS USUALLY ASSOCIATED WITH HYPERGLYCEMIA

Anand LC
Ind J Dermatol Venereol Leprol, 1978; 44: 95-102.

A study for the detection of diabetes was carried out on 170 cases presenting with skin disorders likely to be associated with hyperglycemia; none of whom with any previous history of diabetes mellitus. 12.35 percent of all cases studied in this series were found to be diabetic. The highest incidence was seen in cases of pruritis of unexplained origin (40 percent), followed by candidiasis and xanthomatosis (each 20 percent), pyoderma (15.38 percent), epidermophytosis (13.33 percent), acne vulgaris (11.1 percent), seborrhoeic dermatitis (10 percent), psoriasis (8.88 percent) and chronic eczema (5.71 percent). Of 21 cases (12.35 percent) found diabetic, 9 cases (5.3 percent) had glycosuria also while in remaining 12 cases there was no glycosuria and the diabetes was detected by glucose tolerance test (GTT). The importance of glucose tolerance test in cases of pruritis of unexplained origin, recurrent pyoderma, monilia infections, xanthomatosis and all intractable cases of eczema, seborrhoeic dermatitis, acne vulgaris and epidermophytosis has been empha-

sised. The positive results obtained by GTT in elucidating the subclinical diabetic state in psoriasis and other dermatological disorders emphasise its importance in the detection of diabetes at an early stage thus facilitating its management and early cure.

PRIMARY CUTANEOUS DIPHThERIA

Talib SH, Ashraffudin S, Sarangapani SP and Sengupta SR

Ind J Dermatol Venereol Leprol, 1974; 40: 76-78.

A rare occurrence of primary cutaneous diphtheria in the region of nape of neck in a 35 year old male is presented for the first time from this institution.

GRANULOMA VENEREUM AND ABO BLOOD GROUPS

Ramachander M and Tulasi VR

Ind J Dermatol Venereol, 1972; 38: 176-178.

One hundred consecutive cases of granuloma venereum were studied regarding their ABO blood groups. There is no significant difference between the percentage of ABO blood groups of granuloma venereum case in our series under review and the population in Andhra Pradesh or the blood donors attending the Government General Hospital, Guntur. 74% of cases of granuloma venereum occurred in B and O blood groups. Whether persons belonging to these two blood groups are more susceptible to the disease is difficult to decide. Ten married couples were examined in the series and there were 3 conjugal cases. The interesting finding is that in all the three instances both the husband and the wife belonged to the same blood groups.

ORAL GRANULOMA VENEREUM

Lal Sardari, Arunthathi S and Sawhney KL

Ind J Dermatol Venereol, 1971; 37: 19-20.

Granuloma venereum showing oral lesions only is reported to be very rare. Two cases of the disease having oral lesions only are reported. It is brought out that it may be rewarding to think of granuloma venereum amongst the other causes of chronic oral ulceration especially when the diagnosis is obscure.

CLIMATIC INFLUENCE ON THE PREVALENCE OF DONOVANOSIS IN INDIA

Sowmini CN, Nair GM and Vasantha MN

Ind J Dermatol Venereol, 1971; 37: 111-114.

The total number of cases of donovanosis from various clinics in India were collected for the year 1969. The data thus collected were analysed based on the influence of climatic conditions on the prevalence of this disease. The results suggest that a high constant temperature of 75-90° F and moderate relative humidity of 50-60% with moderate rainfall are favourable conditions for endemic foci of donovanosis. Racial factors seem to be unimportant. A minor prevalence of donovanosis in Madhya Pradesh and Jammu & Kashmir is expected.

STUDY ON DONOVANOSIS

Bedi BMS and Arunthathi S

Ind J Dermatol Venereol, 1972; 38: 221-223.

A clinico-epidemiologic study on 80 cases of donovanosis seen during the year 1970 is presented from the coastline climate of Pondicherry. A high prevalence rate 7.6% of donovanosis has been met with. The disease was convincingly demonstrated and proved in 40.6% of the conjugal partners amongst the married patients. The treatment with streptomycin seems to be the most effective in the above study.

CLINICO-EPIDEMIOLOGICAL STUDY ON 189 CASES OF DONOVANOSIS

Bedi BMS, Garg BR, Lal Sardari and Nicholas C

Ind J Dermatol Venereol Leprol, 1975; 41: 1-3.

A clinico-epidemiological study on 189 cases of donovanosis seen during the year 1971-1973 is presented from the coastline climate of Pondicherry. A high prevalence rate of 6.1% has been met with. The disease could be convincingly demonstrated in 50% of the sexual partners that could be examined and was shown in 15 couples i.e. in both the husband and wife. This shows beyond doubt the venereal origin of donovanosis. Streptomycin is the treatment of choice with cure rate of 90.8% in the treated cases. In resistant cases or those who could not tolerate streptomycin, achromycin was found quite effective.

CLINICO EPIDEMIOLOGICAL STUDY OF 26 CASES OF DONOVANOSIS

Khatri ML, Mathur NK and Kalla G

Ind J Dermatol Venereol Leprol, 1976; 42: 38-40.

An analytical data of 26 cases of donovanosis is reported. Jodhpur seems to be a pocket of donovanosis in Rajasthan.

EXTRA GENITAL DONOVANOSIS

Garg SR, Lal Sardari, Bedi BMS et al

Ind J Dermatol Venereol Leprol, 1978; 44: 227-228.

A 40 year old male having extra genital donovanosis over the right low back with subcutaneous sinus tract connecting these ulcers with the healed ulcer in the right inguinal region is presented.

STUDY OF GRANULOMA VENEREUM

Anandam K

Ind J Dermatol Venereol Leprol, 1979; 45: 323-332.

Study is a comprehensive work on 62 patients with granuloma venereum. Sixteen of them were females and 46 were males. The predominant age group among males and females was 21-30 years and 15-20 years respectively. The incubation period varied from 3 days to 1 year. The duration of disease was from 3 days to 4 years. Fifty five patients had pure genital lesions 4 had genital and extragenital lesions, 3 had extragenital lesions only. VDRL was reactive in 20 of these patients. Histopathological examination done in 6 patients did not reveal any abnormality. Malignancy as a complication was not encountered in this series. The duration of the treatment varied from 10-25 days. Author has also given 7 case reports each representative of the varied clinical picture of this condition. He has also given the salient aspects of his observations regarding the morphology and life cycle of *Donovania granulomatosa*.

DONOVANOSIS IN NORTH INDIA

Lal Sardari, Singh Ratan, Sharma RC et al

Ind J Dermatol Venereol Leprol, 1979; 45: 333-335.

Out of 365 patients, who attended S T D clinic of Lok Nayak J P Hospital, New Delhi during the period July 1975 to November 1977, 126 (3.5 percent) were suffering from donovanosis. 84 percent of the patients with the disease were aged between 20 and 40 years. Majority of the patients (92.9%) had lesions on genitalia while inguinal regions were involved in 12.7%

only. Increasing magnitude of the disease in Delhi and surrounding states of North India is highlighted.

PERIANAL GRANULOMA INGUINALE IN A CHILD (NONVENEREAL TRANSMISSION)

Bedi Tilak R

Ind J Dermatol Venereol Leprol, 1980; 46: 45-46.

A case of perianal granuloma inguinale in a 8 year old child without any evidence of pederasty is reported. Nonvenereal transmission of the disease in some cases cannot be ruled out.

DONOVANOSIS - A HISTOLOGICAL STUDY

Khan KP, Bhattacharya SK and Datta AK

Ind J Dermatol Venereol Leprol, 1975; 41: 4-8.

Histological study of the biopsy material obtained from ten cases of donovanosis was done. Significant epidermal changes including epidermal hyperplasia and neutrophilic exocytosis were found to be constant features. Pseudoepitheliomatous hyperplasia, spongiosis intracellular oedema and marginal parakeratosis were rather variable features. The predominant cells of the granuloma were plasma cells and histiocytes some of which were laden with Donovan bodies. Presence of neutrophilic microabscess in the superficial areas was another fairly constant finding along with the sprinkling. Newly formed capillaries were always seen though the dense cellular infiltrate. The organisms inside the pathognomonic cells took bright red stain with Giemsa. The capsule was found to be PAS positive. There were plenty of reticulin fibres mostly coarse. Possibly these fibres were related to terminal scarring, so often seen, when lesions heal. Even though the histology appeared to be of diagnostic significance, it may be pointed out that it is easier to find the pathognomonic cells and the organism in tissue spread stained with Giemsa's or Leishman's stain than the fixed tissue sections.

REVERIN THERAPY IN GRANULOMA VENEREUM

Lal Sardari

Ind J Dermatol Venereol, 1972; 38: 29-30.

Eleven patients of granuloma venereum

were treated with reverin doses of 150 milligrams once daily for 10 days. Only six patients (i.e. 54%) showed good response to the drug. The drug is not recommended for treatment of the disease in this dosage because of poor response and fear of suppression of associated syphilitic infection.

CHLORAMPHENICOL THERAPY IN GRANULOMA VENEREUM

Lal Sardari

Ind J Dermatol Venereol, 1972; 38: 83-84.

Fourteen patients of granuloma venereum responded to chloramphenicol therapy by mouth. The amount of chloramphenicol administered varied from 14 to 64 grams with an average of 42 grams. No side effects were observed. In spite of good response and absence of side effects it is suggested that the use of chloramphenicol in this disease should be restricted to patients not responding to other antibiotics to guard against the major complications of chloramphenicol therapy.

A STUDY OF 70 CASES OF DRUG ERUPTIONS

Mehta TK, Marquis L and Shetty JN

Ind J Dermatol Venereol, 1971; 37: 2-5.

Seventy cases of drug eruptions were studied in detail. The sex incidence was equal. The incidence was 1% of the total O P D attendance. The maximum incidence of 40 cases (57%) was seen in the age group of 20-40 years. The paediatric and geriatric age group showed a low incidence. 30% of cases presented were due to self medication and 70% due to medical administrations of drugs. In this study, we were greatly impressed by the mimicking capacity of different drugs to imitate known nasological entities. This incidentally emphasises the need for proper history taking in each such cases.

Eighteen cases presented erythematous macules (exanthematic eruptions) - these were most frequently encountered, 17 cases - hyperpigmented macules (fixed eruptions), 9 cases urticarial, 6 haemorrhagic, 4 each of papulosquamous and vesicular nature, 3 cases presented with only pruritus and 8 cases with the erythema multiforme - Steven - Johnson - toxic epidermal necrolysis picture. One case of exfoliative dermatitis.

IMMUNOLOGIC STUDY IN DRUG REACTIONS: IMMUNOELECTROPHORETIC ANALYSIS OF SERUM AND BULLOUS FLUID IN SOME DRUG ERUPTIONS

Hassan Abdel Aal, George M and Abdel Aal
Ind J Dermatol Venereol Leprol, 1972; 38: 72-77.

Ten cases of bullous drug eruptions due to salicylates and sulphonamides were examined immunoelectrophoretically. Serum total protein was within normal limits. Bullous fluid protein was markedly diminished. Sera of patients of bullous drug eruption due to salicylates showed absence of IgG in one case, IgA in another case and IgM in three cases. On the other hand sera of patients of bullous drug eruption due to sulphonamides showed absence of IgM in two cases and its decrease in three cases. The fluid of salicylates bullous drug eruption showed absence of IgG in one case and IgA in another case. There was also decrease of IgA in one case and decrease of IgM in two cases. The bullous fluid of sulphonamide drug eruption showed absence of IgA in one case and IgM in two cases. Other abnormalities are mentioned.

LICHENOID DRUG ERUPTION SIMULATING ATOPIC DERMATITIS

Shrivastava SN and Singh Gurmohan

Ind J Dermatol Venereol Leprol, 1977; 43: 166-167.

A 28 year old male patient developed lichenoid eruption following anti-tuberculous therapy. Eruptions were chiefly on the flexural surfaces and also on cubital and popliteal fossae. The incriminating drug was PAS. This is perhaps the first report of lichenoid drug eruption occurring predominantly on the flexural surfaces of body and closely mimicking atopic dermatitis.

STUDY OF DYSHIDROSIS

Singh Ratan, Kaur Devinder and Parmeshwaran M

Ind J Dermatol Venereol, 1972; 38: 266-271.

Eighty five cases of dyshidrosis were studied in detail. Vesicular fluid from 19 cases were examined for total protein, pH, fungus and other organisms and for organisms alone from additional 15 cases. Cases of clinical tineapedis were examined for fungus in KOH. Most freshly developed vesicles from 22 cases were biopsied

and serial sections studied. Only 2 proved cases of tinea pedis were seen but there was no association with dyshidrosis. Hyperhidrosis was present in 10.6% cases only. The mean values of total protein and pH of vesicular fluid were 4.48 mg% and 8.58 respectively. No fungal elements were seen in the dyshidrotic vesicles. Histological examinations of dyshidrotic vesicles showed

that the earliest vesicle was spongiotic in origin. Serial section did not reveal any definite relationship of the sweat duct to the vesicle. This study is in disagreement with the Sudoral theory and the concept of "id eruption of tinea pedis" in the causation of dyshidrosis. Dyshidrosis as a manifestation of endogenous eczema is advocated.

COMPARATIVE CLINICAL TRIAL OF EMBRAMINE (MEBRYL)

Satyanarayana BV, Narashimha Rao B and Chalapati PV

Ind J Dermatol Venereol Leprol, 1975; 41: 26-27.

A comparative clinical trial of Mebryl and Dimethindene was undertaken. Forty three patients, belonging to either sex, and suffering from conditions like pruritus, urticaria, contact dermatitis, neurodermatitis, lichenified eczema, and infectious eczematoid dermatitis were selected in each group. Mebryl had quick therapeutic effect and was found to be extremely effective in cases of urticaria and pruritus. Good to excellent response was obtained in 36 cases on Mebryl and 23 cases on Dimethindene therapy. No significant side effects were encountered in either of the treatment groups.

REVIEW OF LITERATURE OF EPIDERMODYSPLASIA VERRUCIFORMIS

Shah BH and Jalan VO

Ind J Dermatol Venereol, 1971; 37: 16-18.

Two cases of epidermo-dysplasia verruciformis with not only papular lesions, but also with macular lesions are reported. In both the cases family history was negative. In one case, lesions were present for 2 years, and in the other, lesions were present for one year.

EPIDERMODYSPLASIA VERRUCIFORMIS

Singh OP and Nayyar KC

Ind J Dermatol Venereol, 1973; 39: 26-28.

A case of epidermodysplasia verruciformis is presented. Empirical therapeutic trials with sulphaphenazole, dapson and thiosemicarbazone failed to improve the lesions; however, temporary response was obtained with 5% salicylic acid ointment. Literature on its etiology has been briefly reviewed.

EPIDERMOLYSIS BULLOSA DYSTROPHICA ET ALBOPAPULOIDEA PASINI

Aggarwal Radha Rani, Garg Rajkumar and Chopra Adarsh

Ind J Dermatol Venereol Leprol, 1976; 42: 241-243.

A young intelligent female suffering from Epidermolysis bullosa dystrophica et albopapuloidea Pasini (EBDAP) is reported. Clinical

diagnosis was made on the basis of typical albopapuloide efflorescences (APE) distributed predominantly on the trunk and extremities. The efflorescence was noted by her parents within few hours of her birth and bullae on pressure points appeared on 11th day. In addition mucous membrane of soft palate was involved. Diagnosis was confirmed histopathologically. This is the second case report of this kind from India.

PRIMARY SELF-HEALING SQUAMOUS EPITHELIOMA

Handa F, Aggarwal Radha Rani and Chopra Adarsh

Ind J Dermatol Venereol Leprol, 1976; 42: 3-4.

A case of multiple primary self-healing squamous epithelioma (MPSHE) of Ferguson Smith is described. A short literature review is given. The importance of recognising this entity is emphasised and discussed.

CLINICAL EVALUATION OF EPSILON AMINO-CAPROIC ACID IN ALLERGIC DERMATOSES

Behl PN and Sood NK

Ind J Dermatol Venereol Leprol, 1975; 41: 134-136.

Clinical evaluation of epsilon aminocaproic acid was carried out in 12 allergic dermatoses. Only in 25% of cases, partially satisfactory results were observed. In one case dizziness was observed.

ERYTHEMA AB IGNE

Bedi BMS

Ind J Dermatol Venereol, 1971; 37: 69-71.

A clinico-histological study on seven cases of Erythema ab Igne is reported from Simla. The clinical and histological features are outlined. The literature on the subject is reviewed.

ERYTHEMA MULTIFORME WITH DEPIGMENTATION

Handa F, Aggarwal Radha Rani and Chopra Adarsh

Ind J Dermatol Venereol Leprol, 1977; 43: 16-18.

In the present paper, three cases of erythema multiforme (EM) with depigmentation are recorded. The depigmentation is considered to be extremely rare. Depigmentation appeared after healing of the vesicubullous and

maculopapular type of eruption of EM. Depigmentation of the lesion occurred 4-8 months later with corticosteroid therapy. Erythema multiforme with depigmentation in a Negro girl has been reported by Bleier in 1958.

DEPIGMENTING ERYTHEMA MULTIFORME

Bedi TR

Ind J Dermatol Venereol Leprol, 1980; 46: 117-120.

Two patients with a peculiar variant of erythema multiforme are described. The classical iris lesions, appearing seasonally in response to as yet unidentifiable agents, resolved leaving behind persistent depigmentation. Although, the EM lesions aborted on corticosteroid therapy, the latter seemed to have no effect on the depigmented spots. The histopathological features were characteristic of EM. The depigmentation perhaps is the result of a permanent damage to the melanocytes. This variant of EM may be tentatively designated as depigmenting erythema multiforme - DEM.

RECURRENT ERYTHEMA MULTIFORME ASSOCIATED WITH RELAPSING HERPES SIMPLEX

Kapur TR

Ind J Dermatol Venereol Leprol, 1977; 43: 164-165.

A case of recurrent erythema multiforme associated with relapsing herpes simplex (labialis) in a young soldier is described. The herpes lesions were treated with ether compresses with a hope of prevention of relapses.

SYMMETRICAL PROGRESSIVE ERYTHROKERATODERMA

Kapur TR, Ansari MA and Singh OP

Ind J Dermatol Venereol Leprol, 1978; 44: 158-159.

A case of symmetrical progressive erythrokeratoderma in a 32 year old male patient noticed at the age of 27 years has been described.

ESPERSON IN STEROID RESPONSIVE DERMATOSES

Vasistha LK and Singh Gurmohan

Ind J Dermatol Venereol Leprol, 1980; 46: 156-157.

A fluorinated topical corticosteroid ointment, Esperson 0.05% was compared with a placebo in a randomised double blind right left trial in 52 patients having different dermatoses for a period of 7 days. It was found to be effective and produced no side effects.

AQUIRED FIBROKERATOMAS**Khafagy H and Okbi M.El****Ind J Dermatol Venereol, 1971; 37: 212-213.**

Fibrokeratoma is an uncommon benign skin growth. It is a small lesion that first seems rather insignificant. It occurs more frequently on the fingers, and may have a slight or a great resemblance to a rudimentary or a supernumerary digit. On the other sites it may be mistaken for some other commoner conditions such as cutaneous horn. It is a benign symptomless condition arising as a hyperkeratotic projection out of normal skin. Its configuration shows a steeply projecting growth varying from a hemispherical to a stout or slender elongation. The lesion appears abruptly and enlarges rather quickly to its final size which may not exceed 1-1.5 cm. within months or years. The present report describes four such cases.

FOLLICULITIS CRURIS PUSTULOSA ET ATROPHICANS**Sugathan P, Jacob Zacariah and Joy MI****Ind J Dermatol Venereol, 1973; 39: 35-40.**

Out of 79 patients there were 72 males and 7 females. The youngest patient was aged 17 and the oldest was 58 years. More than 5 years duration was reported by 28 patients. Among the 79 patients only 21% (17) had the lesions confined to the "classical sites". Fifty two percent (41) had involvement of the front of the thighs in addition to the legs. Involvement of the thighs and forearms were seen in 22.8% (18), and facial involvement in addition to the above was seen in 3.8% (3). Scarring and atrophy showed certain preferential localization. The shiny appearance was mostly seen on the anterior and anterolateral aspects of the lower two third of the legs. On the lateral aspect of the calves and on the anterior aspects of the thighs numerous, well defined, small, depressed, roundish, atrophic scars; measuring 2-4 mm in diameter were seen in the

place of the hairs. Subjective and objective aggravations were reported due to a variety of factors, ingestion of animal protein, alcoholic drinks, sleeplessness, contact with wet soil, excessive sweating, contact with cowdung and even sexual indulgence. Seasonal aggravation was reported by 66, of which 50.6% (40) were worse in summer, 20.2% (16) during winter and 12.6 (10%) during monsoon. All the cultures yielded coagulase positive staphylococci. Antibiogram (disc method) showed that the most effective antibiotic was streptomycin. Kanamycin, tetracyclines and chloramphenicol were also effective in vitro.

SERUM PROTEINS IN FOLLICULITIS ET ATROPHICANS**Ramchandran K, Joy MI and Sugathan P.****Ind J Dermatol Venereol, 1973; 39: 238-239.**

Total number of 50 cases were studied. The present study shows the occurrence of hypergammaglobulinaemia in folliculitis et atrophicans. The increase in gammaglobulins could not be correlated with the severity of the disease. Amino acid composition of this gammaglobulin fraction was identical with that of normal serum gammaglobulins. Part of the increase in serum proteins was found to be due to an increase in serum mucoproteins.

EVALUATION OF THE FLUORESCENT TREPONEMAL ANTIBODY CSF TEST (FTA - CSF TEST)**Sowmini CN and Gopalan KN****Ind J Dermatol Venereol, 1973; 39: 229-232.**

The fluorescent treponemal antibody test has been performed on cerebrospinal fluid from 397 patients of various categories. The findings indicate that this test is not merely of immunological importance but has a diagnostic value specially in problematic neurological cases of syphilitic origin.

ANALYTICAL STUDY OF 1054 GENITAL LESIONS

Vijayalakshmi K

Ind J Dermatol Venereol, 1972; 38: 125-131.

An analysis of 1054 genital conditions and the sex distribution of genital lesions in different illnesses of sexual origin.

A

Diseases	Males	Females
Primary syphilis	169 (20.41%)	10 (4.42%)
Secondary syphilis	36 (4.35%)	58 (25.66%)
Chancroid	344 (41.54%)	43 (19.02%)
Granuloma venereum	37 (4.54%)	33 (14.60%)
Herpes progenitalis	103 (12.44%)	39 (17.26%)
Warts	45 (5.44%)	16 (7.68%)
L.G.V.	-	3 (1.32%)
Vulvo Vaginitis(Gonococcal)	-	1 (0.44%)
TOTAL	734 (88.65%)	203 (89.81%)

B

Sl No	Diseases	SEX	
		Males	Females
1.	Balanoposthitis	57	-
2.	Fusosporillosis	11	3
3.	Malignant ulcers	11	3
4.	Nonspecific ulcers	4	6
5.	Drug allergy	2	1
6.	Mycotic Infection (with or without diabetes)	2	1
7.	Scabies	2	1
8.	Avitaminosis	1	-
9.	Erythroplasia of Queyrat	1	-
10.	Hansen's Infection	1	-
11.	Pyoderma	1	1
12.	Induratio penis plastica	1	-
13.	Tuberculous ulcer	-	3
14.	Vitiligo	-	2
15.	Amoebiasis	-	1
16.	Molluscum contagiosum	-	1
17.	Herpes zoster	-	1
TOTAL		94 (11.35%)	23 (10.19%)

GENTIAN VIOLET IN DERMATOLOGY
Singh OP and Panjawani Suresh
Ind J Dermatol Venereol Leprol, 1980; 46:
271-273.

With increased usage of various topical

antibiotics by dermatologists in the recent years, many harmful effects associated with their use are becoming evident. The authors emphasise that the dye, gentian violet which was once very widely used is cheap, non-irritating and non-

toxic and is still valuable as a local application in many dermatoses. The only objection to its use on the exposed surfaces is the colour that it imparts to the skin and the clothing. However, the colour washes off in about a week and the patients can always be forewarned about the staining of clothes that is likely to occur. The therapeutic results with this dye and lack of side effects other than staining still justify its use in many dermatoses.

GLOMUS TUMOURS WITH DISUSE ATROPHY

Garg BR, Lal Sardari and Arunthathi S et al
Ind J Dermatol Venereol, 1973; 39: 270-271.

A case of glomus tumours who developed disuse atrophy of the leg and improved remarkably after the surgical excision of the tumours is reported.

COMPARATIVE METABOLIC STUDIES ON THE SKIN TISSUES OF NORMAL AND PSORIATIC PATIENTS : CHANGES IN GLYCOGEN CONTENT

Hajini GH, Hussain ST, Raina PN et al
Ind J Dermatol Venereol Leprol, 1976; 42: 165-167.

The changes in glycogen content of normal, uninvolved and psoriatic skin tissues were determined. These studies showed considerable increase in glycogen content in psoriatic skin as compared to normal. The uninvolved skin tissues obtained from psoriatic patients also showed significantly higher glycogen levels. The significance of these results are discussed.

A CASE OF FOCAL HYPOPLASIA (GOLTZ'S SYNDROME) WITH REVIEW OF LITERATURE

Rao P Syama Sundara, Jan Syed Saheb and Sreecharan T
Ind J Dermatol Venereol, 1972; 38: 258-264.

Focal dermal hypoplasia or Goltz's syndrome is a mesoectodermal dysplasia that has been reported mostly in girls. It is characterized by linear hypoplasia of the skin with herniation of subcutaneous fat tissue as fawn coloured nodules, musculoskeletal disorders, ocular defects, dystrophic nails and defective dentition. The only definitive test for this condition to date is skin biopsy. A typical case is reported together with review of the literature.

IN VITRO DRUG SENSITIVITY OF NEIS-SERIA GONORRHOEAE STRAINS AND BLOOD PENICILLIN LEVELS AFTER VARIOUS PENICILLIN PREPARATIONS Sowmini CN and Nair GM

Ind J Dermatol Venereol, 1971; 37: 149-160.

One hundred N. gonorrhoeae strains isolated in 170 patients were tested against sodium penicillin (P), streptomycin sulphate (St) chloramphenicol (C), oxytetracycline (T) and sulphadiazine (S) for their minimum inhibitory concentrations (MICs) by plate dilution method. In 10 patients, serum penicillin levels were estimated by 'sacrina lutea' method after intramuscular injections of procaine penicillin G in oil with 2% aluminium monostearate (PAM), Crys-12 (Squibb-procaine penicillin + sodium penicillin) and sodium penicillin. The PAM treated cases were clinically and bacteriologically followed up for in vivo and in vitro correlation of drug sensitivity test results. The percentage of strains sensitive to various concentrations of drugs were: P 0.05 or less = 9, P 0.01 = 1, p 0.2 = 7, p 0.5 = 20, p 10 = 56, p 2.0 = 3, p > 2.0 = 4 of IU/ml; St 5 or less = 14, ST 10 = 10, St 30 = 3, St > 30 = 73 ug/ml; C 5 or less = 18, C 20 = 32, C > 20 = 30 of Iug/ml; T 0.2 or less = 36, T 0.5 = 24, T 1.0 = 40 of ug/ml and S 10 or less = 15, S 50 = 1, S 100 = 29, S 200 = 55 of ug/ml. The maximum and minimum penicillin levels in IU/ml of serum with various penicillin preparations of therapeutic doses were: PAM 60,000 IU = 1.0 and 0.5; Crys - 12 2.4 MU = 10 and 0.4-0.5; Crys-12 4.8 MU + 10 and 1.0; Crys - 12 2.4 MU + 1 gm probenecid one hour before injection = 10 and 1.0; Crys - 12-2.4 MU = 1 gm probenecid one hour before injection followed by 0.5 gms 6 hourly = 10 and 6 0; Sodium penicillin 500,000 IU 6 hourly + 10 and 2.0; and Sodium penicillin 500,000 6 hourly + probenecid = 10 and 8.0. The cure rates with various treatment regimes in percentage figures were: PAM = 26, cys - 12 0 100, and sodium penicillin + 100. Intramuscular injections of oxytetracycline and chloramphenicol gave good clinical results.

There is a definite increase in the percentage of p-less sensitive strains in this area. Penicillin resistant strains showed cross resistance

against St. Penicillin continues to be the best drug followed by T and C against gonorrhoea in this area. Good in vivo and in vitro correlation of drug sensitivity test results were seen with penicillin. Less correlation was found with T and C. Details are discussed.

PENICILLIN SENSITIVITY OF NEISSERIA GONORRHOEAE STRAINS FROM CALICUT KERALA

Nair CMG, Paniker CKJ and Gopinathan T
Ind J Dermatol Venereol, 1972; 38: 209-212.

The penicillin sensitivity of 101 strains of Neisseria gonorrhoea isolated in 1969 from cases of acute gonorrhoea in Calicut (Kerala) was estimated. A decreased sensitivity to penicillin was seen in 52.1% of these strains. There was good correlation between in vitro sensitivity to penicillin and response to treatment with this antibiotic. The presence of penicillin resistant staphylococci in urethral discharge did not appear to be responsible for treatment failures with penicillin. No strain of *Mima polymorpha* could be obtained from any of the 233 cases of acute gonorrhoea studied.

IN VITRO PENICILLIN SENSITIVITY OF NEISSERIA GONORRHOEAE STRAINS ISOLATED IN PUNE (INDIA)

Arora PN, Sohi AS and Rai Jagdish
Ind J Dermatol Venereol Leprol, 1980; 46: 146-150.

Fifty strains of Neisseria gonorrhoeae isolated at random from 55 male patients with gonorrhoea in Pune were subjected to in vitro sensitivity test to penicillin. The range of sensitivity of these strains to penicillin was from 0.0075 to 4.0 international units per ml, 27 (54.00%) strains were within the sensitivity range and six (12%) were sensitive only to 4.0 IU of penicillin per ml. The median of sensitivity was 0.062 IU (equivalent to 0.038 mcgm) per ml. This is compared to the results obtained by other workers in the field from 1944 to 1975. Strains of gonococci under study did not show absolute resistance to penicillin.

A COMPARATIVE STUDY OF ENRICHED CULTURE MEDIA AND SELECTIVE CULTURE MEDIA IN THE DIAGNOSIS OF GONORRHOEA

Singh OP, Prakash O and Kandhari KC

Ind J Dermatol Venereol, 1972; 38: 230-233.

A total of 125 suspected cases of gonorrhoea were taken for the study. Out of these 100 were male cases and 25 female cases. Cultures were done on chocolate agar and Chacko-Nair enriched media as well as on Thayer-Martin medium and Chacko Nair Medium (with antibiotics) Positive results were 62%, 71%, 83% and 83% respectively in male series and 28%, 36%, 52% and 52% respectively in female series. Selective media has given better results as compared to enriched media, specially in female cases. It is to be noted that 3.03% strain were encountered which were isolated on the enriched media but failed to grow on selective media.

COMPARATIVE EVALUATION OF THAYER-MARTIN MEDIUM AND CHACKO-NAIR MEDIUM IN THE ISOLATION OF GONOCOCCI

Pillai KG, Girgla HS and Sen PC
Ind J Dermatol Venereol Leprol, 1975; 41: 11-14.

Urethral discharge from 36 male patients clinically suspected to be suffering from gonorrhoea and cervical and urethral swabs from 10 female contacts were examined by gram stained smear and parallel cultures on Thayer-Martin medium and Chacko-Nair medium to evaluate the comparative efficacy of the two media in the isolation of *N. gonorrhoeae*. The culture results on the two media agreed in 97.8 percent. The other results are presented and discussed. It is felt that in the prevalent Indian conditions Chacko-Nair medium is superior in cost/effectiveness and availability.

COMPARATIVE STUDIES ON SMEAR AND CULTURE EXAMINATION OF NEISSERIA GONORRHOEA AMONGST MALES IN PUNE

Arora PN, Sohi AS and Rai Jagdish
Ind J Dermatol Venereol Leprol, 1978; 44: 359-361.

Fifty five male patients suspected to be suffering from gonorrhoea were subjected to smear and culture examinations for Neisseria gonorrhoeae. Both smears and cultures were positive in 48 (87.3%) cases. Negative smears and positive cultures were seen in 2 (3.6%) cases; whereas 4 (7.3%) cases gave positive

results on smears only and negative on culture examinations. The 6 cases were diagnosed only when the results of smears and cultures were taken into consideration. Both smear and culture were negative in 1 (1.8%) case.

GONOCOCCEMIA

Girgla HS, Singh Gurmohan and Singh DS
Ind J Dermatol Venereol Leprol, 1974; 40: 63-65.

A case of Gonococemia with hyperkeratotic skin lesions, arthropathy, keratitis, successfully treated with penicillin is reported. Possible pathogenesis for hyperkeratotic skin lesions is also discussed.

DEMETHYLCHLORTETRACYCLINE IN THE TREATMENT OF GONORRHOEA

Bhargava MC and Narang SS
Ind J Dermatol Venereol, 1971; 37: 24-28.

A total of 140 patients with acute uncomplicated gonorrhoea were treated with four different schedules i.e. a single dose of 900 mg of demethylchlortetracycline, total doses of 1350 mg of demethylchlortetracline over 3 days, 1800 mg of demethylchlortetracycline over 2 days and one injection of 1.2 mega units of PAM. The failure rates were assessed on the absence of further history of fresh sexual exposure; all recurrences occurring in 14 days were classified as failures. Over all results have shown that a total dose of 1800 mg of demethylchlortetracycline is better than the other schedules of demethylchlortetracycline and PAM.

GONORRHOEA - TREATED WITH INTRAVENOUS PENICILLIN

Ramachander M, Sarala Devi R and Seethamanoharam M et al
Ind J Dermatol Venereol, 1971; 37: 117-122.

The historical aspect, the nomenclature and the incidence of gonorrhoea are briefly discussed. In the first series of 20 consecutive cases of acute gonorrhoea which were resistant to PAM therapy were treated by IV penicillin, 10 lakhs daily for 5 days. They comprised of 14 males and 6 females and among them were 6 married couples and 8 single men. There were 3 treatment failures in this series. One of the three cases which failed to respond to the therapy was probably caused by mimeae organism. In the second series of 7 consecutive cases of acute

gonorrhoea which were resistant to PAM therapy were treated by IV penicillin 10 lakhs daily for 3 days. They comprised of 6 males and one female and among them was one married couple and 5 single men. There was one treatment failure. Culture and sensitivity tests were done as a routine in most of the cases. There were no reactions or constitutional disturbances in any of the cases treated by intravenous penicillin therapy. We are of the opinion that the optimum dose 10 lakhs of penicillin for a minimum period of 3 days is necessary for acute gonorrhoea. Majority of the so called penicillin resistant cases of acute gonorrhoea are really, only partially resistant requiring higher concentration of penicillin for longer period. Intravenous penicillin is a simple, safe and sure therapy in such cases unless the organisms are absolutely resistant to penicillin or the patient is sensitive to penicillin.

ACUTE GONORRHOEA TREATED WITH TETRACYCLINES

Ramachander M and Ramamurty KV
Ind J Dermatol Venereol, 1972; 38: 112-116.

In our study under review 80 cases of acute gonorrhoea were treated by a single dose oral therapy with tetracyclines. There were 20 cases in each drug group. 10 capsules of each drug was given to the patients under the direct supervision of the physician. The patients were followed up daily for 3 consecutive days and thereafter once a week for 3 weeks. If at any time gonococci were demonstrated within the 3 weeks of post treatment period, the case was considered as a failure. With spiramycin (Rovamycin) there were 18 cures and 2 failures giving a cure rate of 90%. With demethylchlortetracycline. (Ledermycin), there were 19 cures and one failure giving a cure rate of 95%. With Hostacycline 500 (tetracycline hydrochloride) all the 20 cases were cured giving a cure rate of 100%. With tetracycline with ascorbic acid (Resteclin), there were 18 cures and 2 failures giving a cure rate of 90%. There were no reactions or any untoward effects in any of the cases treated.

RIFAMPICIN (RIMACTANE CIBA) IN ACUTE GONORRHOEA

Ghosh Ramaprasad and Datta Ajit Kumar
Ind J Dermatol Venereol, 1972; 38: 218-220.

In conclusion, the points emerged out that

rifampicin (Rimactane) is a new drug for the treatment of acute gonococcal urethritis, potent with no masking of syphilis having a good tolerability and particularly useful in cases of penicillin-sensitive cases. It has also the advantage of single session therapy.

ONE DOSE TREATMENT OF ACUTE GONORRHOEA WITH SPIRAMYCIN (ROVAMYCIN)

Bhargava NC

Ind J Dermatol Venereol, 1972; 38: 272-275.

Twenty three cases of acute gonococcal urethritis, confirmed by smear examinations, were included in the trial. Wives of 6 cases only were available for examination and treatment. In treatment of gonorrhoea consorts should also be treated simultaneously. Ten capsules of 'rovamycin' (2.5 G of spiramycin) were given in single dose in all the cases; only 2 cases who persistently showed gonococci in urethral smear were given a repeat single dose after 10 days. Follow-up studies - clinical and bacteriological examinations were done periodically for three months in all the patients. Eighteen cases responded to the single dose therapy with 'rovamycin' while 5 cases were labelled as failures because at recurring urethral discharge with the presence of gonococci in follow-up urethral smear examinations; as their consorts were not available for examination no repeat treatment was given lest re-infection will continue to vitiate the results. A single dose of 10 capsules of 'rovamycin' was well accepted and tolerated by the patients as no side effects or toxic reactions were seen. Though this series is too small to draw a definite conclusion, yet it clearly indicates that spiramycin is, indeed, effective in a single dose of 10 capsules in curing acute gonococcal urethritis.

RIFAMPICIN (RIMACTANE) IN ACUTE GONORRHOEA

Ranganathan PS and Balasubramaniam MP
Ind J Dermatol Venereol, 1973; 39: 258-260.

The need for alternative antibiotics, in view of the increasing incidence of penicillin and other antibiotic resistance in gonorrhoea, is stressed. Forty eight male patients and one female patient who attended the VD Department, Govt. Erskine Hospital, Madurai, during

the year 1970, with acute uncomplicated gonorrhoea were treated with single doses of 900 mgms of rifampicin (Rimactane-ciba). The drug was tolerated well and there were no side-effects. Of the 42 patients, who were followed up after treatment, 36 were considered cured, while 5 patients failed to respond and one had a reinfection. The cure rate of 87.8% in this series compares favourably with other reports with rimactane. Rifampicin has an advantage over other antibiotics, in the treatment of gonorrhoea, in that, it is inactive against spirochaetes in the doses employed and does not mask co-existing early syphilis.

SEPTRAN IN THE TREATMENT OF GONORRHOEA

Sowmini CN, Vijaylakshmi K, Chandrasekhara Rao G et al

Ind J Dermatol Venereol Leprol, 1976; 42 : 110-112.

In this limited study conducted, Septran was able to give complete cure in 88% of the cases. This drug when used for the treatment of gonococcal infection did not mask syphilis. In two of the cases with chancroid and gonorrhoea the ulcers responded well within 5-7 days of Septran therapy. Even mild reactions like nausea and vomiting were not encountered in any one of the 58 cases treated with Septran.

ALL PURPOSE PENICILLIN (PENIDURE-AP), DOXYCYCLINE (MINIBIOTIC), TRIMETHOPRIM-SULPHAMETHOXAZOLE (SEPTRAN) AND OXYTETRACYCLINE (TERRAMYCIN) IN ACUTE GONOCOCCAL URETHRITIS

Relddy BSN, Jha PK and Singh Gurmohan
Ind J Dermatol Venereol Leprol, 1977; 43: 251-255.

Gonorrhoea has become a major public health problem throughout the world today. In this country, many physicians are still using inadequate doses or inappropriate drugs to treat this major venereal disease. The comparative efficacy of penidure - A. P., minibiotic, septran and terramycin in the treatment of acute gonococcal urethritis has been studied with clinical and bacteriological parameters and the results summarized. The advantages and limitations of each treatment schedule are briefly discussed.

DOXYCYCLINE IN THE TREATMENT OF UNCOMPLICATED GONORRHOEA

Wadhwa SL and Marquis L

Ind J Dermatol Venereol Leprol, 1979; 45: 186-189.

Gonorrhoea constitutes nine per cent of the sexually transmitted diseases seen at the department of Dermatology and Venereology, Nair Hospital, Bombay. Fifty cases of uncomplicated gonorrhoea in males were treated with doxycycline 200 mgs iv on the first day and 100 mgs, iv for 2 more days- a total of 400 mgs doxycycline. Smears for gonococci and blood V D R L were done prior to treatment. The cases were reviewed every week for a period 3 weeks. Three cases showed a positive serology and 44 cases responded well to therapy giving a success rate of 88%. Side effects were minimal.

TRIAL OF OXYTETRACYCLINE IN ACUTE GONORRHOEA

Anandam K, Balaranga C and Diwakar M

Ind J Dermatol Venereol Leprol, 1979; 45: 280-283.

The usual treatment for gonorrhoea in this institution is procaine penicillin 12 lakhs daily for 3 days. Generally the response with this regimen is good. However in view of the fact that some cases did not respond to this treatment, trial with oxytetracycline was carried out on 15 patients, and is compared with the results obtained with penicillin in 15 patients. With the dosage schedules of penicillin and oxytetracycline followed by us all 30 patients improved and did not develop any recurrence, even after 3 weeks.

BASAL CELL NEVUS SYNDROME (GORLIN'S SYNDROME)

Kamath A, Marquis L and Mehta TK

Ind J Dermatol Venereol Leprol, 1977; 43: 40-42.

A case of basal cell nevus syndrome-Gorlins syndrome is presented. Its varied clinical manifestations and multi-organ system involvement are emphasised. Our case presented primarily with cutaneous manifestations i.e. multiple basal cell epitheliomas, multiple epithelial cysts and pitting of the palms. Systemic involvement was minimal. Mesenteric cysts were present. No osseous, neurologic, ophthalmic, reproductive or other manifestations were encoun-

tered.

GRANULOMA ANNULARE

Kumar Kamlesh

Ind J Dermatol Venereol, 1972; 38: 117-121.

A case of granuloma annulare comprising of circinate, discrete papular lesions as well as nodular lesions is presented. Response to topical steroid with occlusive dressing (circinate and papular lesions) and punch biopsy (nodular lesions) was appreciable.

GRANULOMA ANNULARE

Amin AG, Dave JN and Khan AU

Ind J Dermatol Venereol Leprol, 1975; 41: 199-200.

A rare case of granuloma annulare is presented. It was successfully treated with topical corticosteroid therapy under occlusion.

DISSEMINATED GRANULOMA ANNULARE

Reddy BSN and Singh Gurmohan

Ind J Dermatol Venereol Leprol, 1976; 42: 244-245.

The clinical and histopathological features of an atypical form of granuloma annulare in a 32 years old male patient are described. The lesions manifested in the form of disseminated papular eruption all over the body. The glucose tolerance test was abnormal. The pertinent literature is briefly reviewed.

EOSINOPHILIC GRANULOMA OF THE TEMPORAL BONE WITH CUTANEOUS MANIFESTATIONS

Sood VP, Kakar PK and Gupta IS

Ind J Dermatol Venereol, 1973; 39: 184-187.

Seven years old boy presented with the complaint of intermittent pain right ear for the last 10 months with gradually increasing swelling of the right postaural area for the last 3 months. On examination : well built fairly nourished with no lymph node enlargement anywhere in the body. Locally, there was a 2 x 1 inch soft tender swelling behind right pinna extending on to the zygoma. There was oedema surrounding this swelling and occluding the retroauricular sulcus. The ear canal was found occluded due to sagging of posterior meatal wall. There was slight mucopurulent discharge coming out of the ear canal. Tympanic membrane was not visible. Left ear was normal

There were extensive maculo-papular eruptions on the whole of the chest, abdomen and back.

GRANULOMA PYOGENICUM

Bedi BMS, Sardarilal and Arunthathi S

Ind J Dermatol Venereol, 1971; 37: 129-131.

A 23 year male presented with the chief complaint of a pedunculated growth over the corona glandularis for the last about two months. The patient gave history of exposure four months prior to the eruption. Examination revealed an umbrella shaped tumour 1.5 cms in diameter showing proliferating cauliflower like growth with verrucous surface and a small pedicle, the lesion was moderately firm. There was no evidence of any associated pyogenic infection, there was no other significant finding clinically. The growth was excised after ligaturing the pedicle and the base was cauterized by electric coagulation. The wound healed well and the follow-up has not shown any recurrence.

EPIDERMAL PROLIFERATIONS OVERLYING GRANULOMA PYOGENICUM

Bedi Tilak R and Malik Ashok K

Ind J Dermatol Venereol Leprol, 1977; 43 : 322-323.

The epithelium overlying dermal lesions of granuloma pyogenicum is invariably flattened or even ulcerated possibly due to the pressure from the underlying expansive growth. An unusual histological feature of epidermal proliferations simulating those seen overlying histiocytomas is reported in a lesion of granuloma pyogenicum from the lip. The role of dermal

connective tissue appears important in induction of the epithelial changes.

GUMMA OF THE FRONTAL REGION

Chatterjee P and Saxena RK

Ind J Dermatol Venereol, 1972; 38: 141-145.

A female 35 years of age complained of: (a) headache in the region of the forehead, chiefly on the right side, duration being 2 years and 6 months. (b) gradual loss of vision in the right eye - 2 years (c) gradually increasing swelling in the region of right side of the forehead - 2 years. (d) vomiting off and on - 2 years (e) six months prior to her admission in this hospital she developed certain mental changes for which she was treated by a Psychiatrist. She was given electroconvulsive therapy, pentothal narcosis and a large number of tranquillisers. This did not yield any result and then somehow she attended the ENT clinic of this hospital. She was admitted with the provisional diagnosis of meningioma frontal lobe. In her past history only significant point was history of repeated abortions, at present she has 6 children alive and healthy. Her husband is alive and well.

TUBERCULOUS GUMMAS

Pavithran K, Sarojini PA and Gangadharan C

Ind J Dermatol Venereol Leprol, 1980; 46: 226-228.

A rare form of cutaneous tuberculosis - tuberculous gumma is described in a sixty year old female patient.

VERRUCOUS HAEMANGIOMA

Aggarwal Radha Rani, Handa F, Gupta Sudershan et al

Ind J Dermatol Venereol Leprol, 1979; 45: 215-218.

Two cases of verrucous haemangioma, a very rare disease, are reported for the first time from this region of the world. Early diagnosis and differentiation from angiokeratoma circumscriptum is important as complete cure occurs with early and deep excision.

HAEMOPHILUS DUCREYI IN ASYMPTOMATIC PROSTITUTES

Lahiri VL, Elhence BR, Jain NK et al

Ind J Dermatol Venereol Leprol, 1979; 45: 321-322.

A study of 50 prostitutes from Agra city, showed that while only one of them had chancroid ulcer, on culture *H. ducreyi* was isolated from 17 of them. *H. ducreyi* was isolated from cervix in 6 cases, from vagina in 7 while in four subjects the organism was isolated from both the sites. Vaginitis (27) was the main complaint.

CHROMOSOMAL DAMAGE AND HAIR DYE

Siddiqui MS, Khan MA and Das AS

Ind J Dermatol Venereol Leprol, 1980; 46: 268-270.

In the present study twelve albino rats were taken, 4 animals were kept as controls and on 8 rats hair dye was applied daily on the head and rest of the body. After 2 months chromosomal study was done from bone marrow by the direct method. Chromosomal damage was noted in the hair-dyed animals.

HENDERSONULA TORULOIDEA INFECTION OF HUMAN SKIN AND NAILS

Singh SM and Barde AK

Ind J Dermatol Venereol Leprol, 1980; 46: 350-355.

Four cases of skin and nail infection by *Hendersonula toruloidea* are described from India. Infections were confined to the feet which showed scaling and dystrophic nails. The presence of brown hyphae with knobbed swellings in the nail tissue and repeated isolation of *H. toruloidea* in pure culture are taken as evidence that this fungus was invading the tissues.

HARLEQUIN FETUS-AN AUTOPSY**STUDY OF TWO CASES**

G Eswara Reddy, Chengal Raju G, Bhaskara Reddy D et al

Ind J Dermatol Venereol Leprol, 1975; 41: 114-115.

Two cases of Harlequin fetus are reported with complete autopsy findings.

METHYLENE BLUE AND PHOTOINACTIVATION IN HERPES-PROGENITALIS

Bhargava RK, Kasliwal SC and Mathur Dinesh Chandra et al

Ind J Dermatol Venereol Leprol, 1977; 43: 86-88.

In this study herpes progenitalis an intractable venereal disease has been treated with local application of 0.1% methylene blue and photoinactivation by ultraviolet rays. Results obtained in this study are convincing. Treatment cost is low as compared to the other types of treatment instituted for this condition.

HERPES PROGENITALIS NEW METHOD OF TREATMENT

Bajaj AK, Swarup V and Mehdiratta NK

Ind J Dermatol Venereol Leprol, 1978; 44: 18-10.

Circumcision was found to be 100% curative in five cases of herpes progenitalis affecting the glans penis and prepuce. This may be considered as a simple and inexpensive form of curative therapy in recurrent herpes progenitalis.

HERPES ZOSTER - A CLINICAL STUDY

Nigam Pranesh, Tandon VK, Kumar Rajendra et al

Ind J Dermatol Venereol, 1972; 38: 152-155.

The following conclusions have been made by the study of 53 cases -

1. Definite relationship was observed in herpes zoster and varicella.
2. Commonly seen in young adults in 2nd, 3rd and 4th decades of life.
3. Females are less commonly affected with sex ratio to male is 1:2.3.
4. Lesions are almost unilateral and common site involved is intercostal nerves.
5. Erythematous dermatitis followed by vesicular bands following radicular lines. Eruptions have erythematous bases and secondary infection may take place in ruptured vesicles.

6. Increased pressure, raised protein and pleocytosis in CSF.
7. Most common complication is post herpetic neuritis.

IMMUNOLOGICAL ASPECTS OF HERPES VIRUS VARICELLA

Hassan Abdel Aal and Ali Raga Hassan

Ind J Dermatol Venereol, 1973; 39: 138-140.

Sera of 20 patients suffering from varicella and zoster were examined immunoelectrophoretically. IgM was found to be slightly decreased in sera of varicella patients examined on the first day of appearance of the cutaneous eruptions. Sera of both zoster and varicella patients examined after appearance of skin lesions showed marked reduction in IgM. All the cases revealed normal immunoelectrophoretic picture after the disappearance of the eruption. The role played by IgM in viral immunity is discussed.

SIMULTANEOUS OCCURRENCE OF HERPES ZOSTER AND VARICELLA IN A PATIENT OF TUBERCULOUS LYMPHADENITIS

Vassa Nalini T, Yajnik VH, Shah SS et al

Ind J Dermatol Venereol, 1973; 39: 250-253.

A rare case of concurrent herpes zoster and varicella probably precipitated by tuberculous lymphadenitis has been reported and relevant literature is reviewed.

HERPES ZOSTER AND CHICKEN POX IN SAME PATIENT

Handa F, Agarwal Radha Rani and Prashad Guru

Ind J Dermatol Venereol Leprol, 1975; 41: 233-235.

Two cases of herpes zoster (HZ) with chicken pox (CP) occurring simultaneously, are reported. It has been known since long that the virus of CP and HZ are related. Further investigations have established that the virus of CP and HZ is identical. Therefore this virus has been labelled as varicella zoster virus (VZV). Simultaneous appearance of HZ and CP in the same cases lends clinical proof to the above facts.

HERPES ZOSTER ASSOCIATED WITH CHICKEN POX

Kapur TR, Bhatia SS and Bedi TRS

Ind J Dermatol Venereol Leprol, 1977; 43: 101-102.

Two cases with combined lesions of herpes zoster and chicken pox are presented. Each entity can precede the other. It is shown that corticosteroids have no definite role in reducing post herpetic neuralgia, and lesions of chicken pox were not modified by it.

PARALYSIS OF THE LIMB COMPLICATING HERPES ZOSTER

Nigam Pranesh and Dayal SG

Ind J Dermatol Venereol Leprol, 1978; 44: 293-294.

Paralysis of lower extremity complicating herpes zoster is extremely rare. In this paper, a case with foot drop complicating herpes zoster of ipsilateral side (right foot and right gluteal region) is reported. Paralysis preceded the herpetic eruption by one week and recovered fully within eight weeks.

RECURRENCE OF HERPES ZOSTER IN THE SAME DERMATOME

Sarojini PA and Nair BKH

Ind J Dermatol Venereol Leprol, 1975; 41: 28-29.

A case of herpes zoster recurring in the same dermatome 10 years after the original attack is reported. The pathogenesis of herpes zoster is discussed. Recurrent herpes simplex zosteriformis is ruled out by animal inoculation. No precipitating factor could be detected other than exposure to a case of chickenpox. The present case strengthens the postulate that herpes zoster is produced by the reactivation of a latent virus present in the sensory ganglia and nerve sheath and that this reactivation can occur on more than one occasion.

BETAMETHASONE IN HERPES ZOSTER

Handa F and Sharma Subhash Chandra

Ind J Dermatol Venereol Leprol, 1977; 43: 81-85.

Sixty cases of herpes zoster belonging to different age groups were taken up for the present study. Thirty cases were treated with betamethasone orally which constituted the trial group and the remaining 30 cases constituted the control group. The duration of pain was markedly shortened by the use of betamethasone without any incidence of generalization of skin lesions. No case in the trial group suffered from post herpetic neuralgia whereas 4 cases in control

group had this complication. Betamethasone did not show any effect on the healing time of skin lesions of herpes zoster.

VALUE OF GRISEOFULVIN IN THE TREATMENT OF HERPES ZOSTER

Mulay DN, Sood BK and Ahuja BB

Ind J Dermatol Venereol, 1972; 38: 65-71.

A detailed and controlled study on the treatment of herpes zoster with Griseofulvin is presented. A review of literature indicates that griseofulvin has been used beneficially in a variety of cutaneous and systemic diseases. Patients suffering from herpes zoster showed a remarkable improvement in a much shorter period when treated with griseofulvin than in control cases. It has been observed that griseofulvin arrests the disease process, reduces morbidity and minimises the incidence of post herpetic neuralgia.

RADIATION THERAPY IN HERPES ZOSTER AND POST HERPETIC NEURALGIA

Nagbhushanam P and Patnaik R

Ind J Dermatol Venereol, 1971; 37: 103-105.

In the above series there were 5 cases of herpes zoster with severe neuralgic pain and active skin lesions and all were past 45 years of age. These patients were most likely to develop post herpetic neuralgia as a complication. When these five cases were given paravertebral X-ray therapy, the pain was promptly controlled and none developed post herpetic neuralgia. In the single case who had already developed post herpetic neuralgia X-ray therapy produced partial relief from pain and required corticosteroids for further relief. These findings suggest that paravertebral X-ray therapy is useful in preventing post herpetic neuralgia and may also help in relieving/reducing pain in cases where this complication had already developed.

PERIANAL FORM OF SUPPURATIVE HIDRADENITIS

Kubec K and Trapl J

Ind J Dermatol Venereol, 1971; 37: 173-176.

A 48 year-old worker with perianal form of suppurative hidraenitis is reported. Laboratory tests excluded a mycotic, tuberculous or other specific process. After repeated therapy with widespectrum antibiotics in combination with autovaccine a substantial improvement was

noted. The inflammatory nodules after previous colliquation and formation of fistulas healed with depressed scars. Only where surgical incisions had been made two slightly discharging sinuses remained.

HIDERADENO CARCINOMA

Lal Neera, Malik Gauri Bazaz and Mukherjee Prem

Ind J Dermatol Venereol Leprol, 1980; 46: 246-248.

Hideradeno carcinoma is a rare tumour. A case with clinico pathological correlation is being presented along with brief review of medical literature.

GENERALISED ERUPTIVA HISTIOCYTOMA

Aggarwal Radha Rani and Chopra HL

Ind J Dermatol Venereol Leprol, 1979; 45: 55-58.

Winkelman and Miller in 1963 described a new entity called generalised eruptive histiocytoma (GEH). Generalised Eruptive Histiocytoma represents a widespread reactive hyperplasia of histiocytes derived from reticuloendothelial elements. The histiocyte is produced in response to certain chemical or pathological stimuli and is capable of phagocytosis. Phospholipids, colloidal particles, cholesterol in olive oil, saccharated iron and polysaccharides stimulate the formation of histiocytes from reticular cells. Purely histiocytic dermal masses occasionally occur unassociated with inflammatory cells, vascular or connective tissue changes as seen in GEH.

SKIN SENSITIVITY TO HISTOPLASMIN IN CALCUTTA AND ITS NEIGHBOURHOOD

Sanyal Maya and Thammayya A

Ind J Dermatol Venereol Leprol, 1980; 46: 94-98.

Skin sensitivity to histoplasmin was detected in 26 (9.4%) of 275 persons tested in Calcutta. Thirty-eight (13.8%) showed doubtful reaction. The positive reactors, all of whom were residents of the Gangetic plain, included 5 persons exposed to soil source of *Histoplasma capsulatum* and a general duty assistant of the Medical Mycology laboratory, Calcutta School of Tropical Medicine. Among the doubtful reac-

tors, there were 2 contacts of histoplasmosis patients and a sweeper of the Medical Mycology Laboratory. Persons with pulmonary calcification were histoplasmin negative. Histoplasma capsulatum was not isolated from any of the positive reactors.

CLINICAL EVALUATION OF 'HISTRYL' ELIXIR IN ALLERGIC DERMATOSES

Reddy BSN, Chandra S and Singh Gurmohan
Ind J Dermatol Venereol Leprol, 1977; 43: 317-319.

The clinical efficacy of 'Histryl' elixir was studied in 30 patients suffering from various allergic dermatoses. We feel that this drug is a safe and potent antipruritic remedy and is of great value in the management of urticaria and lichen urticatus. The added advantage of this drug is that it can be administered easily to infants and children because it is available in the form of a flavoured liquid. No untoward effects were noted in this study.

MULTIPLE CUTANEOUS HORNS WITH ABSORPTION OF TERMINAL PHALANGES

Garg BR, Lal Sardari and Arunthathi S
Ind J Dermatol Venereol, 1973; 39: 81-83.

A 23 years male had numerous horns of various sizes distributed on both hands, feet, legs and fore-arms. Warts were also present in the same areas. Soles and palms were spared except right palm where a few hyperkeratotic warty lesions with central concavity were present. Histopathology of warty lesions was consistent with verrucae vulgaris. X-ray of the hands showed absorption of terminal phalanges of right index and left ring fingers with multiple dense shadows.

PENILE HORN

Ramanrao VV, Banerjee S and Sundarasi-varao D
Ind J Dermatol Venereol Leprol, 1975; 41: 116-118.

A case of penile horn is reported.

HYPERHIDROSIS - AN AETIOLOGICAL INTERPRETATION

Srivastava SN and Singh Gurmohan
Ind J Dermatol Venereol Leprol, 1977; 43: 1-5.

Increased sweating on palms, soles and

axillae is a very common problem. This paper describes various aetiological factors in the different types of hyperhidrosis. The role of autonomic nervous system and other factors in hyperhidrosis is discussed. Role of anxiety in causation of palmo-plantar hyperhidrosis is also discussed. Neurophysiological mechanism of anxiety involved in palmo-plantar hyperhidrosis is described.

ANXIETY AND HYPERHIDROSIS

Srivastava SN and Singh Gurmohan
Ind J Dermatol Venereol Leprol, 1977; 43: 199-201.

Palmoplantar hyperhidrosis is a very common problem. It is frequently seen in young adults. In almost all cases it is not possible to determine the cause. It is usually attributed to anxiety or emotional factors. We studied anxiety in 32 patients using Hindi version of Middlesex Hospital questionnaire and compared with normal controls. We did not find any difference between the two groups. Anxiety perhaps is not a major etiological factor in palmar and plantar hyperhidrosis.

TREATMENT OF PALMOPLANTAR HYPERHIDROSIS

Bedi TR
Ind J Dermatol Venereol Leprol, 1977; 43: 194-196.

Alcoholic solution of aluminium chloride (20 percent) commercially available as 'Drysol' in western countries proved highly effective topical treatment for palmoplantar hyperhidrosis in 8 patients. The beneficial effect became obvious after 3-4 applications and there were no untoward effects. Symmetric hyperhidrosis localised to the palms and soles or the axillae is commonly seen in dermatologic practice and often poses a difficult therapeutic problem. Though in most instances, emotional disturbances are alleged to be the key factor, invariably one fails to demonstrate the so called 'emotional' lesion and even when it is likely to be important, the patient may not be easily persuadable to psychotherapy. The present communication pertains to the therapeutic efficacy of aluminium chloride in alcohol (Drysol) in the treatment of palmoplantar hyperhidrosis.

AN ISOLATED CASE OF HYPERLIPO-

PROTEINAEMIA RESEMBLING TYPE II
Bedi BMS, Chandrasekar A, Venkatesan K et al

Ind J Dermatol Venereol Leprol, 1977; 43: 328-330.

An isolated case of Frederickson's type II a like-hyperlipoproteinaemia with cutaneous xanthomatosis and aortic stenosis was observed in a 14 year old girl of a South Indian family from Seven malai, Kerala state. She had an increased serum cholesterol level hyperlipidemia, hyperlipoproteinaemia, normotriglyceridemia and tuberous and tendinous xanthomatosis with aortic stenosis. The members of three generations of her family were normal.

UNILATERAL LIMB HYPERTROPHY

Singh M and Sehgal VN

Ind J Dermatol Venereol Leprol, 1980, 46: 187-188.

Klippel-Trenaunay syndrome as a cause of unilateral hypertrophy of limb is described while other possibilities in such a situation are reviewed.

AN ASSESSMENT OF INTRADERMAL SWEAT TEST IN HYPOPIGMENTED LESIONS OF NON-LEPROUS ORIGIN.

Acharekar MY, Ghulwala RG and Ganpati R
Ind J Dermatol Venereol Leprol, 1975; 41:

218-221.

The sweat test using intradermal acetylcholine was studied in 27 patients with hypopigmented macular lesions, clinically not suggestive of leprosy. In 6 cases in which stool examination showed evidence of parasitic infestation, the lesions did not show marked impairment of sweat function as compared with control sites. While among 71.4% of the remaining 21 instances sweat response was found to be normal or slightly impaired, six cases (28.6%) showed either histological evidence in favour of indeterminate leprosy or markedly impaired or absent sweating. The fallacy of relying on any single test to rule out the diagnosis of leprosy, while dealing with hypopigmented lesions of the type studied is stressed.

PERIUNGUAL HYPOPIGMENTATION FROM INTRADERMAL TRI-AMCINOLONE

Bedi TR

Ind J Dermatol Venereol Leprol, 1977, 43: 270-271.

A case of periungual hypopigmentation and atrophy following intradermal triamcinolone acetonide injection into the proximal nail fold for the treatment of onychodystrophy is described.

LAMELLAR ICHTHYOSIS OF THE NEWBORN

Hooda BS, Bery K and Chawla C

Ind J Dermatol Venereol Leprol, 1977; 43: 31-32.

A case of lamellar ichthyosis of the newborn presenting with characteristic clinical features is reported. Literature on the entity is reviewed.

ICHTHYOSIS VULGARIS ASSOCIATED WITH CATARACT AND NEPHROTIC SYNDROME

Doshi HV, Shah Anand SS and Shah AP

Ind J Dermatol Venereol, 1973; 39: 180-183

A 20-year old female patient of ichthyosis vulgaris with anterior polar cataract is presented. In addition she had nephrotic syndrome. There was family history of ichthyosis but no history of cataract and kidney disease. Relevant literature is reviewed.

AGAR GEL CUTTER FOR IMMUNOELECTROPHORESIS

Sharma NK, Pasricha JS and Kandhari KC

Ind J Dermatol Venereol, 1971; 37: 15.

The device consists of two parts (1) the "cutting portion" and (2) the "supporting framework". The cutting portion is composed of 2 stainless steel blades 45 mm long, fixed parallel to each other at a distance of 2 mm by means of a perspex plate of suitable dimensions. Two brass tubes with sharp edges having a diameter of 2.5 mm were fixed at a distance of 2.5 mm from the sides of blades midway along their length, taking care that the cutting edges of the blades and the brass tubes were in the same plane. The supporting framework consists of a platform closed from the back and the sides and made of a suitable size to hold a 75x25 mm microscopic slide. The sides of this framework contained 2 iron springs, one on each side, which supported the cutting portion in such a way that in the position of rest, the cutting edges of the blades and the brass tubes stood sufficiently clear of the platform. A microscopic slide bearing the agar film can be placed on the platform and the cutting portion pressed downwards. On releasing the pressure, the cutting portion springs back to its original elevated position. The slide can then be taken out, the cut portions

of agar removed and the slide subjected to immunoelectrophoresis.

IMMUNOFLUORESCENCE IN DERMATOLOGY

Kumar Kamlesh

Ind J Dermatol Venereol Leprol, 1974; 40: 128-134.

The article reviews the use of immunofluorescence in diagnosis and how it helps in defining the pathomechanism of various diseases. The methods of preparation of conjugated antisera, their standardization and use are described. The two principle techniques are direct staining in which fluorescein labelled antibody is added to detect substances i.e. antigen in the tissues and indirect staining, in which unconjugated antibody is added to the section, and any fixed antibody is detected by the subsequent addition of conjugated antiglobulin sera. It has greatly increased the opportunity to diagnose pemphigus, pemphigoid, dermatitis herpetiformis, lupus erythematosus and certain other dermatological disorders particularly in atypical cases.

INCONTINENTIA PIGMENTI

Shafi M, Raina Puran, Aziz Abdul and Mirajuddin

Ind J Dermatol Venereol Leprol, 1974; 40: 54-56.

The fourth case of Bloch-Sulzberger syndrome in a female child of one year age from India is reported. The patient had predominantly the pigmentary phase of the cutaneous manifestation though a few tiny vesicles and crusted lesions were also seen. The patient had not erupted any teeth upto one year of age, had epilepsy since the age of two months and had active corneal ulceration in left eye. The literature on Bloch-Sulzberger syndrome is briefly reviewed.

INCONTINENTIA PIGMENTI

Handa F, Aggarwal Radha Rani, Sharma Subhash et al

Ind J Dermatol Venereol Leprol, 1975; 41: 63-65.

We are reporting a male child with incontinentia pigmenti, the 4th case report from India and the 1st case from our institution with a review of literature. Disease is rare in males.

INTESTINAL CHANGES IN PATIENTS

WITH CHRONIC EXTENSIVE DERMATOSSES

Arora JK, Singh Raten, Chutani HK et al
Ind J Dermatol Venereol Leprol, 1976; 43: 59-62.

Fifteen cases of psoriasis, 7 cases of eczema, one each of subcorneal pustular dermatosis and pityriasis rubra pilaris and 10 normal controls were studied for function and structural changes of small bowel. Except for 2 patients of psoriasis, all patients showed normal faecal fat excretion. D-xylose excretion was decreased in one patient of dermatitis eczema group and one of subcorneal pustular dermatosis. Grade II jejunal mucosa was seen in only 4 patients with psoriasis and 2 cases of dermatitis-eczema and one patient of subcorneal pustular dermatosis. The present study does not support the concept that there can be direct correlation between malabsorption and certain dermatoses, except in a very small percentage of cases. Even in such cases, functional and structural changes are of very mild degree.

HISTOPATHOLOGICAL STUDIES OF INTESTINAL (JEJUNAL)MUCOSA IN PSORIASIS AND EXFOLIATIVE DERMATITIS

Bansal Nirmal Kumar, Mathur RN and Sharma RP

Ind J Dermatol Venereol Leprol, 1980; 46: 274-281.

Gross examination of the jejunal mucosal biopsy specimens has only a limited value, as out of 13 cases revealing normal morphology only 5 showed normal histology in psoriasis group while out of 7, only 4 cases revealed a normal

histology in erythroderma group. Changes were observed more frequently in psoriasis than in erythroderma. In both the groups there is no relation between the histologic alterations and the age, or the duration of the illness. In psoriasis to a great extent mucosal changes are related to the extent of skin involvement. No such relation could be established in cases of erythroderma. In the absence of clinical features suggestive of derangements of the gastrointestinal tract it is tempting to presume that the enteropathy is secondary to the skin lesions.

UREMIC ITCHING

Jain APS, Nigam SP and Gupta OP

Ind J Dermatol Venereol Leprol, 1979; 45: 3-5.

In chronic renal failure, the pathogenesis of pruritus, which is at times relieved and at times aggravated by dialysis therapy is not well understood. Various factors like subcutaneous uremic frost deposition, uremic toxins, calcium deposition in skin have been considered in the etiology of this symptom, but none of them stands well the test of reproducibility. Post dialysis pruritus has been reasonably attributed to secondary hyperparathyroidism. Among the various remedies intravenous heparin and intravenous lignocaine are worth trying, though the symptomatic relief obtained has been of a highly circumstantial nature. For post dialysis pruritus, a daring subtotal parathyroidectomy has been found to be successful. Surpassing all these, ultraviolet phototherapy in gradually increasing doses has been reported to be a safe, convenient and effective treatment.

CONTRIBUTION TO THE STUDY OF KAPOSII'S SARCOMA

Ahmad Shah SN, Anand BR and Shafi Mohd.
Ind J Dermatol Venereol, 1971; 37: 55-59.

Elevated violaceous lesions with well defined margins on the dorsal and palmar aspects of both hands. Three nodules were present on the inner aspect of each forearm above the wrist. A few nodules, violaceous in colour, were scattered on both legs. Violaceous plaques with scaly surface were present on dorsal and plantar surfaces of both feet. Besides, there was a verrucous mass about 12 cm x 9 cm on the plantar surfaces of left foot approximately 6 cms elevated from the surface. This verrucous lesion was extremely tender. The patient was subjected to deep X-ray therapy for the verrucous lesions on the left foot. A dose of 150r given daily for ten sittings. The verrucous lesions regressed markedly. The patient reported again after a year. The lesions on the left foot were almost completely healed and he could walk without difficulty. A systemic check up did not reveal any visceral involvement.

GROWTH AND BEHAVIOUR OF KELOID TRANSPLANTS

Nair SK, Sharma MM and Bandhopadhyaya AK

Ind J Dermatol Venereol, 1972; 38: 1-10.

Keloids from 30 patients were transplanted to a new site on the thigh. Twenty four of these grafts took completely and these gradually lost all the features of keloid. Six failures produced by infection healed by scarring with no keloid formation. In majority of cases recurrence within a few months followed at the site of excision. These cases were examined repeatedly for several months upto 7 months. Histological features of keloids and transplants were examined. The importance of local factors in the development of keloid has been stressed.

KERATOACANTHOMA WITH OSTEOLYSIS

Mehta VR

Ind J Dermatol Venereol Leprol, 1980; 46: 360-363.

Subungual keratoacanthoma with osteolysis of the terminal phalanx was first described by Eisher as part of a multiple keratoacanthoma

syndrome. The case described in this paper represents an isolated interdigital lesion. Following a thorn prick a keratotic lesion evolved between the right 3rd and 4th toes of a 50 year old male. Osteolysis of the proximal and middle phalanges of the 3rd toe was demonstrated radiologically. A cup shaped lesion with buttress formation and proliferative epidermal changes in its base with dyskeratosis, para and orthohyperkeratosis and exocytosis constituted the dominant histologic findings. Partial spontaneous resolution was observed.

ETIOLOGY OF PLANTAR KERATODERMA

Samanta BC, Banerjee BN and Panja RK

Ind J Dermatol Venereol Leprol, 1976; 42: 116-125.

A series of 200 cases of plantar keratoderma was studied among 42,000 outpatient of the Division of Dermatology, Medical College and Hospital Calcutta. Patients of plantar keratoderma attended the clinic all throughout the year though a considerable waning was noticed during the summer months. Male preponderance was ascribed to probably occupational factors. The highest incidence was found in the student community belonging to the age group of 11-20 years. Nineteen disease groups, acquired and genetic, were found to cause the morbid change of which exogenous eczema was the commonest (28.5%) of the acquired groups, corn and callosity being the next common (18.5%). While of the genodermatoses, ichthyosis was the commonest (11.5%), with psoriasis as a close second (11%). Two new entities viz. Familial plantar keratoderma and acquired symmetrical erythrokeratoderma have been mentioned.

GIANT SEBORRHEIC KERATOSIS

Syamasundara Rao P, Krishnamurthy T, Prasanthamurthy D et al

Ind J Dermatol Venereol Leprol, 1975; 41: 238-230.

A rare case of giant seborrheic keratosis of the scrotum and groin in a male 31 years is presented. The possibility of autoinoculation as a means of spread of this lesion is suggested.

KLIPPEL - TRENAUNAY - WEBER SYNDROME

Anand LC and Rathore BS

Ind J Dermatol Venereol Leprol, 1979; 45: 374-376.

A case of Klippel - Treunaunay - Weber syndrome in a 13 years old male with involvement of three extremities is reported. a brief review of literature is given.

EVALUATION OF LACTIC ACID AS AN ANTIBACTERIAL AGENT

Pasricha Asha, Bhalla P and Sharma KB

Ind J Dermatol Venereol Leprol, 1979; 45: 149-161.

Fifty strains each of *Staphylococcus aureus*, beta haemolytic *Streptococci*, *Proteus* species, *Esch coli* and *Pseudomonas aeruginosa* were subjected to 2%, 1% and 0.1% lactic acid in peptone water. Minimum inhibitory concentration of lactic acid for all the strains of each of these organisms was 0.1% or 1%. Depending upon its concentration, lactic acid added to peptone water brings down the PH to 2.5 - 4 which by itself has some inhibitory effect on the microorganisms. Lactic acid however, retains its inhibitory effect even if the Ph of the peptone water is brought back to 7.3. Lactic acid is a non-toxic and non-sensitizing agent because it is a normal metabolite of the body. Thus, it can be used as a safe and effective antibacterial agent for local application.

LARVA MIGRANS

Hajini GH and Kaul HK

Ind J Dermatol Venereol Leprol, 1974; 40: 93-94.

A case report of a patient of larva migrans responsive to Thiabendazole (mintezole) therapy is reported.

CUTANEOUS LARVA MIGRANS

Sinha SM and Chakraborty P

Ind J Dermatol Venereol Leprol, 1977; 43: 170-172.

A case of cutaneous larva migrans in a one year old female Hindu child is reported here. The child developed papular, vesicular and pustular lesions on the right side of the buttock accompanied by serpentine thread like lesions. Local application of ethyl chloride spray and systemic therapy with tetramisole resulted in dramatic response.

LARVA MIGRANS

Sarojini PA, Khaleel S and Basheer AM

Ind J Dermatol Venereol Leprol, 1977; 43: 336.

A case of larva migrans on the abdominal wall of a child of 68 days is reported. The penetration of the larva occurred immediately after birth. The disease manifested on the third

day and persisted for 65 days. The lesion responded to ethyl chloride spray.

LEIOMYOMA CUTIS

Ind J Dermatol Venereol, 1973; 39: 172-176.

The classification and clinico-pathological review of leiomyoma cutis is presented. A case of multiple hair muscle leiomyoma in a male patient is described. Stout believes that the incidence of multiple lesions occurs twice as often in men than in women. No familial or hereditary factors were seen in the case reported, though Kleepfer reported a familial case. The painful nature of the lesions brought the patient to seek medical attention, this symptom we believe is of importance in diagnosing multiple leiomyoma. The skin biopsy confirmed our clinical diagnosis of multiple hair muscle leiomyoma.

DERMAL LEISHMANOID

Saikia TC, Das J and Devi J

Ind J Dermatol Venereol Leprol, 1974; 40: 79-82.

A rare case-dermal leishmanoid is presented. A review of literature pertaining to incidence and aetiopathogenesis of this disease is briefly discussed.

DISSEMINATED RECURRENT CUTANEOUS LEISHMANIASIS IN A CASE OF TUBERCULOSIS

Seyedi BV and Sadeghi N

Ind J Dermatol Venereol Leprol, 1978; 44: 303-306.

An Iranian patient suffering from active tuberculosis and disseminated cutaneous leishmaniasis is presented. The influence of one disease which probably caused a defective cellular immunity in deciding the widespread dissemination of another disease is pointed out. The problems and methods of treatment in such cases are also discussed.

BERBERINE HYDROCHLORIDE AS A TREATMENT OF ORIENTAL SORE

Lal BB and Singh Prit Pal

Ind J Dermatol Venereol Leprol, 1980; 46: 163-165.

Berberine hydrochloride as a 2 percent solution was used in 54 cases of oriental sore which were positive for *Leishmania tropica* bodies by smear examination and devoid of

secondary infection. The salt was used intraleitionally. Cure rate noted was 87 percent with an average cure rate time of about 4 weeks. Face lesions showed marked inflammatory reaction and slow response to treatment. The drug was otherwise well tolerated and was found safe for all ages.

CUTANEOUS LEISHMANIASIS

Verma KC, Bhargava NC and Joshi RK

Ind J Dermatol Venereol Leprol, 1979; 45: 341-343.

Twenty patients with cutaneous leishmaniasis were treated with metronidazole. None of the patients showed any improvement.

LEISHMANIA TROPICA IN ORIENTAL SORE (Ultrastructure study)

Sadeghi N and Mojtabai A

Ind J Dermatol Venereol Leprol, 1979; 45: 84-90.

Ultrastructure of *Leishmania tropica* was studied in 22 patients with oriental sore. Seventy biopsies were taken from these patients. The whole structure and internal organelles of parasite were studied. When parasites enters the skin it is ingested inside phagocytes and by degeneration of phagocyte it is expelled. The interesting points observed in our studies were 1. Presence of ribosomes in flagellar structure (between flagellar fibers) 2. The complex of mitochondria and kinetoplast which have been well developed. 3. Presence of indented cup like structures which seem to be the part where the parasite is ingested. 4. Division of the parasite in multiple stages.

CLASSIFICATION IN LEPROSY

Bhakta Viziam C and Mathai R

Ind J Dermatol Venereol Leprol, 1974; 40: 124-127.

Classification in leprosy has always been a controversial subject. Every leprosy centre and even every country seems to have its own way of classifying the disease. The reasons for this state of affairs are many. Classification on the basis of clinical signs and symptoms which are so protean in leprosy is difficult and confusing. In this paper an effort is made to simplify the classification on the basis of immunohistopathology.

CONJUGAL LEPROSY

Kaur Paramjit, Singh Gurmohan and Srivas-

tava JP

Ind J Dermatol Venereol Leprol, 1975; 41: 74-76.

A population of 96112 was surveyed through SET programme in Varanasi (UP) area in India. Prevalence rate of leprosy was 5.4 per thousand. The rate, however, in subjects of marriageable age (ie 15 years or above) was 8.3 per thousand. This rate was compared with those married subjects who had atleast one partner known to be suffering from leprosy. No significant difference was found in the rate of leprosy between general adult population and married people known to have leprosy.

PREVALENCE OF LEPROSY IN KASHMIR

Hajini GH and Ahmad Shah SN

Ind J Dermatol Venereol Leprol, 1974; 40 : 159-161.

A total of 5329 cases of Leprosy registered by different agencies in Jammu and Kashmir State show an overall prevalence rate of 1.15 per thousand population.

EPIDEMIOLOGICAL STUDY ON 1100 CASES OF LEPROSY

Kumar Arun, Verma BL, Mukhija RD et al
Ind J Dermatol Venereol Leprol, 1975; 41: 222-225.

The study is based on 1100 cases of all types of leprosy, attending the outpatient department of Leprosy Mission Hospital, Naini, Allahabad from January to December 1970 and was undertaken with the objective to observe, if there existed, any association between the personal variables like age, sex, marital status and occupation etc. and disease variables like type of leprosy and the site of first lesion. The analysis revealed that leprosy was more common in males than females and its prevalence in married individual was significantly different than the unmarried. Non lepromatous (specially tuberculoid) leprosy was found in highest prevalence (60.91) and hand was the most common site of first lesion. The association of type of leprosy and occupation was found to be statistically highly significant. The association of marital status with the type of leprosy was not significant whereas occupation and site of first lesion were found to be statistically highly significant.

LEPROSY: CLINICAL STUDY OF VARIOUS EYE LESIONS.

Nigam Pranesh, Mukhija RD, Goyal BM et al
Ind J Dermatol Venereol Leprol, 1975; 41: 137-141.

398 patient with leprosy were studied for various eye lesions. Eye lesions were mostly seen in patients whose disease was present for 4 years or more. Cases with more than 40% of body surface involvement were more likely to manifest eye lesions. Duration of treatment did not govern the ocular manifestations. Eye damages were milder in patients who had treatment for more than 12 years. Eye changes were less in patients with non-lepromatous leprosy as compared to those with lepromatous leprosy.

INOCULATION LEPROSY SUBSEQUENT TO ROADSIDE INJURY

Mital Radha Rani, Handa F and Sharma Subhash Chander

Ind J Dermatol Venereol Leprol, 1976; 42: 177-177.

A case of high resistance tuberculoid inoculation leprosy occurring after 6 months at the site of road side injury in a 30 years old male is reported. It is the first case report of inoculation leprosy occurring as a result of road side abrasion wound. This case confirms that tuberculoid leprosy can occur by inoculation and without prolonged skin to skin contact.

LYMPH-NODE INVOLVEMENT IN TUBERCULOID LEPROSY

Koranne RV, Singh Ratan and Iyengar B
Ind J Dermatol Venereol Leprol, 1979; 45: 177-180.

Twenty two untreated cases, of proved tuberculoid leprosy and five healthy persons in the control group were studied histopathologically for involvement of the lymph nodes. 54% (12 cases) in the study group showed positive evidence of lymph node involvement. Ten patients (45.45%) showed the presence of granuloma in the lymph nodes. Eight cases (36.36%) had acid fast bacilli in the lymph nodes: six (75%) of them had granulomas as well and in two cases (25%) bacilli were present without granulomatous foci. There was no evidence of tuberculosis. In the control group none showed any pathology in the lymph nodes. In two cases, the

leprosy granuloma and bacilli were seen in lymph nodes which were outside lymphatic drainage area of the cutaneous lesions. 36.84% of these cases also showed evidence of leprosy pathology in the liver.

AN HYPOTHESIS EXPLAINING SOME ASPECTS OF THE PATHOGENESIS OF NERVE INVOLVEMENT IN LEPROSY

Jansen LH and Hogerzeli LM

Ind J Dermatol Venereol, 1973; 39: 193-194.

We propose the following hypothesis. In leprosy the nerve fibers in the skin are primarily invaded by *M. leprae* (a situation comparable to inoculation with Freund's adjuvant containing emulsified nerve tissue.) The *M. leprae* provoke a chronic proliferative inflammatory granuloma in the skin, analogous to the chronic process produced by the mineral oil and paraffin of Freund's adjuvant. In tuberculoid leprosy in which the RES is at least partially intact there is a lymphocytic tissue response directed against nerve tissue as well as against *M. leprae*. As a consequence patients suffering from tuberculoid leprosy often present early in the disease with acute extensive nerve involvement while *M. leprae* are absent with standard methods of examination. In lepromatous leprosy by contrast the RES is efficient and the lymphocytic immune response is inadequate. Hence, all the delayed type reactions, lepromin, tuberculin, and patch tests are mitigated or negative. As a consequence acute extensive nerve involvement is absent and *M. leprae* abound in the skin. Chronic neuritis usually occurs insidiously after several years, not as an auto-immune process (as in tuberculoid leprosy) but rather as the result of the chronic continuous presence of *M. leprae* in the nerves.

REACTIONS IN LEPROSY WITH VARIOUS DOSES OF DAPSONE

Parikh AC, Ganpati R and Sane AB et al

Ind J Dermatol Venereol, 1971; 37: 181-185.

271 patients suffering from lepromatous leprosy were treated with varying doses of dapsone at various initial dosage levels and different rates of induction reaching to a maximum of 600 mgms of dapsone weekly with a view to study the relation of reaction in leprosy to the various doses of dapsone with slow and rapid induction

("slow induction" meaning increasing the dose every three months and "rapid induction" meaning raising the dose every month). During the follow up period ranging from one month to 84 months the incidence of reactions in the group of patients under rapid induction was 31.25 - percent (35 out of 112), while in the group with slow induction was 21.01 (35 out of 159). The maximum reactions occurred during 7 months to 12 months from the commencement of treatment. The majority of reactions were encountered within the first year of treatment. In none of the groups were there cases of reaction after 3 years of treatment. The fact that small daily doses of dapsone such as 10 mgm or even less provoke reaction within a period of one months' treatment in some patients shows that irrespective of the dosage, reactions may be encountered within a very short period after the commencement of treatment provided the patient is a susceptible individual. Yet a schedule of 10 mgm dose on alternate days with a gradual increase would appear to give much less reactions than other doses. It was observed that in some cases (only 14 cases were available for these tests) concentration level of dapsone in the blood and its rate of excretion in the urine had no relation to the occurrence of reactions in the different groups.

FILARIASIS COMPLICATING REACTIONS IN LEPROSY

Bedi BMS, Lal Sardari and Arunthathi S
Ind J Dermatol Venereol, 1972; 38: 85-86.

Two cases of lepra reaction precipitated by filariasis are reported. The treatment of filariasis with diethyl carbamazine citrate could effectively treat the reaction without any recurrence. The necessity of recognising filariasis as precipitating factor for lepra reaction in tropical countries where the filariasis and leprosy may both co-exist in high proportions is emphasized. Proper investigation for diagnosis and treatment of filariasis in such cases shall have rewarding results.

REACTIONS IN LEPROSY

Bhakta Viziam C and Mathai R
Ind J Dermatol Venereol, 1972; 38: 206-208.

ENL is neither precipitated nor worsened by antileprosy drugs. It is one of the complications of bacteriologically positive cases of lep-

rosy. This complication should be treated symptomatically while the underlying disease is treated with dapsone which is still the drug of choice for its treatment. Steroids should be scrupulously avoided in the management of ENL. ENL represents an 'id' reaction in bacteriologically positive cases of leprosy and the suggested appropriate nomenclature is 'Leprid'.

REACTIONS IN LEPROSY - 1
(Nomenclature, Pathogenesis, Pathology and Clinical Features)

Bedi TR and Bhutani LK
Ind J Dermatol Venereol Leprol, 1975; 41: 176-180.

A review of clinicopathological features of reactions in leprosy is presented. In the light of recent immunological investigations various pathogenetic mechanisms are outlined. Depending upon these parameters a more practical classification of reactional states in leprosy is proposed. It is suggested that certain confusing and misinterpreted terms in the existing nomenclature of reactions in leprosy be avoided.

LEPROSY- A STUDY OF REACTIONS AMONG 398 PATIENTS OF LEPROSY
Nigam Pranesh, Mukhija RD, Goyal Brij M et al

Ind J Dermatol Venereol Leprol, 1975; 41: 181-186.

In the study of 398 patients with leprosy the non-lepromatous leprosy (52.4%) predominated the series, even though the prevalence of reaction is higher in lepromatous leprosy (73.6%). Leprosy is the disease of third (22.4%) and fourth (30.1%) decades of life whereas reactions are mostly seen in fourth (38.1%) and fifth (26.3%) decades of life. Males (32 out of 42 cases with reactions) predominated the series but the incidence of reactions in leprosy is higher in females (10 out of 95 female patients or 11.6%) as compared to males 32 out of 303 male patients or 10.5%). In summer months i.e. May, June and July, patients are more vulnerable to reactions in leprosy (61.9%), specially in June (11 out of 39 cases or 25.6%) which is the hottest month in Bundelkhand. The commonest precipitating factor for reactions is DDS therapy (64.4%) particularly with rapid induction of therapy (23 out of 27 cases). Pyrexia (96.7%) is

the commoner presenting symptom in lepromatous leprosy than other presenting features like epistaxis (25.8%) and erythema nodosum leprosum (29.1%). Non-lepromatous cases presented with exacerbations of existing lesions (100%), swollen tender nerves (80%) and pain along the nerves (70%).

REACTIONS IN LEPROSY - II (Management)

Bedi TR and Bhutani LK

Ind J Dermatol Venereol Leprol, 1976; 42: 71-74.

Limited information available on the pathogenetic mechanisms involved in reactional states of leprosy makes the task of management difficult. In the recent past a number of new drugs have been introduced. Various known etiopathogenetic factors and the present status of management of reactions in leprosy is briefly reviewed herein.

ABO BLOOD GROUPS IN LEPROSY

Shah KC, Mehta NR, Shah AP et al

Ind J Dermatol Venereol, 1972; 38: 250-252.

The investigation was carried out on 500 leprosy cases out of which 400 were lepromatous cases and 100 non-lepromatous. All these patients belonged to South Gujarat. The control group consisted of 1000 different blood donors who attended the blood bank of New Civil Hospital, Surat and all belonged to Surat district.

It was found that in lepromatous leprosy B group was affected less in the sample than control and the difference was highly significant (significant at 1% level). No significant difference was observed in B group as well as in A group between patients with non-lepromatous leprosy and control group. In 'A' and 'AB' group, both lepromatous and non-lepromatous leprosy patients are apparently affected more than the control but the difference was not significant at 1% level. In 'O' group there was no significant difference between lepromatous and control series. In non-lepromatous case 'O' group was apparently affected less in the sample than control and the difference was not significant at 1% level.

LEPROSY: SUSCEPTIBILITY CONCERNING ABO BLOOD GROUPS AND STUDY OF VDRL REACTIONS

Nigam Pranesh, Goyal BM, Mukhija RD et al
Ind J Dermatol Venereol Leprol, 1976; 42: 75-79.

The present study of 398 cases of leprosy, from the South-West belt (Bundelkhand Division) of Uttar Pradesh, was conducted at District Leprosy Control Unit, Jhansi, U.P. The incidence of clinically recognised leprosy was maximum in 15-40 years of age group (49.7%). Leprosy was more commonly seen in males (65%) but no predilection was seen in tuberculoïd leprosy. Lepromatous leprosy was more frequently encountered than any other type of leprosy (36.1%). No definite relationship was established between the incidence of leprosy and various blood groups. However, A group was more susceptible to lepromatous leprosy (50 cases) while B group to maculo-anaesthetic leprosy (59 cases).

SEROLOGICAL CHANGES IN LEPROSY

Sobhanadri C and Nath K Lalitendra

Ind J Dermatol Venereol, 1972; 38: 108-111.

100 cases of leprosy were investigated. In these cases, males were predominant. The age group 20-40 represented a sizable section. The blood groups and VDRL tests remained as in the normal pattern. Serum cholesterol values were found to be low in 22 cases. SGOT was found to be elevated in 15 cases and SGPT in 3 cases. The possibility of liver and muscle damage is discussed.

LEPROSY AND HISTAMINE

Gokhale BB

Ind J Dermatol Venereol, 1971; 37: 134-137.

The difference between histamine content of blood of normal and of the leprosy cases are highly significant at even one percent level of significance, so that on the basis of the data on hand it may be said that the quantity of histamine in blood in leprosy is higher than in normals. Gokhale (1956) has reported significant higher histamine levels in the blood of cases of tuberculoïd type of cases. This finding is interesting in view of the fact that lepromin test is strongly positive in cases of tuberculoïd type of leprosy. As for histamines activity and the quantity of free histamine in fresh 50 cc samples of urine it may be stated that though the differences are significant at 5% level they are not so at 1% level

and hence though there are indications that the histamines activity of the blood and the histamine content of the urinary sample are higher in leprosy than in normals the evidence is not conclusive.

IMMUNOLOGICAL TRENDS IN LEPROSY

Narvekar SS and Chabalani PV

Ind J Dermatol Venereol Leprol, 1975; 41: 15-18.

The long incubation period in leprosy, variable manifestations of disease viz. lepromatous, tuberculoid, indeterminate etc. strongly indicate the possible role of immune mechanism, particularly so, when *M. leprae* has low infectivity. Immune mechanism may possibly be affected by nutritional, genetic, hormonal and biochemical factors. Chakravarty and Vogal (1973) have examined large number of identical and non-identical twins in endemic areas. They find high incidence of leprosy in monozygotes than in dizygotes twins. In malnutrition, immunity responses are impaired, so also in lepromatous leprosy. Whether malnutrition which is so often present in leprosy patients, aggravate the disease course is a hypothesis. Appearance of lazarine leprosy in persons with malnutrition and hypoproteinaemia is known.

STUDY OF HISTO-FUNCTIONAL COMPLEX OF LIVER IN LEPROSY

Nigam Pranesh, Mukhija RD, Goyal BM et al
Ind J Dermatol Venereol Leprol, 1976, 42: 217-222.

Seventy six cases of different types of leprosy, with varying duration of illness, were studied for their changes in liver function and hepatic lesions. Specific granulomatous lesion suggestive of leprosy hepatitis were mainly seen in lepromatous leprosy (17 cases out of 28 cases of leprosy). Granulomata in liver were present in all types of leprosy. Some of them had progressed to stellate fibrosis (7 cases) and early cirrhotic changes (6 cases). Non specific changes were seen in 22 cases, of which 6 (3 lepromatous) showed stellate fibrosis with attempt to incomplete lobule formation. Amyloid deposits were not seen in any of these cases. Functional derangement has been noted mainly in lepromatous patients irrespective of the extent

and duration of the disease. There was a uniform elevation of total serum proteins (6.4 - 9.2 gm%) mainly due to increase in serum globulin (2.2-4.0 gm%). Serum albumin was lower than normal (2.6-5.2 gm%). Thymol turbidity showed abnormal results (3-9 units) and serum cholesterol (102-206 mgm%) levels were low. Other biochemical estimations were normal.

HISTOPATHOLOGICAL STUDY OF LIVER IN LEPROSY

Verma KC, Kumar Ramesh and Bhargava NC

Ind J Dermatol Venereol Leprol, 1978; 44: 108-109.

Fifty patients with lepromatous leprosy were studied. Involvement of liver was observed in 90 percent of the cases. Fatty degeneration was seen in two cases only. Amyloid deposit was not seen in any of them.

LIVER FUNCTION TESTS IN TUBERCULOID LEPROSY

Korane RV, Singh Ratan and Iyengar B

Ind J Dermatol Venereol Leprol, 1979; 45: 430-435.

A total of 24 patients with untreated tuberculoid leprosy were taken up for study. They were the same group of patients in whom the authors have earlier reported involvement of liver in 85% cases. Five healthy controls studied also belonged to the same series. Liver function tests included prothrombin time, serum bilirubin, zinc sulphate turbidity, serum proteins and serum transaminases. No significant alterations in the liver function were observed. This is because the changes in the liver were so minimal and focal that they were not reflected in the various liver function tests.

A STUDY OF SERUM AND SKIN ZINC IN LEPROSY

Shanker Ajai, Gupta SB and Sharma JN

Ind J Dermatol Venereol Leprol, 1976; 42: 258-260.

Serum and skin zinc values were determined in 50 cases of leprosy and 50 normal healthy controls (25 males, and 25 females) of various age groups. "Dithizone extraction" method of Vallee and Gibson (1948) as modified by Vallee and Hock (1949) was followed in this study. The mean value of serum zinc in healthy

individuals was 105.78 ug with S.D. 7.47 (range 88-123). The mean value of serum zinc in leprosy patients was 91.20 ug with range 79-104 ug. Serum zinc is significantly reduced in all types of leprosy as compared to healthy controls. The mean value of skin zinc in healthy individuals was 83.24 ug with range 68-93 ug. The mean values of skin zinc in leprosy patients was 84.90 ug range being 72-97 ug. No significant difference was found in skin zinc in leprosy patients and in healthy controls. Presence or absence of trophic skin ulceration did not affect serum and skin zinc levels. There is no significant change in values of serum/skin zinc after 90 days of initial therapy in leprosy patients.

STUDY OF BACTERIOLOGICAL AND MORPHOLOGICAL INDICES IN LYMPH NODE BY NEEDLE ASPIRATION

Kaur Surrinder, Kumar Bhushan and Gupta Subhash Kumari

Ind J Dermatol Venereol Leprol, 1979; 45: 485-489.

Bacillary index (BI) and morphological index (MI) in lymph nodes have been studied in 30 patients with various types of leprosy by lymph node aspiration and impression smears. This comparatively safer, less traumatising out patient procedure, already established for the study of malignant cytology is recommended as a better alternative to the more time consuming and painful lymph node excision biopsy technique for the study of viability of lepra bacilli (MI) in patients undergoing anti-leprosy treatment.

PREVENTION OF LEPROSY

Kaur Paramjit

Ind J Dermatol Venereol Leprol, 1978; 44: 12-15.

Leprosy evolves over a long period and after the time of contact it takes long time before pathological changes become evident. Prevention may be achieved by increasing the level of detection and controlling the risk factors. In this paper, the methods of prevention of leprosy are described. Primary prevention, or prophylaxis is of prime importance and this can be achieved by reducing an individual's susceptibility as well as by reducing his/her exposure to susceptible individuals. The former needs general health

promotion, immunoprophylaxis and chemoprophylaxis. The latter is achieved by isolation and early detection of cases. A critical review of merits and demerits of these measures is presented. Secondary prevention is through early detection of cases and their prompt treatment. Tertiary prevention is the prevention of deformities and rehabilitation of those who are already disabled.

LIMITATIONS OF CLOFAZIMINE IN REACTIONS IN LEPROSY

Sehgal VN, Rege VL and Kharangate VN

Ind J Dermatol Venereol Leprol, 1977; 43: 152-154.

Exacerbation or precipitation of reaction in leprosy due to clofazimine treatment are described in 7 of 24 patients, highlighting its limitations in such cases and hence warranting its judicious use.

TREATMENT OF LEPROMATOUS LEPROSY WITH CLOFAZIMINE (B-633 LAMPRENE)

Venkatesan TV

Ind J Dermatol Venereol Leprol, 1978; 44: 16-17.

The present clinical study comprises of lepromatous leprosy patients. In all these patients lepra reaction was noticed. These patients were previously taking sulphones. Patients were followed for two years and the results are given.

COMPLAMINA IN THE TREATMENT OF ULCERS IN LEPROSY PATIENTS

(A Preliminary Report)

Parikh AC, D'Souza NGA, Kothari PK et al
Ind J Dermatol Venereol Leprol, 1975; 41: 146-149.

The effect of complamina administered in a parenteral-cum-oral schedule in the treatment of recurrent intractable ulcer in leprosy is reported. A group of six patients belonging to tuberculoid type who had trophic plantar ulcers showed response in no way different from a control group receiving placebos. Four out of a group of five lepromatous patients with chronic non-plantar ulcers on legs, refractory to other lines of treatment responded extremely satisfactorily to complamina under the conditions of administration and dosage schedule. A larger trial including exclusively such non-plantar

ulcers with a higher dosage schedule seems justifiable.

MANAGEMENT OF NERVE ABSCESES IN LEPROSY

Bhagat KP, Wange HM and Tekani BU
Ind J Dermatol Venereol Leprol, 1980; 46: 110-112.

Nineteen cases of ulnar nerve abscess were subjected to evacuation and later on to extraneural decompression with medical longitudinal epineurotomy. Excellent sensory recovery was seen and was earlier than motor recovery. Sensory recovery was seen more in younger than in elder age group. Evacuation of abscess and extraneural and intraneural decompression reduces the pressure effects on nerve and recovery is seen which can be explained on the basis of increased vascularity postoperatively.

ROLE OF PLASTIC RECONSTRUCTIVE SURGERY IN LEPROSY

Almast SC
Ind J Dermatol Venereol, 1971, 37: 138-143.

Certain interesting observations have been made during the reconstructive surgical work on cured leprosy patients. Healing of wounds: the operation wounds in post-leprosy patients healed as well as in normal subjects. This is contrary to the belief that healing of wounds is delayed in leprosy. Post operative scar: there is no tendency at all in these patients to form hypertrophic scars or keloids. Wound infection: This is rare in the post operative period. This may be explained by the hypothesis of increased resistance of these patients to infection, or by the fact that the possibility of cross infection as in hospital wards is eliminated in those operated in isolated homes or huts. Malignancy in chronic leprotic ulcers: there are patients who have had chronic ulcers of the foot or hand for over 10 to 14 years and it is astonishing to find not a single case of malignant change in these ulcers. One peculiarity of these ulcers is that they are painless. Tetanus: If the number of open wounds in the leprosy patient is taken into account and the careless way these patients move about in dirty places, tetanus should be an everyday occurrence among them. But luckily for them, the occurrence of tetanus is rare, and a majority among them who get tetanus survive it.

THE LICHENS

Abdul Aal Hand Abdul Aziz AHM
Ind J Dermatol Venereol Leprol, 1975; 41: 32-37.

The origin of the term lichen and a review of its clinical forms from the nosological points of view have been discussed. Explanation of certain features of lichen planus lesions by adding descriptive terms made from it a big family. Examples of such terms have been revised. The addition of the suffix "old" or "Fication" add more burden to the term lichen.

LICHEN PLANUS ACTINICUS
Shetty KH, Prakash KM and Dinkar Rao K
Ind J Dermatol Venereol Leprol, 1977; 43: 284-285.

Three cases of lichen planus actinicus with typical clinical and histopathological features are reported. The literature has been briefly reviewed. The view that this is only a photosensitive variant of lichen planus has been stressed.

LICHEN PLANUS ACTINICUS
Sohi AS, Tiwari VD and Chopra TR
Ind J Dermatol Venereol Leprol, 1978; 44: 34-37.

A case of lichen planus actinicus in a soldier is reported. The case is presented with all the accepted features of this entity. Histopathology confirmed the diagnosis of lichen planus. Role of sunlight as inducing agent is stressed.

LICHEN PLANUS: AN APPRAISAL OF 147 CASES
Sehgal VN and Rege VL
Ind J Dermatol Venereol Leprol, 1974; 40: 104-107.

One hundred forty seven cases with skin and/or oral lichen planus were studied. The incidence of lichen planus in total clinic population was 1.4 percent. There was a predominance of female over the males. Duration varied from few days to few years. Most cases had symptoms and signs indicative of lichen planus. A typical lichen planus was the commonest followed by other variants. Morphological features of oral lichen planus were characteristic. An attempt was made to correlate the involvement of mucous membranes with patients habit and oral hygiene.

SOLITARY INVOLVEMENT OF NAILS IN

LICHEN PLANUS**Bhargava RK and Goyal RK****Ind J Dermatol Venereol Leprol, 1975; 41: 142-143.**

A case of lichen planus with isolated involvement of nails is reported. It is emphasized that solitary involvement of nails without lesions of skin and mucous-membrane may exist in lichen planus and early nail biopsy would prevent the extensive destruction of nails due to this disease.

NATURAL HISTORY OF ORAL LICHEN PLANUS**Sehgal VN****Ind J Dermatol Venereol Leprol, 1974; 40: 204-207.**

The natural history and variation of oral lichen planus were studied in 61 patients, comprising 35 males and 26 females. Its prevalence in dermatologic population was 0.25 percent. The duration of the disease was usually short. Mostly the patients reported with one symptom or another. Morphological features were classical. A significant association of eating habits and/or orodental hygiene was found, suggesting them as possible etiologic factors in causation or precipitation of oral lichen planus. In one of the cases clinical or histological evidence of malignancy was recorded. The controversy regarding its precancerous nature, warrants further long follow ups of such patients.

GLUCOSE TOLERANCE IN LICHEN PLANUS**Verma KC, Saini AS and Joshi RK****Ind J Dermatol Venereol Leprol, 1978; 44: 278-280.**

Glucose tolerance test (GTT) has been studied in 25 patients with lichen planus. Fourteen (56%) have been found to show abnormal glucose tolerance. This abnormality was found in significant number of cases with recent origin. Two cases in the series had only mucous membrane lesions and both showed abnormal glucose tolerance. There was no relationship between the abnormal GTT and the extent of the disease.

HISTOPATHOLOGIC CHANGES OF SWEAT GLANDS IN LICHEN PLANUS**Abdel Aziz AHM****Ind J Dermatol Venereol Leprol, 1975; 31: 92-****95.**

Serial sections of 159 biopsies taken from 123 patients with lichen planus have been studied for histopathological changes in sweat glands. Keratotic plugging of the orifices of sweat ducts, invasion of sweat glands and ducts by inflammatory infiltrate, destruction or proliferation of sweat ducts and formation of epithelial cysts have been noted.

FURTHER EVALUATION OF GRISEOFULVIN THERAPY IN LICHEN PLANUS**Sehgal VN****Ind J Dermatol Venereol Leprol, 1974; 40: 156-158.**

Griseofulvin-FP in the dosage of 500 mg daily was administered in 47 patients of lichen planus. The duration of therapy varied from 3 to 7 weeks. The results were evaluated by subsidence of itching and flattening of the lesions. The therapy was very effective, but the regressions of symptoms and signs were directly proportional to the duration of therapy. The most favourable results were obtained with therapy extended for 6 weeks and above. The possible mechanism of action of the drug in lichen planus is outlined.

LICHEN SCLEROSIS ET ATROPHICUS**Bedi BMS and Arunthathi S****Ind J Dermatol Venereol Leprol, 1975; 41: 49-53.**

Four cases of lichen sclerosis et atrophicus in a relatively younger age group are presented. The relevant literature on the subject is reviewed. Three of the cases were females and one was male. Clinical evidence of kraurosis vulvae was present in two of the three female patients. The condition is said to be uncommon in younger age group. The commonest site of involvement was found to be abdomen and chest. The genital involvement is seen in a large number of cases. The fact that lichen sclerosis et atrophicus (LSA) is a definite clinical entity is emphasized.

LICHEN SCLEROSUS ET ATROPHICUS OF THE VULVA**Oberai Chetan, Rebello DJA and Parekh VD****Ind J Dermatol Venereol Leprol, 1977; 43: 278-279.**

Lichen sclerosus et atrophicus (LSA) in-

volving the vulva of a 12 year old female is reported. The sites of involvement are the labia majora and minora only and an unusual features of this cases was the white spongy appearance of the lesions which simulated moniliasis.

AN UNUSUAL PRESENTATION OF CHRONIC DISCOID LUPUS ERYTHEMATOSUS

Reddy BSN and Singh Gurmohan

Ind J Dermatol Venereol Leprol, 1976; 42: 178-179.

A female patient, 35 years of age with unusual manifestations of discoid lupus erythematus is presented. The reported case is atypical in that the lesions are markedly raised papules covered with thick, adherent blackish brown irregular, limpet like (rupioid) crusts and scales. The pathogenesis of lesion is explained.

FAMILIAL DISCOID LUPUS ERYTHEMATOSUS

Handa F, Rani Radha and Garg Raj Kumar

Ind J Dermatol Venereol, 1973; 39: 213-215.

A familial occurrence of discoid lupus erythematus is reported in a brother and sister.

STUDIES ON PORPHYRIN EXCRETION

IN CASES OF LUPUS ERYTHEMATOSUS
Anandam K

Ind J Dermatol Venereol Leprol, 1979; 45: 175-176.

One out of 3 cases of discoid lupus erythematus and 4 out of 6 cases of systemic lupus erythematus showed marginal increase in porphyrin excretion either in urine or faeces or both.

POLYACRYLAMIDE GEL ELECTROPHORETIC PATTERN OF SERUM PROTEINS IN LYMPHOGRANULOMA VENEREUM

Lal Sardari, Rajagopal G and Ramakrishnan S

Ind J Dermatol Venereol Leprol, 1979; 45: 111-113.

Serum proteins studied in 20 cases of lymphogranuloma venereum (LGV) by polyacrylamide gel electrophoresis showed decreased pre-albumin in 12 (60%) cases which could indicate liver dysfunction. This appears to be the first report on gel electrophoresis of serum proteins in cases of LGV.

PRIMARY MACULAR ATROPHY**Marquis L and Mehta TK****Ind J Dermatol Venereol, 1971; 37: 235-238.**

Primary macular atrophies are rare skin entities. A case of Anetoderma of Jadassohn-Pellizari is presented. This case we believe is the first case reported in India. The case was a male patient, though women have been reported more commonly. On the assumption that this entity is of an inflammatory nature, a course of long acting penicillin (Penidure LA) was given to the patient for a period of 3 weeks. It was our opinion the course of the disease was uninfluenced by the therapy.

SYPHILITIC MACULAR ATROPHY**Anand LC****Ind J Dermatol Venereol Leprol, 1977; 43: 280-283.**

A case of syphilitic macular atrophy in a 38 years old male is presented with a brief review of literature. Pathogenesis of the condition is discussed.

MORPHOLOGY OF THE SPLEEN WHITE PULP AS AN INDICATION OF THE IMMUNOLOGICAL STATE IN PATIENTS WITH WIDESPREAD MALIGNANT MELANOMA OF THE SKIN**Syrjanen Kari J****Ind J Dermatol Venereol Leprol, 1980; 46: 6-14.**

The white pulp of the spleens collected from twelve patients who died with widespread malignant melanoma of the skin, and the same number of spleens from an age and sex-matched group of patients who died with myocardial infarction were histologically assessed by using a standardized reporting system with special emphasis placed upon the cell populations involved in immunological reactions. Histological characteristics suggesting an active function of both the cell mediated and humoral immune reactions were found to be within normal limits in the control series, whereas in the melanoma series both these elements were profoundly deranged. The significance of the histological observations made was discussed in the light of the previously demonstrated immunological reactions against human malignant melanoma cells, and a conclusion was drawn that an impair-

ment of both the humoral and cell mediated immune responses must exist in patients dying in widespread malignant melanoma of the skin.

MALIGNANT MELANOMA OF ORAL CAVITY**Garg BR, Bedi BMS, Tiwari KN et al****Ind J Dermatol Venereol Leprol, 1978; 44: 110-113.**

Primary malignant melanoma of oral cavity is very rare. A case of oral melanoma who died due to metastasis a year after the excision of the primary lesion is reported along with a brief review of the literature.

A PECULIAR VARIETY OF MELANOSIS**Behl PN, Joshi Kuldeep and Bhatia RK****Ind J Dermatol Venereol Leprol, 1974; 40: 1-4.**

A characteristic pattern of pigmentation is presented in 200 cases with a short discussion and evaluation of various etiologic factors. Melanosis mainly affected the periphery of face, neck, infraclavicular region and upper back. It was dark brown and reticular or rippled in pattern. Seborrhoeic diathesis and use of drugs and chemicals may be the causative factors.

RIEHL'S MELANOSIS**Aggarwal Radha Rani, Garg Raj Kumar and Sehgal RK****Ind J Dermatol Venereol Leprol, 1975; 41: 131-133.**

We are reporting (biopsy proved) three cases of Riehl's melanosis. Purpose of presenting this report is that we could not trace any report on Riehl's melanosis in Indian literature.

MELKERSSON ROSENTHAL SYNDROME**Singh LP and Singh Iata****Ind J Dermatol Venereol Leprol, 1979; 45: 360-367.**

Melkersson-Rosenthal Syndrome - an extremely rare condition - is described and the literature on the subject reviewed. Two cases with late onset of the disease - an unusual feature, and migrainous headache are presented. First case represents an incomplete form of the disease showing oedema of the lips and fissured tongue, whereas the second case has the complete form with facial paralysis, facial oedema and fissured tongue.

MELKERSSON - ROSENTHAL SYNDROME

Sadananda Naik PV, Paily PP, Mampilly Jojo et al

Ind J Dermatol Venereol Leprol, 1980; 46: 184-186.

A case of Melkersson - Rosenthal Syndrome with involvement of gums is reported. The literature is reviewed briefly.

MILROY'S DISEASE WITH NEPHROTIC SYNDROME

Dhar SN and Hajini GH

Ind J Dermatol Venereol Leprol, 1976; 42: 80-82.

A family with Milroy's disease in 3 members and nephrotic syndrome in two siblings is described. The association is reported for the first time. Literature is briefly reviewed.

GRISEOFULVIN THERAPY IN MOLLUSCUM CONTAGIOSUM

Kapur TR

Ind J Dermatol Venereol Leprol, 1976; 42: 90.

A case of Molluscum contagiosum treated with griseofulvin FP has been described.

GRISEOFULVIN FP THERAPY IN MOLLUSCUM CONTAGIOSUM

Kapur TR

Ind J Dermatol Venereol Leprol, 1976; 42: 289-290.

Three cases of Molluscum contagiosum treated with griseofulvin FP therapy have been described. The drug was found effective and without any toxicity.

AN INDIGENOUS LINE OF TREATMENT FOR MOLLUSCUM CONTAGIOSUM

Vijaydharan M and Paily PP

Ind J Dermatol Venereol Leprol, 1976; 42: 215-217.

External application of the milky juice of croton plant was found to be effective in 18 (78.2%) out of a total of 23 patients who underwent this clinical trial. No serious untoward effect was observed in any of these cases. This may be considered a simple and inexpensive method of treatment for molluscum contagiosum. The effect seems to be due to the mild corrosive action of the juice. Compared to the classical lines of treatment, this is tedious and time consuming as it takes a few days for the

lesions to disappear. We feel, however, that this is a useful procedure for infants and children who do not easily submit to other methods of treatment.

MONILETHRIX

Bedi BMS and Lal Sardari

Ind J Dermatol Venereol, 1972; 38: 11-14.

Two cases of monilethrix in a family of four affected, are reported as interesting clinical entity of academic interest. Apart from the sparseness of hairs in both the patients from the very beginning, there was follicular hyperkeratosis or keratosis pilaris over the usual hairy sites. The examination of hair in case I showed typical constriction and swelling alternating with each other. There are no special histological features attributed to the disease. The family shows involvement of three children and their paternal uncle.

A CASE REPORT OF GENERALISED MORPHEA

Shah RN Marquis L and Mehta TK

Ind J Dermatol Venereol, 1973; 39: 199-202.

A female case of generalised cutaneous morphea is reported. Our case showed skin manifestation at the age of 63 years. No familial nature of the similar skin involvement was seen in our case. Indurated shiny, whitish, and skin coloured plaque and scarring alopecia of scalp and occasionally bullae and ulcerations are the typical lesions of generalised morphea. Our case shows the identical clinical picture. Systemic manifestation and contractures, joint-pains, rheumatoid arthritis were not present in our case.

FAMILIAL DISSEMINATED MORPHEA

Handa F, Aggarwal Radha Rani and Singh Ratan Lal

Ind J Dermatol Venereol Leprol, 1974; 40: 108-111.

Disseminated morphea in two sisters is reported. Though scleroderma of all types have been reported in siblings such reports are few. This is the first report in India literature as far as our knowledge is concerned. If further cases are reported it will help in solving the aetiology and clearly show that genetic influences have definite role in aetiology of scleroderma.

NOCARDIA PELLETERI CAUSING MYCETOMA IN INDIA

Bhakt Viziam C, Mathai R, Mammen A et al
Ind J Dermatol Venereol, 1971; 37: 45-49.

A case of mycetoma caused by *N. pelletieri* with sporotrichoid clinical picture is presented. It is believed that this is the first published case of *N. Pelletieri* from Asia. Although granules of *N. Pelletieri* are believed to be always red in colour, occasionally they could also be white.

MYCETOMA WITH HAEMATOGENOUS DISSEMINATION

Murty K Radhakrishna and Vasu RBH
Ind J Dermatol Venereol, 1971; 37: 223-226.

A case of Nocardial Mycetoma (with haematogenous dissemination) is described below: A female aged 25 years felt pain in the left foot and difficulty in walking 9 years ago. there was no history of trauma or upper respiratory tract infection. there was no cough, fever or expectoration. Few months later she developed one swelling each, on lateral and medial sides of left foot. Soon they burst out leaving a discharging sinus in each. Two years after developing the lesions n foot nodular lesions appeared scattered all over. At that time she had intense pruritus. The nodules subsided leaving atrophic pigmented patches. There was no pus from these nodules and patches. But since 3 years she developed two more swellings on the medial side of left foot below the malleolus. Two months later, they burst out discharging yellowish pus. The pigmented patches on the skin were forty two in number occurring behind both ears, scalp, face, front of chest, right forearm and left elbow etc. There were no masses felt in the abdomen. The inguinal glands were enlarged and discrete but not painful. Other glands were not palpable. Material from biopsy and sinuses grew organisms of *Nocardia* species.

MYCETOMA CAUSED BY MADURELLA GRISEA IN INDIA

Joshi KR, Saran HS and Ramdeo IN
Ind J Dermatol Venereol, 1973; 39: 1-4.

Two cases of mycetoma caused by *Madurella grisea* are described. The diagnosis was established by histological structure of the grains and culture of the fungus. This is probably the first report of existence of mycetoma caused by *M. grisea* in Northern India.

MADUROMYCOSIS OF THE GLUTEAL

REGION

Singh Nandan, Chari AK and Ramulu Butchi
Ind J Dermatol Venereol, 1973; 39: 115-118.

A Hindu female villager, 19 years old, was admitted in Gandhi Hospital, Secunderabad, with a history of swelling in the right gluteal region of five years duration, growing slowly. It burst in two places, discharging black granules mixed with pus. On examination, the general condition was good. Local examination revealed a firm swelling six inches in diameter in the right gluteal region with multiple sinuses discharging black granules.

CLINICAL STUDY OF MYCETOMA
Singh Sran Harbans, Bothra VC, and Narula IMS et al

Ind J Dermatol Venereol, 1973; 39: 141-148.

This paper analyses 110 cases of mycetoma and reveals that: it is endemic in the surroundings of Bikaner. Commonest age group of occurrence is between 21-24 years. Males outnumber the females in the ratio of 6:1. Mostly affects the manual workers. Extrapodal involvement is not uncommon. 15.3% of cases did not have either sinuses or granules. Surgery remains the treatment of choice and incomplete removal may lead to recurrence.

THE CAUSAL AGENTS OF BLACK GRAIN MYCETOMA IN BENGAL

Thammayya A, Basu N and Sanyal Maya
Ind J Dermatol Venereol Leprol, 1974; 40: 112-116.

Ten cases of black grain mycetoma of foot are described. The micromorphology of the black grain sections, made manually, was in correlation with the cultural study. *Madurella grisea* was isolated from 9 cases and *Madurella mycetomi* from one. Cultural, morphological, physiological and biochemical properties of 9 isolates of *M. grisea* and one of *M. mycetomi* isolated from the cases, were in conformity with those of type species. There was involvement of bony tissues in both the types of infection. The disease followed previous trauma in 2 cases and was localised even in the cases of 18 years duration. There was higher predilection of adult males than females to this disease, but occupation had no relation. The prevalence of these infections in India are discussed.

MYCETOMA OF THE HAND

Reddy BSN, Singh Gurmohan and Sharma BM

Ind J Dermatol Venereol Leprol, 1976; 42: 291-293.

The clinical, histopathological and mycological features of mycetoma of the hand in a 20 year old female patient are described. The condition improved with oral therapy of dapsone. The relevant literature is briefly reviewed.

MYCETOMA IN AN UNUSUAL SITE

Annamalai Ruth, Pankaja Lakshmi VV, Tara Lakshmi VV et al

Ind J Dermatol Venereol Leprol, 1977; 43: 324-327.

A case of actinomycotic mycetoma is reported from Madras, India. Clinical and laboratory studies established the diagnosis. Gross microscopic features of the lesion and causative organism are described. The classification and geographic distribution of *Nocardia* species are discussed.

NOCARDIA MYCETOMA AT UNUSUAL SITE

Sharma SC, Kumar B, Talwar P et al

Ind J Dermatol Venereol Leprol, 1979; 45: 371-373.

A case of nocardial mycetoma is presented occurring at upper back. Clinical and laboratory studies established the diagnosis. Excellent therapeutic response was obtained with sulphadiazine alone within five months of therapy.

MYCETOMA CAUSED BY STREPTOMYCES PELLETEIRII IN INDIA

Joshi KR, Mathur DR, Sharma Kamala et al

Ind J Dermatol Venereol Leprol, 1980; 46: 123-125.

One case of mycetoma caused by *Streptomyces pelletierii* is described. The diagnosis was established by the demonstration of red fungal granules from the lesion and typical structure of the grains in the histological sections. This is probably the first report of mycetoma caused by *Streptomyces pelletierii* in North West India.

LEPTOSPHAERIA SENEGALENSIS**CAUSING MYCETOMA PEDIS IN MADRAS**

Taralakhmi VV, Pankajalakshmi VV and

Pandurangan CN

Ind J Dermatol Venereol Leprol, 1980; 46: 364-367.

Two cases of eumycetoma pedis caused by *Leptosphaeria senegalensis* in Tamilians are reported. Both presented with swelling of the foot and multiple sinuses discharging serosanguinous material which contained black granules. In the first case, the specific diagnosis was made by histopathology and isolation of *L. senegalensis*. In the other, the characteristic granules were demonstrated in the tissue section.

MYCOSIS FUNGOIDES

Werhalekar DK, Shivde AV and Siddiqui HM et al

Ind J Dermatol Venereol, 1972; 38: 224-226.

A case of mycosis fungoides is being presented. The patient was admitted for itching, scaling and multiple cutaneous swellings with hepato-splenomegaly and lymph node involvement. Histopathology confirmed the diagnosis. Response to treatment with Endoxan was unsatisfactory.

MYCOSIS FUNGOIDES

Dube GK, Khurana BK and Grover S

Ind J Dermatol Venereol Leprol, 1977; 43: 111-113.

A case of mycosis fungoides is presented. The unusual features observed in this case were occurrence at a relatively young age starting with a tumour stage and a possible involvement of the liver.

MYCOSIS FUNGOIDES

Verma KC and Chaudhary SD

Ind J Dermatol Venereol Leprol, 1978; 44: 171-175.

Two cases of MF have been reported, one in a middle aged male having MF with erythroderma, poikiloderma and tumours, developing in a short period, and second in a middle aged female having 'd' emblee' form of the disease.

MYCOSIS FUNGOIDES - TUMOUR D'EMBLEE

Singh Ratan, Pandhi RK and Arora JK

Ind J Dermatol Venereol, 1973; 39: 216-22.

Two cases of mycosis fungoides, tumor d' emblee are reported. A 52 years old male presented with multiple, nodular swellings and tumours on the scalp, forehead, face, neck,

abdomen and thighs, of varying sized. There was no significant lymphadenopathy. Systemic examination did not reveal any abnormality. Histopathological picture of skin biopsy from one of the nodular lesions on abdomen was that of reticulum cell lymphoma.

A 47 years old female had near the left groin, a skin coloured swelling, with a healed incisional scar in its centre and two nodules, at its periphery. They were mildly tender and soft in consistency. Overlying skin and underlying structures appeared normal.

MYCOSIS FUNGOIDES - TUMOUR D'EMBLEE

Sadananda Naik FV, Paily PP, Gopinatha Pillai KG et al

Ind J Dermatol Venereol Leprol, 1978; 44: 41-45.

A case of mycosis fungoides - tumour d'emblee is reported and discussed. A leukaemoid reaction or transformation of mycosis fun-

goides to other forms of reticulosis is suggested as the probable cause for raised WBC count in our patient.

CUTANEOUS MYIASIS

Hati AK, Bhattacharya SK and Choudhuri Amit

Ind J Dermatol Venereol Leprol, 1975; 41: 201-203.

Eight cases of cutaneous myiasis, involving scalp, axila, calf muscle and foot were seen over a period of five years in the department of Medical Entomology, Calcutta School of Tropical Medicine. The offending agents were the larvae of *Chrysomya Bezzianna villeneuve*, the old-world screw-worm fly. The environment, age and sex distribution, number of larvae obtained from the lesions etc. were studied. The line of treatment is given. The significance of this cutaneous infestation by the Calliphorid fly is discussed.

NAEVOXANTHOENDOTHELIOMA

Handa F, Aggarwal Radha Rani, Chopra Adarsh et al

Ind J Dermatol Venereol Leprol, 1978; 44: 27-30.

A case of naevoxanthoendothelioma (juvenile xanthogranuloma) is reported with rare features like late onset of the disease, involvement of liver and diffuse cutaneous lesions including cafe au lait spots and pigmented naevus. Final diagnosis could be achieved only on histopathology report.

AN ENZYME HISTOCHEMICAL STUDY OF THE BLOOD VESSELS IN ANGIOMATOUS NAEVI (STRAWBERRY MARKS)

Sethi NC and Moyanahan EJ

Ind J Dermatol Venereol Leprol, 1975; 41: 83-90.

The enzyme histochemical pattern of vascular elements comprising the common strawberry mark was studied, with respect to the presence of alkaline phosphates, ATPase and 5' nucleotides as indices of functional activity of the vessels concerned. Alkaline phosphates activity was confined to the endothelium of the vaso vasorum of the large arterial vessels and to a few of the small vessels in the stroma of the lesion. The remainder of the endothelial elements which make up the major portion of the lesion showed no alkaline phosphates activity. 5' nucleotides activity was found in the media and intima of the large vessel with intense activity in the vessels supplying muscle bundles near to but not forming part of the lesion. No enzyme activity was present in the vessels forming the major portion of the haemangioma. Strong ATPase activity was exhibited by the media and the intima of the vessels including those making up the lesion. These findings suggest that the vessels making up the major part of the common strawberry mark are structurally and functionally immature and merely serve as passive channels through which the blood flows without metabolic interchange.

NEVUS LIPOMATOSUS CUTANEUS SUPERFICIALIS

Shroff H J, Moses JM, Gadgil RK et al

Ind J Dermatol Venereol, 1971; 37: 227-230.

Nevus lipomatosus is a rare nevoid anom-

aly of the skin and is, clinically and histologically, a distinct entity. Usually, at least a part of the nevus is present at birth, though there is extension of the lesion during childhood. Clinically, one finds an asymptomatic, non-tender plaque measuring upto 8 x 15 cm and consisting of groups of papules or nodules, often arranged in linear or systematized distribution. These may even follow the lines of the body folds. The individual papule may be as small as a pinhead, elevated only a millimeter. Confluent nodules may reach 2 x 0.5 cm. above the surrounding skin surface. The colour is like that of the nearby normal skin, pale yellow or waxy. Usually, the surface is smooth but as time progresses the lesion may assume a papillomatous or verrucous tendency, or become cerebelliform (Nevus cerebelliformis). The consistency is invariably soft. A school boy, 13 years of age presented with a horizontal plaque measuring 15 cm x 5 pale yellow in colour and consisting of papules and nodules was seen on the lower back mainly on the left side, but also crossing the midline over to the right side for 1/2". the consistency was soft. The tumour was non-tender and was situated entirely in the skin, being free from the deeper structures. There was no lymphadenopathy. Vertebral column was normal. Systemic examination did not reveal any significant finding.

BILATERAL NEVUS OF OTA

Ramesh Chandra AS

Ind J Dermatol Venereol Leprol, 1977; 43: 206-207.

A case of bilateral nevus of Ota is reported with review of literature.

NEVUS SEBACEOUS OF JADASSOHN

Kumar Kamlesh and Garg Raj Kumar

Ind J Dermatol Venereol, 1973; 34: 5-9.

A clinical case report of a rare entity - nevus sebaceous of Jadassohn with review of literature is presented, specifying its unusual features - large size, bizzare configuration, and pinkish colour. Clinically, it can easily be confused with haemangioma (in pinkish lesion only) in addition to other differential diagnostic possibilities. Results of treatment with full thickness surgical excision, even without the necessity of skin grafting is highly estimable.

LINEAR NAEVUS VERRUCOSUS - LIKE

LESIONS

Mani MZ, Nainan G and Khanna SD
Ind J Dermatol Venereol Leprol, 1980; 46: 113-117.

The case of a 14 year old girl in whom trauma to the face at the age of 2 years was soon followed by naevus verrucosus - like lesions on sites of trauma is being reported. Trauma probably served to stimulate pluripotential cells which were lying dormant. Further studies are indicated on possible precipitating factors such as trauma in the aetiology of naevus verrucosus.

WHITE SPONGY NEVUS
(FAMILIAL CONGENITAL LEUKO KERATOSIS)

Nooroliah Taid Kashani
Ind J Dermatol Venereol Leprol, 1977; 43: 38-39.

A 35 years old white male, smoker with a whitish lesion involving both sides of oral mucosa and tongue is presented. Similar lesions were discovered on the oral mucosa of patient's father and daughter. Clinically and histologically the diagnosis of congenital familial leukokeratosis was made. No treatment was given other than advice on oral hygiene. To the best of our knowledge, this is the first case report of white spongy nevus from Iran.

WHITE SPONGE NAEVUS
Bhonsle RB, Mehta Falis, Murti PR et al
Ind J Dermatol Venereol Leprol, 1978; 44: 151-154

Occurrence of white sponge naevus among Indians appears to be rare. In this paper 9 cases in a kindred of 42 from Kerala, India have been reported. The lesions were located on the bucal mucosa and the patients were unaware of their presence. Of the 9 individuals with the lesions, 2 were from the 2nd generation, 4 from the 3rd generation and 3 from the 4th generation. The findings in our series supports the autosomal dominant mode of inheritance of white sponge naevus.

NEISSERIA MENINGITIDES IN URO-GENITAL INFECTION

Jha PK, Singh Gurmohan, Kaur Paramjit et al

Ind J Dermatol Venereol Leprol, 1979; 45: 348-349.

One case of genital *N. meningitides* infec-

tion in a female is reported. *N. gonorrhoeae* infection was confirmed in 42 females during the process of screening of 410 unsuspected females at an obstetric and gynaecology out patient clinic. A single case turned out to be a possible case of primary genital infection due to *N. meningitides*. This possibility though very rare, should be kept in mind by the clinicians to avoid mis-diagnosis of such cases as gonorrhoeae.

"NEEDS" IN PATIENTS OF NEURODERMATITIS CIRCUMSCRIPTA

(Lichen Simplex Chronicus)
Kumar Bhushan, Singh Gurmohan, Srivastava ON et al

Ind J Dermatol Venereol Leprol, 1980; 46: 104-107.

Psychological needs of 20 adult male patients with neurodermatitis circumscripta (lichen simplex chronicus) and 50 matched controls were studied using ten TAT cards. Need affiliation (100%) need achievement (95%), need superiority (55%) and need dominance (40%) were the predominant needs. In contrast to the findings in other studies where aggressive needs were high in patients with atopic dermatitis our study showed that it was a prominent need in only one patient with neurodermatitis circumscripta.

SOLITARY NEUROFIBROMA
Narayanan K unni and Mathew CT

Ind J Dermatol Venereol Leprol, 1979; 45: 219-220.

A case of solitary neurofibroma in the oral cavity of a middle aged female is reported with a brief review of the relevant literature.

ONYCHOLYSIS

Hajini GH, Kaur Milap and Ahmad Shah SN
Ind J Dermatol Venereol Leprol, 1975; 41: 197-198.

Onycholysis, which is a very rare nail disorder, was seen in a young male student. No cause could be attributed to it.

SYPHILITIC OSTEOMYELITIS OF MULTIPLE BONES

Gaikawad KD, Gurjar SG and Joshi SM
Ind J Dermatol Venereol Leprol, 1977; 43: 223-224.

A case of syphilitic osteomyelitis of multiple bones is presented with a short review of literature.

PACHYONYCHIA CONGENITA WITH ABNORMALITIES OF THE HAIR

Sarajini PA, Gopalkrishnan Nair TV, Mohammed Basseer A et al

Ind J Dermatol Venereol Leprol, 1977; 43: 168-169.

Two cases of pachyonychia congenita with hair abnormalities are reported. The family tree analysis shows an autosomal recessive mode of transmission. These cases are reported because of their rarity and certain unusual features.

PACHYONYCHIA CONGENITA

Syamasundara Rao P and Krishnamurthy T Inc J Dermatol Venereol Leprol, 1977; 43: 208-209.

A rare case of pachyonychia congenita in a Muslim male child of 5 years is presented. Pachyonychia congenita is a rare hereditary disorder affecting predominantly skin and mucous membranes. Most patients present only with thickened nails. In this paper we describe the various features observed in the case.

DERMABRASION AND RETINOIC ACID IN THE TREATMENT OF PACHYONYCHIA CONGENITA

Jagavkar CK and Marquis L

Ind J Dermatol Venereol Leprol, 1978; 44: 85-90.

A typical case of pachyonychia congenita in a female is presented. Of the sixty cases of pachyonychia congenita reported in the literature, only one case is a female. Cases have been seen in families upto five generations. In our case five family members belonging to two generations manifested the disease. The hyperkeratotic plantar lesions were painful and incapacitating to the patients. With combined dermabrasion and topical retinoic acid the patients were made rapidly ambulatory. This new modality of treatment seemed gratifying in that the symptomatic relief to the patient was excellent.

PACHYDERMO-PERIOSTOSIS

(Primary or idiopathic hypertrophic oosteoarthropathy)

Sobhanadari C

Ind J Dermatol Venereol Leprol, 1979; 45: 48-54.

Literature regarding pachydermo-perios-

toxis is briefly reviewed, underlining the progressive and self limited nature of the condition. Clinical manifestations, morbid histological features of the soft tissues and roentgenological findings in an adult of pachydermo periostosis are described. No cause for the malady could be identified except history of consanguinity among the parents of the patient and history of bronchial asthma in the patient 3 years prior to the onset of the condition.

PERFORATION OF THE PALATE

Bedi BMS and Upadhaya DS

Ind J Dermatol Venereol, 1971; 37: 115-116.

Four patients of syphilitic perforation of the palate have been rehabilitated by a simple dental prosthesis - the dental plate. The follow-up of these cases shows uneventful and satisfactory course. The relative merits and demerits of this procedure are discussed in comparison to surgical procedure.

PERFORATION OF THE HARD PALATE DUE TO TUBERCULOSIS

Sarajini PA, Basheer AM, Gopalkrishnan TV et al

Ind J Dermatol Venereol Leprol, 1978; 44: 114-116.

A case of tuberculosis affecting the skin and nasal septum and 10 years later involving the hard palate causing perforation is reported.

PAPILLON LEFEVRE SYNDROME

Lal Sardari, Venkatapathy L, Bhargava Indra et al

Ind J Dermatol Venereol, 1971; 37: 83-84.

The case of 20 years old male with Papillon - Lefevre syndrome is reported. The patient had lost all the teeth at the age of 17 years and there was no evidence of any developing tooth on radiological examination. Cytogenetic study of bone-marrow showed a normal karyotype without any numerical or structural abnormality of chromosomes.

PAPILLON - LEFEVRE SYNDROME

Handa F, Aggarwal RR and Chopra Adarsh

Ind J Dermatol Venereol Leprol, 1978; 44: 155-158.

A case of Papillon - Lefevre syndrome is being reported.

DELUSORY PARASITOSIS

Hati AK, Tandon, Neelam and Sur S

Ind J Dermatol Venereol Leprol, 1978; 44: 103-104.

A retrospective analysis of 26 cases of delusory parasitosis is recorded.

CARE TO CURE CHRONIC PARONYCHIA

Mathias J

Ind J Dermatol Venereol, 1971; 37: 186-189.

Patients consisted of 17 women and 6 men. Occupations were those of housewives, dishwashers and cooks. Age: 18 were in the 20-40 years group, 4 were in the 40 to 50 years group; and one was in the 50 to 60 years age group. Duration of disease was from a few months to 5 years. Organisms detected were candida albicans and tropicalis. In 9 patients gram + and gram-ve bacilli were seen. Achromycin was used in 22 nails of which 16 were cured and 6 relieved. Fungizone was used in 23 nails of which 18 were cured and 5 relieved. 57 nails were dry-dressed of which 49 were cured and 8 relieved. To obtain cure, duration of illness did not affect duration of treatment. It was only the patients ability to maintain the required conditions that affected course of treatment. In 34 nails pain and swelling subsided within a week's treatment in all methods. In 10 nails cuticle was seen within 32 weeks. Others took 4 to 11 weeks. New nail plates were seen almost simultaneously with the cuticle.

SIGNIFICANCE OF THE CAUTERIZATION TYPE OF REACTION DURING PATCH TESTS WITH FRESH GARLIC JUICE

Pasricha JS and Bharati Guru

Ind J Dermatol Venereol Leprol, 1979; 45: 390-391.

Cauterization type of reaction to patch tests with fresh garlic juice was seen with almost the same frequency (60%, 52% and 50% respectively), in the patients having contact dermatitis due to vegetables, controls who were routinely exposed to raw garlic, and another group of controls not exposed to garlic. The papulo-vesicular reaction on the other hand was seen in 70% of the patients, 22% of the exposed controls and 8% of the unexposed controls. It was concluded that the cauterization reaction does not show any correlation with the state of contact

hypersensitivity and should therefore be ignored.

EVALUATION OF 'TETRALIN AND COPPER OLEATE' COMBINATION AS A POTENT PEDICULICIDE

Naik Pushpa and Fernandez JC

Ind J Dermatol Venereol Leprol, 1979; 45: 449-454.

A clinical investigation with a pediculicide preparation containing tetralin + copper oleate as active ingredients was conducted and its therapeutic effect was compared with a preparation containing benzyl benzoate + DDT. The study was conducted on 50 patients with pediculosis capitis/corporis/pubis; in a skin out patient department of public hospital in Bombay. They were grouped into two groups of 25 patients each. In each group, 21 had pediculosis capitis, 3 had pediculosis corporis and one had pediculosis pubis. Preparation containing tetralin + copper oleate was effective in all the patients and one application was enough in majority of patients to kill both lice and nits. However 4 patients (i.e. 16%) showed recurrence within 7 days of stopping treatment, which was probably due to reinfection as they were found to be cured on 7th day's examination. Medication containing benzyl benzoate + DDT was also effective in all cases but more than one application was necessary in majority of patients. Hence the duration of therapy was prolonged. Recurrence was noted in 8 patients within a week (i.e. 32%) after stopping treatment. The chief advantage of preparation containing tetralin + copper oleate lies in its comparative effectiveness from a treatment of only 15 minutes duration. It was interesting enough to find this preparation effective in pediculosis with mild secondary infection without the use of antibiotics or chemotherapeutic agent like sulphonamides, in contrast to preparation containing benzyl benzoate + DDT which by itself had no beneficial effect in presence of secondary infection. However, a clinical trial on larger number of cases is necessary for confirmation.

PELLAGRA ASSOCIATED WITH PSYCHOSIS

Lal BB, Vyas JN and Srivastava Dinesh

Ind J Dermatol Venereol Leprol, 1978; 44:

166-169.

A case of pellagra who had psychosis, dermatitis and gastrointestinal system involvement in the form of constipation has been described. In this case mental symptoms in the form of insomnia appeared prior to dermal lesions. The case was successfully treated both for the mental and skin condition with nicotinamide and other ancillary treatment.

PEMPHIGUS VULGARIS PRESENTING AS DERMATITIS HERPETIFORMIS

Singh Ratan, Pandhi RK, Dharam Pal et al
Ind J Dermatol Venereol, 1973; 39: 84-87.

A case of pemphigus vulgaris with clinical features of dermatitis herpetiformis, which showed acute exacerbations to potassium iodide and dramatic response to both dia-aminodiphenyl sulfone and corticosteroids, is reported. Some of the other atypical features of this case are presented and discussed.

A CLINICAL STUDY OF 85 CASES OF PEMPHIGUS

Handa F, Aggarwal Radha Rani and Garg Raj Kumar.

Ind J Dermatol Venereol, 1973; 39: 106-111.

A clinical study of 85 cases of pemphigus observed over a span of 12 years from 1961 to 1972 at Rajendra Hospital and Medical College, Patials, Punjab is reported, 49 cases were of age group of 11-15 years, the youngest case seen was of 13 years of age. Pemphigus vulgaris constituting the single largest group of 83 cases, was the commonest type observed in the present study. Majority of the cases had moderate severity in 32 cases: 31 of pemphigus vulgaris and 1 of pemphigus foliaceus. Pregnancy in cases of pemphigus vulgaris seems to cause a mild flare up of the lesions without having much adverse effect on the foetus. Causes of relapses in the disease are briefly discussed.

A CLINICOPATHOLOGICAL STUDY OF PEMPHIGUS

Singh Ratan, Pandhi RK, Pal Dharam et al
Ind J Dermatol Venereol Leprol, 1973; 39: 126-132.

A clinical study of 53 patients suffering from various types of pemphigus is presented. There were 32 males and 21 females. The clinical diagnosis was confirmed by Tzanck test and

histopathological studies. Pemphigus vulgaris the commonest type, was seen in 44 patients. majority of the patients belonged to 30-60 years of age group, of low socio-economic status. Disease appearing early in life especially pemphigus foliaceus tended to be fatal. With steroids, there was miraculous response in majority of the patients. Some required ACTH and blood transfusion, while a few went downhill, inspite of all treatments. It is our observation that disease is milder in severity in India as compared to western countries and can be controlled with proportionately lower dosage of corticosteroids.

PEMPHIGUS FOLIACEUS

Aggarwal Radha Rani, Gupta Sudershan and Garg raj Kumar

Ind J Dermatol Venereol Leprol, 1979; 45: 301-302.

A case of pemphigus foliaceus clinically resembling dermatitis - herpetiformis is being reported. Patient did not respond to dapsone. Later on the basis of histology a diagnosis of pemphigus foliaceus was established. Cases having overlapping features of pemphigus foliaceus and dermatitis herpetiformis have been reported earlier by other workers.

A STUDY OF GAMMA GLOBULINS IN 20 CASES OF PEMPHIGUS

Amin AG, Shah HS, Shah SM and Parikh GB
Ind J Dermatol Venereol Leprol, 1975; 41: 19-20.

The study of gamma globulins in 20 cases of pemphigus shows that the gamma globulins (which indirectly reflects autoantibodies) are increased and its values vary according to the severity of the disease process.

DAPSONE IN TREATMENT OF PEMPHIGUS

Sadananda Naik PV, Paily PP, Gopinatha Pillai KG et al

Ind J Dermatol Venereol Leprol, 1978; 44: 218-223.

Even today corticosteroids is the drug of choice in the management of pemphigus. The side effects of steroid therapy are significant and unavoidable because in majority of cases, the maintenance therapy may have to be continued for the life time of the patient. Dapsone was administered along with corticosteroids in 5

cases of pemphigus and 9 cases were treated on conventional lines. It is our observation that dapsone administered along with corticosteroids helps to reduce the daily requirement of steroids for controlling the disease and also to reduce the dose of steroids during maintenance therapy. The side effects of steroids observed were also minimum. We also observed that the disease is less common and less severe in Southern India than in Northern India.

DAPSONE RESPONSIVE PEMPHIGUS
Rege VL, Sehgal VN and Mascarenhas MF
Ind J Dermatol Venereol Leprol, 1978; 44: 224-226.

A 45 year old female diagnosed clinically and histopathologically as a case of pemphigus responded well to prednisolone initially. The exacerbation of the condition on withdrawal of prednisolone could not be controlled even with sustained high dosage of prednisolone which led to multiple side effects. Dapsone in the dosage of 100 mg per day controlled the disease. The control of pemphigus in the patient by dapsone was further confirmed by withdrawal and reinstitution of the drug.

PEYRONIE'S DISEASE (Induratio penis plastica)

Singh OP and Kanwar AJ
Ind J Dermatol Venereol Leprol, 1979; 45: 205-208.

Seven cases of peyronie's disease have been reported. In 57% cases the onset of the disease was in the 4th decade of life. All the cases had painful erection along with curvature of the penis, resulting in secondary impotence. None of the patients had calcification in the penis. Brief review of the literature is given.

SYSTEMIC PHOTSENSITIVITY TOWARDS CYCLOPHOSPHAMIDE (ENDOXAN)

Kapur TR
Ind J Dermatol Venereol Leprol, 1976; 42: 5-6.

A case of systemic photosensitivity due to cyclophosphamide (Endoxan) is reported.

DRUG INDUCED PHOTSENSITIVITY

Kapur TR
Ind J Dermatol Venereol Leprol, 1979; 45: 32-35.

Photosensitivity due to various drugs have been observed. The incidence of drug induced photosensitivity was studied among 2875 patients and was found to occur in 16 cases (0.56%). Sulphadimidine, demethylchlortetracycline and promethazine were incriminated as the etiological agents. Various drugs and their photosensitivity potential are discussed with a review of the literature.

PHRYNODERMA - A REVIEW

Koley SK, Sen MK and Panja RK
Ind J Dermatol Venereol Leprol, 1975; 41: 171-175.

The disease phrynoderma was comprehensively reviewed from all aspects including aetiology, clinical features, histopathological and biochemical changes from available literature. The aetiology of the disease could not be definitely established at the present state of our knowledge. It appears possible that the disease may result from certain dietetic deficiencies in which case, the result of treatment are good, or it may be the result of a genetic predisposition, in which case treatment is often infructuous. It is, however, possible that both dietetic deficiency and a genetic predisposition may play a part in the causation of the disease, in every case, to a lesser or greater extent.

LUMPY MYCETOMA (Subcutaneous Phycomycosis)

Radhakrishnamurthy K
Ind J Dermatol Venereol Leprol, 1980; 46: 173-175.

A case of "Lumpy Mycetoma" (subcutaneous phycomycosis) proved clinically and histopathologically and occurring on the scalp is herewith presented because of rarity in site of involvement and incidence. Advantage of using the term "Lumpy Mycetoma" is discussed.

BLACK PIEDRA

Vasistha LK
Ind J Dermatol Venereol Leprol, 1980; 46: 315-317.

A case of black piedra of scalp in a female resident of Varanasi is reported and the differentiating features of the two varieties of piedra described.

TRICHOSPORON BEIGELLI INFECTION IN TAMILNADU

Pankajalakshmi VV, Taralakshmi VV, Paramasivan CN et al
Ind J Dermatol Venereol Leprol, 1979; 45: 136-138.

White piedra occurring on pubic hairs is reported in a patient from Tamil Nadu. The patient complained of hard brown nodules along the shafts of the pubic hairs. These were shown to be composed of transparent, greenish tinged, mycelial mass extending along the hair as a sheath and hyphae segmenting into round, oval or rectangular cells. *Trichosporon beigelli* was isolated in pure culture. The other cases previously reported from India are reviewed.

CHRONIC PIGMENTED PURPURIC DERMATOSES

Serin RC and Dewan SP

Ind J Dermatol Venereol Leprol, 1976; 42: 180-181.

A case of chronic pigmented purpuric dermatoses is described in detail. The case presented with bilateral symmetrical lesions on both the legs of four years duration.

PILOMATRIXOMA (CALCIFYING EPITHELIOMA OF MALHERBE AND CHENANTAIS)

Talib VH, Sultana Zakia and Patil SD

Ind J Dermatol Venereol, 1973; 39: 177-179.

A 40 year old male was admitted with a small firm mass in the right lumbar region for the past 3 months. On examination a hard lobulated mass measuring about 9 cm in diameter was present in the right lumbar region. It was freely mobile over the deep seated muscles. The skin over the mass was tense but not adherent. It was not tender. The lymph nodes were not enlarged. Biopsy confirmed the diagnosis.

PITYRIASIS ROTUNDA: (DISCOID ICHTHYOSIS)

Radhakrishnamurthy K and Ratnakumari C
Ind J Dermatol Venereol, 1973; 39: 167-169.

A case of pityriasis rotunda is reported. It is the first case to be published in Indian Literature. A better morphological name discoid ichthyosis is suggested.

PLASMA CORTISOL LEVELS IN PATIENTS TREATED EXTENSIVELY WITH FLUPREDNYLIDENE-21 ACETATE TOPICAL CREAM (DECODERM)

Marquis L and Jagavkar CK

Ind J Dermatol Venereol Leprol, 1977; 43: 76-80.

Topical steroids, which are highly effective clinically, have been claimed to be capable of being absorbed through the skin and to suppress the pituitary adrenal axis, though remarkably little evidence of adverse systemic effect is found. The functional status of the pituitary adrenal axis can best be judged by plasma cortisol estimations. A study on the effect of topical application of 25 gm of 0.1% fluprednylidene-21 acetate cream twice daily (i.e. 50 gm daily) in twenty patients with extensive skin lesions revealed no statistically significant alteration in plasma cortisol levels during such therapy.

RELAPSING POLYCHONDRITIS

Handa F and Ahmad Masood

Ind J Dermatol Venereol Leprol, 1980; 46: 55-58.

A case of relapsing polychondritis is reported which showed depression of nose and flattening of both pinnae. Erythrocyte sedimentation rate was high but rheumatoid factor was negative.

POROKERATOSIS OF MIBELLI WITH CUTANEOUS HORNS

Radhakrishnamurthy K

Ind J Dermatol Venereol, 1972; 38: 168-172.

A case of porokeratosis is described with formation of cutaneous horns. The condition began in a male at the age of 20 years. All the cutaneous horns occurred only on both the lower limbs.

POROKERATOSIS OF MIBELLI

Singh OP and Kanwar AJ

Ind J Dermatol Venereol Leprol, 1975; 41: 30-31.

A thirty five year old male patient with porokeratosis of Mibelli of 20 years duration has been described.

POINTS OF VIEW IN PATHOGENESIS OF POROKERATOSIS

Abdel-Hamid Mohamed Abdel Aziz

Ind J Dermatol Venereol Leprol, 1975; 41: 57-60.

The skin conditions having the term porokeratosis are reviewed. The correctness of labelling them as porokeratosis is questioned.

Clinical, histological, ultrastructural features and premalignant potentiality have been discussed.

PORPHYRIA CUTANEA TARDA

Chattopadhyaya SP and Pahwa VK

Ind J Dermatol Venereol Leprol, 1980; 46: 126-128.

A rare case of porphyria cutanea tarda symptomatica, in a 20 years old muslim female patient, treated successfully with phlebotomy, exchange transfusion and tablet periactin is described.

PORPHYRIA ERYTHROPOIETICA

Verma KC and Singh Krishnabir

Ind J Dermatol Venereol, 1972; 38: 173-175.

On examination the patient was moderately built and moderately nourished. He had paralytic squint in his left eye. Examination of skin showed multiple thin scars and pigmented macules on face, back or trunk and extremities. There were few crusted lesions on the fingers. Face had typical withered and "monkey like" appearance. On the legs there were some crusted lesion. Mucous membranes, nails and teeth were normal. Hypertrichosis was notable on face and limbs. Urine and stool were positive for porphyrins.

CONGENITAL ERYTHROPOIETIC PORPHYRIA (GUNTHER'S DISEASE)

Hajini GH, Sethi AS and Sofi GM

Ind J Dermatol Venereol Leprol, 1976; 42: 294-296.

Two cases of congenital erythropoietic porphyria occurring in two muslim siblings and seen for the first time in Kashmir are reported.

EFFECT OF BRONCHIAL ASTHAMA ON PORPHYRIN LEVELS IN PATIENTS OF ATOPIC DERMATITIS - A SPECTROPHOTOMETRIC STUDY

Singh RL, Handa F and Sidhu KS

Ind J Dermatol Venereol Leprol, 1980; 46: 263-266.

A quantitative assay of porphyrins in blood, urine and stool of 30 patients with atopic dermatitis, 17 without and 13 with bronchial asthma was done. Rimington's technique for the estimation of porphyrins was employed. No statistically significant difference in porphyrin levels was observed between patients without

and with bronchial asthma.

ESTIMATION OF PORPHYRINS IN PIGMENTARY ANOMALIES

Anandam K

Ind J Dermatol Venereol Leprol, 1978; 44: 338-339.

Porphyrin estimation was carried out in urine and faeces of seven cases with pigmentation of different aetiology. It was found that porphyrins were increased in all cases of pellagra. Such increase was not a feature in other cases of pigmentation.

ESTIMATION OF PORPHYRINS IN CASES OF POLYMORPHIC LIGHT ERUPTIONS

Anandam K

Ind J Dermatol Venereol Leprol, 1977; 43: 12-15.

Fourteen cases of polymorphic light eruptions were investigated for any increase in porphyrin excretion. Ten out of these 14 patients showed increased excretion of porphyrins either in urine or faeces or both. Four out of this showed uroporphyrinuria. Two patients were observed to have uroporphyrinuria and coproporphyrinuria. In one of the patients uroporphyrin was found in detectable quantities in faeces as an isolated finding. In another patient in whom uroporphyrin was found in faeces, uroporphyrinuria and excessive quantities of protoporphyrin in faeces was found. In 2 more patients faecal coproporphyrin and protoporphyrin were found to be increased.

BLOOD PORPHYRINS IN NORMAL PUNJABEES

Handa F and Chopra Adarsh

Ind J Dermatol Venereol Leprol, 1976; 42: 52-54.

A quantitative estimation of erythrocytic copro and protoporphyrins was made in 25 normal Punjabees by spectrophotometric method of Rimington. Erythrocyte protoporphyrin values ranged from 2.55 to 41.20 $\mu\text{g}/100\text{ ml cells}$ and erythrocyte coproporphyrin ranged from 0.00 - 1.36 $\mu\text{g}/100\text{ ml cells}$. Results were found to be statistically significant.

QUANTITATIVE ASSAY OF UMBILICAL CORD BLOOD PORPHYRINS - A SPECTROPHOTOMETRIC STUDY

Sharma SC, Handa F and Sidhu KS
Ind J Dermatol Venereol Leprol, 1979; 45:
265-268.

Quantitative assay of free erythrocyte porphyrins was done in umbilical cord blood of 100 newborn babies by spectrophotometric method. The mean level of free erythrocyte protoporphyrin in umbilical cord blood was found to be 74.56 ug/100 ml packed erythrocytes with a standard deviation of ± 0.93 respectively. Relationship between free erythrocyte coproporphyrin and their correlation with period of gestation, birth weight and sex of the new borns were found to be statistically significant.

A QUANTITATIVE ASSAY OF FAECAL COPROPORPHYRIN IN 100 NORMAL PUNJABIS : A SPECTROPHOTOMETRIC STUDY

Dass KD, Handa F and Sidhu KS
Ind J Dermatol Venereol Leprol, 1978; 44:
334-337.

A quantitative assay of faecal coproporphyrin was done in 100 normal punjabis by spectrophotometric method of Rimington. Faecal coproporphyrin ranged from 0.29 to 3.52 ug/g dry weight and the mean being 1.33 with S D ± 0.66 . Effect of age, sex, body weight and diet was studied on faecal coproporphyrin excretion. The relationship of age, sex, body weight and diet on excretion of coproporphyrin is discussed.

A QUANTITATIVE ASSAY OF FAECAL PROTOPORPHYRIN

(A spectrophotometric study)

Dass KD, Handa F and Sidhu KS
Ind J Dermatol Venereol Leprol, 1979; 45: 91-
94.

A quantitative assay of faecal protoporphyrin was done in 100 normal Punjabis by spectrophotometric method of Rimington. Faecal protoporphyrin ranged from 1.05 to 14.91 ug/g dry weight and the mean was 4.77 ug/g dry weight.

URINARY PORPHYRINS - A QUANTITATIVE ASSAY IN 25 NORMAL PERSONS BY SPECTROPHOTOMETRIC METHOD

Handa Ferdinand and Kumar Raj

Ind J Dermatol Venereol, 1973; 39: 160-162.

A quantitative assay of urinary porphyrins was done in 25 normal persons by spectro-

photometric method of Rimington. Urinary coproporphyrin varied from 16.2 ug to 103.56 ug/24 hours urine. Uroporphyrin varied from 0.00 to 12.74 ug/24 hours urine. Results were found to be statistically significant.

RELATIONS OF AGE, SEX, BODY WEIGHT, DIET AND URINARY COPROPCRPHYRIN EXCERTION IN 100 NORMAL PUNJABIS

Kumar Raj and Handa Ferdinand
Ind J Dermatol Venereol Leprol, 1974; 40:
223-226.

A quantitative assay of urinary coproporphyrin was done in 100 normal persons by spectro-photometric method of Rimington. Urinary coproporphyrin ranged from 12.93 - 117.85 ug/24 hours and the mean being 41.74 ug/24 hours with S.D. ± 23.26 . Effect of age, sex, body weight and diet was studied on urinary coproporphyrin excretion. The relationship of age, sex, body weight and diet on excretion of urinary coproporphyrin is discussed.

RELATIONS OF AGE, SEX, BODY WEIGHT, DIET AND URINARY UROPORPHYRIN EXCRETION IN 100 NORMAL PUNJABIS

Kumar Raj and Handa F
Ind J Dermatol Venereol Leprol, 1976; 42:
255-257.

A quantitative assay of urinary uroporphyrin was done in 100 normal persons by spectrophotometric method of Rimington. Urinary uroporphyrin ranged from 0 - 22.71 ug/24 hours and the mean being 3.75 ug/24 hours with S.D. ± 3.95 . Effect of age, sex, body weight and diet was studied on urinary uroporphyrin excretion. The relationship of these to the excretion of uroporphyrin is discussed.

PROSTATITIS-DUE TO MORAXELLA URETHRALIS AN UNUSUAL ORGANISM

Shivananda PG, Vikineswary S and Achyutha Rao KN

Ind J Dermatol Venereol Leprol, 1978; 44:
291-292.

A case of prostatitis caused by Moraxella urethralis is reported.

THE CLIENTS OF THE COMMON PROSTITUTES

Gokhale BB, Master Roshan S and Gokhale

Tara B

Ind J Dermatol Venereol, 1972; 38: 243-249.

Sixty-five percent of the sample were adolescent boys, therefore it was natural that about 60% were bachelors. Occupation wise, the maximum number of subjects were skilled workers who were followed very closely by unskilled workers. About 6% were hotel boys and about the same number belonged to the class of truck drivers and cleaners, hawkers, police constable etc. A very significant fact that emerged from this survey was that the subjects had no hobbies or other activities except their work. The main reasons for visiting prostitutes were, uncontrolled sexual urge, which was enhanced by a visit to a picture house, curiosity about sex, low moral values, company of friends, defective sex notions and making sure of sexual potency before marriage. Quite a few were excited by reading or seeing pornography. There were some who resided in the brothel areas and were watching the activities since early childhood, considered visiting a prostitute as normal behaviour. There was a small number of bachelors who visited prostitutes as a cure for night emissions or the habit of masturbation. In our survey only 39% were married men. These could be broadly classified as those (1) staying with wife (2) staying away from wife for short periods (3) staying away from home for prolonged period. The second category men visited prostitutes during the short absence of their wives usually for delivery. Some went to prostitutes due to constant quarrels with their wives and some reported selective impotency with their spouse.

PSEUDOXANTHOMA ELASTICUM

Hajini GH and Ahmad Shah SN

Ind J Dermatol Venereol, 1971; 37: 21-23.

A case of pseudoxanthoma elasticum with characteristic skin and purpuric lesions detected during the course of investigations for Jaundice with no other cardiovascular and ocular manifestations no family history of PXE and no history of consanguinity of marriage in parents, is reported. Literature is briefly reviewed.

PSEUDOXANTHOMA ELASTICUM

(GRONBLAD - STRANDBERG SYNDROME)

Reddy BSN and Singh Gurmohan

Ind J Dermatol Venereol Leprol, 1976; 42: 83-85.

A case of Gronblad-Strandberg syndrome with characteristic skin changes and angioid streaks in both eyes without any cardiovascular lesions occurring in a 35 years old female is described. Histological examination of the skin from the affected site revealed extensive degeneration of elastic tissue with deposition of calcium. There was no history of consanguinity in parents. No other member of the family was affected. A brief account of relevant literature is given.

PSEUDOXANTHOMA ELASTICUM

Abdul Latheef K, Mohandas PP and Joy MI

Ind J Dermatol Venereol Leprol, 1978; 44: 162-165.

Three cases of pseudoxanthoma elasticum are described. One case has features of Gronblad Strandberg syndrome with lepromatous leprosy. The other two cases are reported in siblings. A short review of literature is given.

CLINICAL PATTERN OF PSEUDOXANTHOMA ELASTICUM IN INDIAN SUB-CONTINENT

Sehgal VN, Singh M, Sharma AK et al

Ind J Dermatol Venereol Leprol, 1979; 45: 290-293.

Clinical pattern of pseudoxanthoma elasticum in the Indian subcontinent along with report of three fresh cases of pseudoxanthoma elasticum is described.

PSORIATIC ARTHRITIS

Koley SK, Sen MK and Sarkar SP

Ind J Dermatol Venereol Leprol, 1974; 40: 248-253.

Three patients of psoriatic arthritis have been described. None of these patients gave a family history of psoriasis. In two patients the nail changes and arthritis appeared simultaneously, while skin changes preceded the arthritis in all three. In one patient there was a pathological fracture and in another was ligamentous ossification. In the third patient, there was partial compression of the body of the L-5 vertebra.

PSORIATIC ARTHRITIS WITH REVIEW OF LITERATURE

Syamasundara Rao P and Pattabhiraman V

Ind J Dermatol Venereol Leprol, 1979; 45: 401-409.

Six cases of psoriatic arthritis are presented with clinical, laboratory and radiological features and review of literature. Four out of six cases are 'distal arthrits' and two cases are arthritis mutilans of long duration. All our cases are males and hence no case of rheumatoid variety which is common in females is being reported. The aim of this paper is to represent all the parameters for this study of psoriatic arthritis namely clinical, laboratory and radiological features which are not well documented in Indian literature.

PSORIASIS IN CHILDREN

Bedi TR

Ind J Dermatol Venereol Leprol, 1979; 45: 410-413.

A prospective study of childhood psoriasis revealed an overall prevalence of 0.1% among the general skin diseases outpatients; 8.5% of the Indian psoriatics having onset of their disease during childhood. The peak age of onset was between 4 and 8 years and the mean age of onset in the males was lower than the females by approximately 2 years. Family history was positive in 12.5%. Plaque variety was the commonest and guttate lesions were observed in only 25% of the cases, Itching was a prominent feature of guttate lesions which were observed to be preceded in 50% of the patients by throat infection. The commonest sites were the legs, arms and the trunk. The face was involved more often than the scalp, the commonest site of affection in the adults. Nails were involved in more than 60% of the cases. The therapeutic response to coal tar treatment was satisfactory and the guttate lesions responded well to treatment with penicillin. The pustular and erythrodermic varieties and psoriatic arthritis were rare in the paediatric patients.

INFANTILE PSORIASIS

Bedi TR and Kaur S

Ind J Dermatol Venereol Leprol, 1978; 44: 242-244.

A case of an infant developing plaques of psoriasis at the age of 3 weeks is reported. There was no family history of psoriasis. The lesions cleared on treatment with 5 percent tar ointment.

The disease appeared mild and subsequent follow up over 6 months did not show a relapse.

A STUDY OF 300 CASES OF PSORIASIS

Mehta TK, Shah RN and Marquis L

Ind J Dermatol Venereol Leprol, 1976; 42: 67-70.

Three hundred cases of psoriasis were studied for various laboratory findings. The incidence was 1.5% of the total skin cases of the O P D attendance. The maximum incidence of 260 cases (86.67) was seen in the age group of 11-50 years. The paediatric and geriatric age group showed a low incidence. The ratio of male to female was 4:1. Provocative or precipitating factors like septic focus, trauma, seasonal variation, vaccinations, asthma, dysentery, pregnancy, emotional stress etc. were found in some cases. Association of these factors may be coincidental or non-specific. Six (2%) of our cases gave history of similar disease in the family. In our series, hypercalcaemia was noted in 20% of the cases while only 3.33% showed hypocalcaemia. Out of two of our pustular psoriasis one showed hypocalcaemia while other had normal serum calcium level. Diabetes mellitus was detected in 16 of our cases (5.33%). Hyperuricaemia was found in 60 of our cases (20%). Out of these 60 cases, two had psoriatic arthropathy. Serum cholesterol was high in 5% of cases, low in 15% of cases.

PSORIASIS - A CLINICAL AND SOME BIOCHEMICAL INVESTIGATIVE STUDY

Verma KC, Bhargava NC, Chaudhary SD et al

Ind J Dermatol Venereol Leprol, 1979; 45: 95-99.

One hundred thirty two cases of psoriasis were studied. They represented 0.8% of the patients seen in Medical College Hospital, Rohtak. One hundred twenty two cases were between the ages of 11-40 years. Ratio of males to females was 4:1. Ten cases gave positive family history, 12 patients had psoriatic lesions over the face and one patient had lesion over the shaft of the penis. Mucous membrane involvement was seen in 7 cases. Hypercalcaemia was seen in 10% of the cases and hypocalcaemia in 15%. High serum magnesium levels were ob-

served in 40% cases. High serum uric acid levels were seen in 26.6% and diabetes was detected in none.

GRAFT PSORIASIS

Dutta RK

Ind J Dermatol Venereol Leprol, 1978; 44: 295-296.

A case of graft psoriasis has been described. An officer of the Indian Army developed generalised psoriatic lesions for the first time two months after a granade blast injury. The patient had discoid psoriatic patches both on the graft and donor sites. Lesions on the graft site behaved in a manner similar to lesion on other parts of the body in relation to the activities of the disease.

ABO BLOOD GROUPS AND PSORIASIS

Lal Sardari, Sood PL and Kumar Shashi

Ind J Dermatol Venereol, 1972; 38: 253-254.

ABO blood groups were determined in 73 patients of psoriasis and compared with those of 568 healthy blood donors. There was preponderance of blood group O in psoriasis patients in contrast to preponderance of blood group B in healthy blood donors. The ratio of difference between observed percentage and standard error reached level of significance in case of blood group O.

ALKALINE PHOSPHATES LEVELS OF PSORIATIC AND NORMAL SKIN

Hajini GH, Hussain ST and Ahmad Shah SN

Ind J Dermatol Venereol Leprol, 1977; 43:197-198.

Alkaline phosphates levels were measured in the psoriatic plaque, the uninvolved skin of psoriatic patients and normal skin. There was a 400% increase in the enzyme activity in the psoriatic plaque. The changes in uninvolved skin were not significant. Implications of this finding are discussed.

FREE AMINOACID PATTERN OF PSORIATIC SCALES

Sobhandari C, Ramamurthy PJ and Audisha Reddy M

Ind J Dermatol Venereol Leprol, 1974; 40: 135-139.

The free amino acid pattern of scales of 25 psoriatic patients were studied by paper chromatography. A consistent decrease in cystine and an

increase in taurine was noticed. The role of sulphur containing amino acids in pathogenesis of psoriasis is discussed.

CHROMOSOMAL STUDIES IN PSORIATICS

Nagabhushanam P, Sadasivan G and Patnaik R

Ind J Dermatol Venereol, 1972; 38: 216-217.

Study of chromosomes did not reveal any gross abnormalities in five out of six cases of psoriasis. In the only case which showed changes suggestive of viral damage it was possibly due to some other viral infection, not related to psoriasis.

STUDY OF SERUM COPPER AND CAERULOPLASMIN IN PSORIASIS

Das NS and Baig HA

Ind J Dermatol Venereol Leprol, 1974; 40: 208-210.

Serum copper and caeruloplasmin levels were estimated in 15 psoriatic patients and 12 normal subjects to evaluate possible relationship between tyrosines, the cuproenzyme which plays the main role in pigmentation of the skin and the copper in serum and other cuproenzymes. The study demonstrated the raised serum caeruloplasmin levels, while copper levels are normal in psoriatic patients. These finding indicate the possibility of lowered levels of direct-reacting copper, which is the copper in transport needed by tyrosines for pigmentation. The decrease in direct reacting copper as such may be the factor causing depigmentation.

DERMATOGLYPHICS IN PSORIASIS

Verma KC, Joshi RK and Jain VK

Ind J Dermatol Venereol Leprol, 1980; 46: 28-30.

Forty cases of psoriasis and same number of controls were subjected to dermatoglyphic studies. Control cases did not show any arch pattern on 4th and 5th fingers. Increased incidence of whorl pattern was observed in psoriatic females and incidence was decreased in psoriatic males. Whorl pattern was more commonly seen on 4th finger, and more on right hand in psoriatic cases. Total ridge count was found to be decreased in psoriatic males.

IMPAIRED GLUCOSE TOLERANCE IN PSORIASIS

Hajini GH, Hussain Tafasul and Ahmed Shah SN

Ind J Dermatol Venereol Leprol, 1975; 41: 129-130.

Seventy uncomplicated cases of psoriasis were subjected to standard and prednisolone glucose tolerance test. 14.3% cases revealed an abnormal glucose tolerance test and 12.5% more an abnormal prednisolone tolerance test. Control series has revealed 2.4% abnormal GTT.

DIABETIC STATUS IN PSORIASIS

Nigam Pranesh, Dayal SG, Joshi LD et al
Ind J Dermatol Venereol Leprol, 1979; 45: 171-174.

Sixty five uncomplicated cases of psoriasis were subjected to standard and cortisone primed glucose tolerance test to study the association of the disease with diabetes mellitus. The peak incidence of psoriasis was in early adulthood (26.1%). The cutaneous lesions were mainly seen as thick plaques with micaceous, loosely adherent scales covering them (53.9%). Impaired glucose tolerance test was detected in 18 (27.7%) cases, of whom 1.5% had manifest, 12.3% latent and 13.8% latent chemical diabetes. Eleven out of 18 cases with impaired glucose tolerance had extensive cutaneous lesions (type B). Ten out of 18 cases had glucose tolerance curve with sharp rise followed first by lag phase and then decline phase with blood sugar remaining above fasting level. The incidence of diabetes in psoriasis was more in persons above 40 years of age (35.7%).

PSORIASIS AND DIABETES MILLITUS

Sundharam JA, Singh Ratan and Agarwal PS
Ind J Dermatol Venereol Leprol, 1980; 46: 158-162.

Twenty uncomplicated cases of psoriasis and an equal number of matched controls were evaluated using the oral and steroid primed glucose tolerance test. Six of the twenty psoriatics (30%) studied showed an abnormal glucose tolerance whereas only one of the twenty control subjects (5%) showed abnormality ($p < 0.05$). A relationship was found between abnormal glucose tolerance and surface area involved by psoriasis.

BLOOD SUGAR AND SERUM CHOLESTEROL LEVELS IN PSORIASIS

Bedi Tilak R

Ind J Dermatol Venereol Leprol, 1979; 45: 272-273.

Fifty psoriatic patients were studied for serum cholesterol and blood sugar estimations. Indian psoriatics do not appear to show low serum cholesterol levels. The prevalence rate of diabetes mellitus in them was found to be 6%, about twice the rate seen in normal population. In patients with diabetes state psoriasis appears to be more recalcitrant to conventional tar treatment.

SKIN SUGAR LEVELS IN NORMAL AND PSORIATIC SKIN

Hajini GH, Hussain ST and Ahmad Shah SN
Ind J Dermatol Venereol Leprol, 1978; 44: 149-150.

Skin sugar levels were measured in twenty psoriatic patients and normal controls. No significant difference was found in their levels in involved and un-involved psoriatic skin from the normal control skin.

ENTEROPATHY IN PSORIASIS - FACTOR OR FANCY

Das NS, Sahebjan S and Rama Rao AVSS
Ind J Dermatol Venereol Leprol, 1975; 41: 46-48.

Intestinal absorption and fat excretion in stool were evaluated in ten psoriatic patients and seven normal subjects to study the presence of enteropathy among psoriasis patients in India, a tropical country. The present study demonstrated no significant abnormality in intestinal absorption and fat excretion in stool. As such, no significant evidence of enteropathy in psoriasis patient was observed.

MORPHOLOGY OF JEJUNAL MUCOSA IN PSORIASIS

Singh D, Monga JN, Bhatta SC et al
Ind J Dermatol Venereol Leprol, 1978; 44: 274-277.

Morphology of jejunal mucosa was studied in 20 cases. This included 10 cases of psoriasis divided into three grades mild, moderate and severe and 10 healthy controls. Abnormal morphology was found in 40 percent of cases of psoriasis, and consisted mainly of dwarfism of villi and increased number of inflammatory and goblet cells. No change was found in thickness

of villi and depth of crypts. The degree of morphological changes showed a direct correlation with severity of psoriasis, serum albumin levels and d-xylose excretion. It may be concluded that morphological changes in intestinal mucosa commonly occur in cases of psoriasis and is directly related to severity of disease. Functional changes may precede morphological changes in these cases.

**SERUM GAMMA GLUTAMYL
TRANSEPTIDASE IN NORMAL PER-
SONS AND PATIENTS WITH PSORIASIS**
Hajini GH and Hussain ST

Ind J Dermatol Venereol Leprol, 1980; 46: 221-222.

Serum 8-glutamyl transeptidase activity was measured in normal persons and persons with psoriasis by Sigma-Naftlin colorimetric procedure. It was found that activity in normal Kashmiri males was lower than that reported for normal males in USA. The activity in sera of patients with psoriasis did not differ significantly from that of normal persons. The findings are discussed.

G6 PD ACTIVITY OF BLOOD IN PSORIASIS

Gupta S, Tyagi SC and Sarin BC

Ind J Dermatol Venereol Leprol, 1978; 44: 340-344.

In sixty individuals, 30 normal control and 30 cases suffering from psoriasis - G6 PD estimation has been carried out in serum and erythrocytes. Serum activity was not detected in any of the individuals. Non-significant higher levels of G6 PD in erythrocytes were detected in psoriatics. Levels were significantly higher when disease process involved more than 75% of the body area. No relationship of levels with phase of disease could be established.

ABNORMAL HAEMOGLOBIN IN A PSORIASIS FAMILY

Kate SL, Paadke MA and Mokashi GD et al
Ind J Dermatol Venereol Leprol, 1978; 44: 160-161.

A Sindhi family with psoriasis and abnormal haemoglobin Hb D in some of the members of the family is reported. The significance of this finding as an added genetic marker of psoriasis is discussed.

HISTOCOMPATIBILITY ANTIGENS IN PSORIASIS

Bedi Tilak R, Sengupta S and Sehgal S et al
Ind J Dermatol Venereol Leprol, 1979; 45: 21-23.

HLA typing on 30 Indian psoriatics and 60 controls indentified BW17 antigen to be significantly associated with disease. HAL-A1+BW17 combination appeared in 26.6% of patients against 5% controls; the difference was statistically significant. The patients with HLA-BW17 and A1 + BW 17 combination were associated with younger age of onset of psoriasis. HLA-B27 was present in 2 patients of psoriasis without arthritis and in 1 with arthritis providing no correlation between HLA- B27 and the presence of psoriatic arthritis.

EFFECT OF PHOTOCHEMOTHERAPY ON BLOOD CHEMISTRY OF PSORIATIC PATIENTS

Hajini GH, Hussain ST and Ishaq M

Ind J Dermatol Venereol Leprol, 1979; 45: 277-279.

A detailed study of blood chemistry of psoriatic patients under photochemotherapy was undertaken. No significant changes were observed in any of the parameters studied.

IMMUNOLOGICAL RESPONSES IN PSORIASIS

Rao RS, Reddy BSN and Sen PC

Ind J Dermatol Venereol Leprol, 1977; 43: 202-205.

Serum IgG, IgM and IgA levels as well as lymphocyte transformation to phytohaemagglutination (PHA) were studied in 23 patients with psoriasis and compared with 44 healthy subjects. Significant elevation in IgG and IgA levels was found. Serum IgM levels were normal. There was no significant depression in H-Thymidine uptake by the lymphocytes of these patients when stimulated with PHA.

SKIN SODIUM, POTASSIUM AND GLYCOGEN LEVELS IN PSORIATIC PATIENTS UNDER PHOTOCHEMOTHERAPY

Hajini GH, Hussain ST and Mohidin G

Ind J Dermatol Venereol Leprol, 1979; 45: 100-102.

Sodium, potassium and glycogen content

was measured in psoriatic plaques of patients receiving photochemotherapy. Glycogen levels decreased 48 hours after photochemotherapy but again rose to the original level 7 days after therapy. The significance of this change could not be evaluated. Sodium and potassium levels of psoriatic plaques did not show any significant change either 48 hours or 7 days after photochemotherapy.

BECLOMETHASONE DIPROPIONATE - ITS EFFICACY AND PERCUTANEOUS ABSORPTION IN PSORIASIS

Bhutani LK, Pandhi RK, Bedi TR et al

Ind J Dermatol Venereol Leprol, 1976; 42: 281-284.

Plasma cortisol levels in 7 patients with psoriasis of variable severity were determined. Ten patients with extensive lesions (over 10% body surface area involved) were treated with topical application of 0.025% Beclomethasone dipropionate cream. The effect of Beclomethasone therapy on clinical condition and plasma cortisol levels was assessed at weekly intervals for 3 weeks. Clinical improvement varying between 10-80% was seen in 4 patients; itching and burning sensation was complained of by 5 patients after 1-2 weeks of Beclomethasone therapy. One patient each developed pustular psoriasis and exfoliative dermatitis while on therapy. Plasma cortisol levels were slightly elevated in 4 out of the 7 patients and application for 3 weeks of the Beclomethasone cream did not produce any depression in plasma cortisol levels in any patient.

A COMPARATIVE EVALUATION OF MODIFIED GOECKERMAN REGIMEN AND ORAL PSORALENS PLUS PHOTOTHERAPY IN PSORIASIS

Bedi Tilak R

Ind J Dermatol Venereol Leprol, 1979; 45: 181-185.

Employing psoralen plus solar irradiation therapy in 20 patients with plaque psoriasis, improvement was noted in 55% of the patients. The overall improvement rate was however higher (95%) with coal tar plus solar irradiation treatment in the other group of 20 patients. In both groups, improvement in 20% of patients each could be discounted on account of the

natural course of the disease. One patient in the psoralen group went into erythroderma and another could not tolerate the drug because of marked nausea, headache and giddiness - Perhaps, the UVA in the sunlight is not sufficient and a high intensity UVA source is required to enhance the therapeutic efficacy of psoralen treatment. For want of information on toxic effects of such a therapy and until the time such a source is available tar ointment or baths in conjunction with sunlight seems a good alternative.

HEMODYALYSIS IN PSORIASIS

Bedi TR and Chugh KS

Ind J Dermatol Venereol Leprol, 1979; 45: 414-415.

Hemodialysis has proved to be a welcome addition to the various already known therapeutic modalities in the treatment of psoriasis. The procedure was attempted in 12 patients with chronic plaque psoriasis recalcitrant to conventional treatment. There was a dramatic improvement in 10 of the 12 patients. The lesions started clearing as early as 2-4 days following first hemodialysis and most patients required 3-4 hemodialysis to be free of lesions. The remission could be maintained for as long as 9 months after the last dialysis. The possible mechanism of induction of remission due to hemodialysis is discussed.

PHOTOCHEMOTHERAPY FOR PSORIASIS

Hajini GH, Hussain ST, Kaur M et al

Ind J Dermatol Venereol Leprol, 1978; 82-84.

Results of treatment of 50 psoriatic patients with psoralen and ultraviolet radiation are reported. A detailed analysis of the data is also given. None of the patients was resistant to treatment. Complete clearing of all lesions occurred in 22% of the patients in 16 days, in 96% of the patients in 40 days and in 100% of the patients in 45 days. It is concluded that photochemotherapy with psoralen and ultraviolet radiation from conventional uv radiation therapy lamps is a safe and effective treatment for patients with psoriasis in this country.

PHOTOCHEMOTHERAPY IN PSORIASIS WITH SPECIAL REFERENCE TO PUVA

Dutta AK and Mandal SB

Ind J Dermatol Venereol Leprol, 1979; 45: 18-20.

Efficacy of psoralens and long wave UVL therapy in psoriasis has been reported recently. The pharmacologic basis is said to be the inhibition of DNA synthesis and cell division. A clinical trial in this regard has been made in 30 cases of psoriasis. The observations have been reported along with review of relevant literature. The findings on the whole indicate a reasonable promise having several advantages in the management of psoriasis.

PSORIASIS, PSORALEN AND SUNLIGHT

Naik RPC and Singh Gurmohan

Ind J Dermatol Venereol Leprol, 1979; 45: 416-424.

Topical or oral administration of photoactive furocumarins followed by exposure to ultraviolet light from artificial sources has been shown previously to clear psoriatic lesions. Sunlight has been chosen as the source of UVL in two separate paired comparison studies using topical and oral 4,5, 8 - trimethylpsoralen. Two out of 21 on topical therapy and none out of 6 patients on oral paired-comparison study showed faster clearance of the drug treated lesions compared to control sites.

PHOTOCHEMOTHERAPY OF PSORIASIS WITH ORAL 8-METHOXYPsorALEN (8-MOP) AND SOLAR IRRADIATION (PUVASOL THERAPY)

Marquis Leslie and Rangwala GM

Ind J Dermatol Venereol Leprol, 1980; 46: 287-293.

Forty eight patients having psoriasis were studied with puvasol therapy. Pre-treatment haemogram, platelet count, liver and renal functions were done. To begin with 40 mgm of 8 MOP were given at 10.30 a m and at 12.30 p m sunlight exposure for period varying from 5-30 minutes. After 8 to 12 weeks tri, bi and weekly maintenance therapy was given. The sunlight exposure calculated by the photometer was 8-12 Joules/cm² per day. The grading of response was undertaken on the basis of three different aspects (1) Subsidence of lesions, Grades were given as excellent with 100% subsidence, good with 90-100%, fair with 50-90% and poor with less than

50% subsidence (2) Statistical point score as per Wallace's classification and depending on type and morphology of lesions and (3) Response related to duration of therapy. Of 38 patients with psoriasis vulgaris 21 showed excellent to good response. All six cases of psoriasis erythroderma (100%) showed excellent to good response. Of the three cases of pustular psoriasis, one showed 90-100%, and 2, 50-90% subsidence. Puvasol therapy proved to be effective, non toxic and inexpensive in psoriasis. In the erythrodermic and pustular phase for the first time the results were encouraging.

PHOTOCHEMOTHERAPY OF PSORIASIS

Gedgil RB and Talwalkar PG

Ind J Dermatol Venereol Leprol, 1980; 46: 294-298.

Sixty four psoriatic patients having more than 20% body involvement were exposed 2 hours after the ingestion of 8-MOP to high intensive long wave artificial UV light in a hexagonal chamber 3 to 4 times a week. 77% of the patients showed very good response. No serious side effects were observed.

SYMPTOMATIC PURPURA FOLLOWING TUBERCULIN TEST

Nigam Pranesh and Verma VK

Ind J Dermatol Venereol, 1972; 38: 228-229.

A case of generalised thrombocytopenic (symptomatic) purpura in a young man following Mantoux test is described with its clinical course and response to treatment.

BACTERIOLOGICAL STUDY OF PYODERMA

Bhaskaran CB, Syamasundara Rao P, Krishnamurthy VR et al

Ind J Dermatol Venereol Leprol, 1979; 45: 162-170.

Two hundred and twenty cases of pyoderma were investigated to study the bacterial aetiology. Folliculitis formed the largest clinical group followed by infectious eczematoid dermatitis, secondary infection, impetigo, miscellaneous, furuncles and acne in descending order of frequency. A total of 172 micro-organisms were isolated from the infected specimens examined. A single infecting organism was isolated from 65.5% and more than one type of

organism from 6.3% of cases. No organism was isolated from 62 (28.2%) cases. Coagulase positive staphylococcus was isolated from 107 (48.6%) beta haemolytic streptococcus from 18 (8.2%) and both these organisms from 11 (5%) cases. Coagulase positive staphylococcus (69.8%) was the predominant species followed by beta haemolytic streptococcus (17.4%), coagulase negative staphylococcus (8.1%) and alpha haemolytic streptococcus (4.7%). The antibiotic resistance pattern showed maximum resistance to ampicillin, penicillin and polymyxin. None of the strains was found to be resistant to cephaloridine, neomycin and kanamycin. Low percentage of strains were found to be resistant to streptomycin, tetracycline, nitrofurazone, erythromycin, chloramphenicol and gentamycin. Of the strains of Staph. aureus phage typed, 35 (43.7%) were not typable, 15 (18.7%) belonged to phage group III, followed by phage group II, group I and mixed group. The most prevalent phage type in group III was 42 E, in group II type 3 C and in the group I type 52 A. Multiple antibiotic resistant strains of staph aureus were found mostly in phage groups III and I and not in group II.

BACTERIOLOGICAL STUDY OF 100 CASES OF PYODERMAS WITH SPECIAL REFERENCE TO STAPHYLOCOCCI, THEIR ANTIBIOTIC SENSITIVITY AND PHAGE PATTERN

Ramani TV and Jayakar PA

Ind J Dermatol Venereol Leprol, 1980; 46: 282-286.

One hundred new cases of pyoderma attending King George Hospital, Visakhapatnam were investigated bacteriologically with antibiotic sensitivity of all the strains isolated and phage typing of coagulase positive staphylococci. Among these 50 had impetigo and 15 each had furunculosis and folliculitis. The remaining included various other clinical entities. Children under 10 years were observed to have high incidence of pyoderma. A total of 88 strains of staphylococci (77 coagulase positive and 11 coagulase negative strains) 25 strains of beta haemolytic streptococci and 3 strains of Klebsiella were isolated. Staphylococci were found to be the commonest aetiological agents

either single or in association with other organisms. Of the 76 strains of coagulase positive staphylococci 32 strains were not phage typable and among the 44 typable strains 17 (38%) belonged to group III and 15 (36.5%) to mixed group. Coagulase positive staphylococci showed high sensitivity to garamycin, kanamycin and erythromycin and high resistance to penicillin and streptomycin. Multiple drug resistance was also high among these strains. Coagulase negative staphylococci were found to be more sensitive with less incidence of multiple drug resistance. Most of multiple drug resistant strains belonged to group III phage types. Beta haemolytic streptococci were found to be highly sensitive to all the antibiotics tested.

CHEMOPROPHYLAXIS IN PYODERMAS **Singh Gurmohan**

Ind J Dermatol Venereol Leprol, 1974; 40: 181-184.

Effect of prophylactic use of antibiotics for preventing staphylococcal infections of skin was studied experimentally. Healthy human volunteers were given penicillin or demethylchlor tetracycline in usual therapeutic doses and later challenged with staphylococci. In 2 of 3 subjects, the prophylactically given drug could not prevent the experimental infection, even though the challenging organisms were sensitive to the respective antibiotics in vitro. When the drug was continued even after the staphylococci were inoculated, 50% showed evidence of clinical infection. Diphtheroids had complete disappearance and staphylococcus epidermidis became resistant to the antibiotic used even though its quantum remained at a constant level.

SINGLE INJECTION TREATMENT OF STREPTOCOCCAL PYODERMA WITH BENZATHINE PENICILLIN

Shroff JC, Raichur RS, Agarwal VK et al

Ind J Dermatol Venereol, 1973; 39: 254-257.

Fifty-one patients of pyoderma due to group A streptococci were treated with a single intramuscular injection of 600,000 to 1,200,000 units of benzathine penicillin. In 7 patients staphylococci were also present. A satisfactory response was obtained in 47 (92%) patients. No adverse effects were encountered. Single injection treatment of pyoderma with benzathine

penicillin appears to be effective, well tolerated and convenient.

CLINICAL TRIAL OF FRAMYGEN GREAM IN VARIOUS PYODERMAS

Saxena Uma and Mulay DN

Ind J Dermatol Venereol, 1973; 39: 233-237.

Thirty three cases suffering from different types of pyodermas were taken for study and were treated with framylgen cream. The results obtained were quite encouraging in most of the cases. Out of the total 33 cases 10 cases showed complete improvement within one week of treatment while another 10 cases showed similar improvement in two weeks and six cases needed treatment for three weeks and four cases had to be treated for four weeks to achieve the complete improvement. Only two cases in the series did not show 100% improvement in the specified period of four weeks treatment and the maximum improvement observed in them during this period was upto 80% only.

PYOGENIC INFECTIONS OF SKIN TREATED WITH MINOCYCLINE

Jalan VO, Shah BH and Dixit CV

Ind J Dermatol Venereol, 1971; 37: 98-102.

Minocycline, 7-dimethylamini - 6 deoxy - 6 - demethyltetracycline, a new semi-synthetic derivative of tetracycline was given in 50 cases of pyogenic infections of the skin of acute and chronic nature. The dosage of minocycline used was a loading dose of 200 mg in the morning and 100 mg. the same evening, followed by 100 mg twice daily for 6 to 11 days. In several cases, 100 mg of minocycline was later given once daily for periods varying from 2 to 23 days. The causative organism in most of the lesions was staphylococcus aureus. In 24 cases, these organisms were

resistant to tetracycline and in 36 cases to penicillin. None of the organisms were resistant to minocycline. Results were judged as excellent in 3 cases, good in 22, fair in 22 and poor in 3 cases. Minor side-effects like giddiness were noted in 3 patients, nausea and vomiting occurred in another patient. Despite these side-effects the patients continued the course of minocycline.

PYODERMA GANGRENOSUM

Nagabhushanam P and Patnaik R

Ind J Dermatol Venereol, 1972; 38: 60-64.

The author report a 35 year old male with multiple ulcers of 6 months duration. There were eight ulcers 1-10 cm in size with irregular, ragged bluish-red edges and the base covered with yellowish slough which when removed, there was profuse bleeding. There were a few pustules at the margin. Patient responded to tetracycline and prednisolone therapy.

PYODERMA GANGRENOSUM IN ASSOCIATION WITH ULCERATIVE COLITIS

Indrakumar SV and Rao K Dinakar

Ind J Dermatol Venereol, 1973; 39: 240-244.

A case of pyoderma gangrenosum in a girl aged 12 years has been presented, in association with ulcerative colitis. The sites of distribution of cutaneous ulcers were typical. Literature on pyoderma gangrenosum has been briefly reviewed and its aetiology suggested.

PYODERMA GANGRENOSUM

Naik RPC, Devi K Sethi, Nayak PS et al

Ind J Dermatol Venereol Leprol, 1980; 46: 371-274.

A case of pyoderma gangrenosum and ulcerative colitis is reported. The case shows that it is mandatory to control the bowel disease to achieve healing of skin lesions.

RAMSAY - HUNT SYNDROME

Mehta RP, Tiwari VD and Anand LC
Ind J Dermatol Venereol Leprol, 1980; 46:
 121-122.

A case of Ramsay-Hunt syndrome in a young soldier is described. Importance of early institution of systemic corticosteroids in such cases is stressed on the basis of treatment results obtained in this case.

REACTIVE PERFORATING COLLAGENOSIS

Gangadharan C, Papali Cynthia, Asokan PU et al

Ind J Dermatol Venereol Leprol, 1977; 43:
 320-321.

The occurrence of reactive perforating collagenosis in three members of one family is presented. A genetic abnormality of the collagen in the upper dermis is suggested as the probable cause for the disorder.

REITER'S DISEASE

Anandam K and Deshpande RP

Ind J Dermatol Venereol Leprol, 1978; 44:
 236-241.

A case of Reiter's disease occurring in a 28 year old male is reported. Patient had classical triad of urethritis, arthritis, and conjunctivitis as well as balanoposthitis. There were no erosive lesions on buccal mucosa but diffuse pigmentation of oral cavity and tongue was present. No lesions of keratoderma blennorrhagica or nail changes were seen. By urethroscopy changes of posterior urethritis and prostatitis were noticed, ESR was consistently high and serum electrophoresis showed increased alpha-1, alpha-e, beta and gamma globulins. Roentgenographically typical change like bilateral sacroiliac arthritis and calcaneal spur were present.

REITER'S DISEASE WITH UNUSUAL CLINICAL MANIFESTATIONS

Raju HS

Ind J Dermatol Venereol Leprol, 1978; 44:
 286-290.

28 years old married male hotel worker had 16 months before the onset of Reiter's disease a self limited severe diarrhoea and 12 months before a venereal exposure. The urethritis that followed a few days after exposure was treated immediately. The symptoms of Reiter's disease

started acutely with high fever, haemoptysis and a shadow in the left lung. During the course of the disease, patient developed urethritis, polyarthritis, transient conjunctivitis, skin lesions, high ESR and persistent poly-morphonuclear leucocytosis. Joints of the upper limbs were involved to a greater extent than those of lower limbs. Skin lesions were absent on the soles of the feet but were present symmetrically on the shins and to a greater extent around the elbows. Administration of steroids resulted in dramatic improvement, but, its cessation was followed by relapse of clinical features, rise in ESR leucocytosis, reactivation and spread of the pulmonary lesions. Pulmonary symptoms dominated the entire course of the disease. Haemoptysis was the presenting symptom and was responsible for the death of the patient.

REITER'S SYNDROME

Savant SS, Fernandez JC, Dhurandhar MW et al

Ind J Dermatol Venereol Leprol, 1979; 45:
 353-357.

A case of Reiter's syndrome occurring in a young male aged 20 years having extensive skin lesions of keratoderma blennorrhagica is presented along with a review of literature. Although urethritis was absent, other clinical and histopathological features of the cutaneous lesions led us to the diagnosis. The possible relationship of pustular psoriasis to Reiter's syndrome is discussed. Failure of the patient to respond satisfactorily to steroids, anti-biotics etc, prompted the use of methotrexate in the case. The result was dramatic, as the patient completely recovered within ten days of starting treatment.

REITER'S DISEASE - CLINICAL PROFILE OF EPIDEMIC FORM

Girgla HS, Bhattacharya SK, Mehrotra ML et al

Ind J Dermatol Venereol Leprol, 1980; 46:
 232-236.

Absence of urethritis need not exclude the possibility of Reiter's disease in young males where conjunctivitis and polyarthritis are cardinal features. Appearance of cutaneous lesion early in the course of the disease heralds a poor prognosis specially in the rare epidemic form of

the disease. Two cases of Reiter's disease are reported. Both belonged to the dysentric type of the disease; sometimes referred to as the epidemic form. Relatively high dose of steroids was necessary to control symptoms.

REITER'S SYNDROME WITH PERSISTENT CONJUNCTIVITIS

Krishnamurthy VR, Rengasamy Jeyaraj, Natrajan R et al

Ind J Dermatol Venereol Leprol, 1980; 46: 237-242.

Reiter's syndrome consists of urethritis, conjunctivitis and arthritis with a wide variety of manifestations and sequelae. Urethritis and conjunctivitis may be so mild and of such short duration that they are forgotten by the patients. In this report we describe a case with persistent conjunctivitis refractory to a short course of systemic corticosteroids as well as local steroid ointment.

AN UNUSUAL LARGE SIZED RHINOPHYMA

Soni NK, Lal BB and Chatterji P

Ind J Dermatol Venereol Leprol, 1979; 45: 303-307.

A case of rhinophyma of the lobulated type associated with rosacea is presented. The growth was big (15 x 10 cm) and showed dilated follicles and pits. It was removed surgically. The relevant literature is reviewed.

CUTANEOUS RHINOSPORIDIOSIS

Acharya PV, Gupta RL and Darbari BS

Ind J Dermatol Venereol, 1973; 39: 22-25.

Rhinosporidiosis is a disease caused by a fungus, *Rhinosporidium seeberi*. The disease is endemic in this area. On an average 75 patients per year report in DK Hospital, Raipur, Madhya Pradesh. The commonest site of the lesion is nose. In 10% of the cases the lesions is in the ocular tissues. Skin is also sometimes involved. During the period 1967 to 1971 four cases of cutaneous sporidiosis were observed in this institution. The clinico-pathological findings of these four cases are presented. Two cases were of satellite variety and the other two had generalized cutaneous dissemination.

ROTHMUND-THOMSON SYNDROME

Mani MZ, Sreekumari PS and Chatterjee A

Ind J Dermatol Venereol Leprol, 1979; 45: 368-370.

A case of Rothmund-Thomson syndrome in an 8 year old Indian male is reported. The patient had bilaterally symmetrical superficial pigmentary deposition of thin nebulae in the lower one-third of the cornea and oonjunctiva. There were no abnormalities of the lens. Urinary chromatography revealed a dibasic aminoaciduria with increased excretion of arginine, lysine, homocystine and glycine. Other features of interest in this patient were onset at the age of 8 days and start of the disease on the hands and feet rather than face. The patient also developed repeated ulcerations on the hands and feet subsequent to minor trauma.

SARCOIDOSIS

Bajaj AK, Lal Murari, Gupta SC et al
Ind J Dermatol Venereol Leprol 1979; 45: 459-462.

A case of cutaneous sarcoidosis is reported and discussed. There was associated lung and liver involvement.

CLINICOPARASITOLOGICAL STUDIES ON SCABIES

Hati AK, Roychowdhury DS and Gupta Kartick
Ind J Dermatol Venereol Leprol, 1974; 40: 121-133.

An attempt was made to detect the percent of parasitiasis in a selective number of cases suffering from clinical scabies, the different stages of parasites and their number were noted. Certain peculiarities of the manifestation of the disease noted were (i) involvement of peculiar sites specially in children such as palms, soles, face (including forehead), neck, scalp and earlobe, (2) associated impetigo in a large number of patients and (3) middle class, upper middle class and rich people were also affected.

HUMAN SCABIES - A CONTINUING PROBLEM

Bedi TR
Ind J Dermatol Venereol Leprol, 1976; 42:235-240.

Scabies continues to plague mankind with cyclic fluctuations. Based on the findings of an epidemic among the Bangladesh refugees in 1971 in West Bengal and clinical experience in hospital practice, the significance of socio-economic, hygienic, nutritional and immunological factors permitting resurgence of scabies in wartime or otherwise is discussed. Overcrowding resulting in intimate contact and improper and inadequate therapeutic measures are held responsible for the spread of scabies. While hypersensitivity and immune mechanisms appear to be operative in scabetic infestation to establish the presence and the significance of immunity to the parasite, further investigation is needed.

EPIDEMIOLOGY OF SCABIES

Nair BKH, Joseph A, Narayanan PI et al
Ind J Dermatol Venereol, 1973; 39: 101-105.

This paper is an attempt to review and

reassess the epidemiology of scabies by a field survey in a fishing village of Kerala. A survey of 2258 persons living in 364 houses showed a prevalence of scabies in 6% of the population and in 20% of houses. There was a significant correlation between age and prevalence of scabies. 81% of those affected were below the age of 14 and 50% were below the age of 5. The most significant factor in the transmission of scabies is prolonged intimate personal household contact, and to this, overcrowding, especially with regard to sleeping space, is an important contributory factor. The high incidence in children, is due to the fact that they have more chance of intimate personal contact, as they are scantily clad. Poverty, poor hygiene and the habits of sharing clothes and bath towel have not been found to be significant factors in the transmission of the disease.

SCABIES - ECOLOGY AND EPIDEMIOLOGY

Sehgal VN
Ind J Dermatol Venereol Leprol, 1977; 43: 266-269.

A study of records of new cases attending the out-patients from 1971-1975 was carried out to study the epidemiological and ecological aspect of scabies in Goa. A rise in the number of patients with scabies was noticed during these years. Predominance of male sex, and younger age group was seen. The incidence was more during rainy and winter seasons. Mode of infection was mostly from the family members or from close contacts. Extensive survey of the population in our country is suggested to learn more about the epidemiology of the disease.

BACTERIOLOGICAL ANALYSIS OF PATIENTS SUFFERING FROM INFECTED SCABIES

Jain NK, Singh Raghubir and Mital VP et al
Ind J Dermatol Venereol Leprol, 1980; 46: 223-225.

Scabies is considered to be the commonest disease among the patient attending most Dermatology outpatient departments in our country. Pyoderma sometimes appears as the main clinical presentation in scabies. The treatment of pyoderma can be rational only if the clinician has thorough knowledge of the nature and behaviour

of the causative organisms as well as their sensitivity patterns to antibiotics. A bacteriological survey of 75 patients with scabies was done in the Department of Dermatology of the BRD Medical College Gorakhpur in association with the Department of Pathology. This study involved a detailed history and clinical examination as well as culture and sensitivity test in each case. Staphylococcus was found to be the commonest organism responsible for the secondary infection.

SCABIES-A RETROSPECT

Nair BKH

Ind J Dermatol Venereol, 1973; 39: 29-32.

The purpose of this paper is to memorialize human achievement and pay tribute to mastery, the distinction of standing head and shoulders above, which in this heyday of the average, is still an inspiring thought. It is hoped that this story of scabies, however imperfectly told, may stimulate interest in those achievements of the past, which help us to solve the problems of the present and act as a foundation for future progress.

A FAMILY BASED STUDY OF THE TREATMENT OF SCABIES WITH BENZYL BENZOATE AND SULPHUR OINTMENT

Gulati PV and Singh KP

Ind J Dermatol Venereol Leprol, 1978; 44: 269-273.

A house to house survey was done to examine 1727 persons for scabies in an entire semi-urban area. All the 158 scabies positive persons were randomly divided into two groups. One group was treated with benzyl benzoate and the other with sulphur ointment. Scabies lesions were observed mainly on the upper extremities and especially in the interdigital spaces, wrists and elbows. In children, the lesions were relatively more uniformly distributed on the body as compared to adults. Lesions cleared faster with benzyl benzoate than with sulphur ointment in patients with scabies lesions alone. In those with complication of secondary infection, clearance of lesions was faster with sulphur ointment. However, for all patients with or without secondary infection, benzyl benzoate was found to be a better drug than sulphur ointment. Recurrence

of scabies after six months was also found to be less among patients treated with benzyl benzoate than among those treated with sulphur ointment.

EVALUATION OF GAMMA BENZENE HEXACHLORIDE IN TREATMENT OF SCABIES

Haribhakti PB and Koshy Thomas

Ind J Dermatol Venereol Leprol, 1976; 42: 172-174.

Fifty six patients of scabies were studied for the evaluation of GBH (1%) as a therapeutic agent. All patients received treatment with 1% cream for a period of 7 days and was followed up at 3 and 7 days intervals. Good to excellent response was observed in 51 patients (91.04%), while 3 patients (5.4%) showed a fair response. Only 2 patients (3.5%) failed to show any response to the treatment. The drug has been found to be highly effective and well tolerated by children as well as adults. No evidence of drug sensitization or irritation was noted.

EVALUATION OF AN INJECTABLE SCABICIDAL PREPARATION - SCABIEZMA

Hemachandra CT

Ind J Dermatol Venereol Leprol, 1976; 42: 283-288.

Twelve cases of scabies were treated with Scabiezma and followed up. Results were assessed clinically for objective and subjective clearance of symptoms. Laboratory examination for liver damage studies and nephrotoxicity studies were undertaken. No untoward reaction was noticed in the cases under study. Remarkable and sustained antipruritic effect was observed after the first injection which was maintained for the duration of the treatment which lasted for four days and the follow up showed complete clearance of the infection.

METRONIDAZOLE IN SCABIES

Mathew VM and Thomas Zachariah

Ind J Dermatol Venereol Leprol, 1978; 44: 105-107.

Twenty five patients with scabies were studied for the evaluation of metronidazole as an oral therapeutic agent. These patients were given 400 mg of metronidazole three times daily for 8 days. Good to excellent results were observed in 6 (27.27%) patients, 8 (36.36%) pa-

tients showed a fair response and no response was observed in 8 patients (36.36%). The significance of these results are discussed.

TOPICAL METRONIDAZOLE THERAPY IN SCABIES A PRELIMINARY REPORT

Gopinatha Pillai KG, Paily PP, Asokan PU et al

Ind J Dermatol Venereol Leprol, 1980; 46: 15-17.

Ten cases of scabies are treated with topical metronidazole emulsion. Eight patients were completely cured in 5 days. No untoward effect was noticed. The results are discussed.

SCLEREDEMA

George Thomas, Fernandes Rui, Dhurandhar MW et al

Ind J Dermatol Venereol Leprol, 1975; 41: 66-69.

A case of scleredema in an adult male patient with a review of literature is presented. In the world literature approximately 225 cases have been described with a female to male ratio 2:1. Because of the rarity of the condition and our patient is an adult is of special interest.

SCLEREDEMA WITH SYSTEMIC MANIFESTATIONS

Bhargava BK, Singh Virendera and Soni Vinay

Ind J Dermatol Venereol Leprol, 1977; 43: 33-34.

A case of scleredema occurring in old age with systemic manifestations in the form of electrocardiographic abnormalities with a review of literature is presented.

SCLEREDEMA

Verma KC, Bhargava NC and Joshi BK

Ind J Dermatol Venereol Leprol, 1979; 45: 63-66.

Four cases of scleredema are reported. Two cases showed high serum cholesterol level and were put on eltroxin and one patient showed some response. Two cases were below 20 years of age and other two above 20 years. The ratio of male to female was 3:1.

INJECTION PLACENTREX IN SCLERODERMA

Handa F and Aggarwal Radha Rani

Ind J Dermatol Venereol Leprol, 1975; 41: 187-189.

We studied the effect of placentrex in 6 cases of scleroderma. Good results were seen in 3 patients. Two patients responded to Placentrex therapy but did not complete treatment and further follow-up could not be done. One case showed no change. On the whole, results were good. Significant point of this study was that no side effect of Placentrex was noted during prolonged use.

PERFORATION OF THE PALATE IN SCLEROMA

Soni NK, Chatterji P, Nahata SK et al

Ind J Dermatol Venereol Leprol, 1980 46: 375-376.

A case of scleroma with perforation of the palate is described. The patient presented a picture suggestive of syphilitic granuloma with perforation of the nasal septum and the palate. The diagnosis of scleroma was made on the basis of histopathology. The case was treated by surgical resection of the nasal mass and with antibiotics for a period of 3 months. The aetiopathogenesis of the clinical features in this case is discussed briefly in the light of available literature.

STUDY OF 'SENSE OF HEAT' AND ITS RELATIONSHIP TO SKIN ALLERGIES AND OTHER DERMATOSES

Behl PN and Singh NK

Ind J Dermatol Venereol Leprol, 1980; 46: 23-27.

Four hundred skin patients complaining of 'sense of heat' (in short S O H) were thoroughly studied regarding their constitution, temperament, disease, degree of S O H, eating habits, etc. Eighty consecutive patients attending the skin OPD were taken up to see the incidence of S O H in the skin patients. Two series of 400 and 90 patients were studied for their dietary habits. Non sattvic food habits and those with worrying, brooding nature are more prone to S O H and skin allergies. Sattvic food usually consists of simple, wholesome, fresh, non pungent foods like milk, butter, fresh fruits, barley, bananas, almonds and vegetables like torai, parwal, karela and green dal. Pathogenesis, etiology and therapeutic approach are discussed.

SEX EDUCATION

Dutta AK

Ind J Dermatol Venereol Leprol, 1979; 45: 318-320.

Sex education is very important specially for the growing persons as it helps to develop a proper understanding and healthy attitude towards sex. When, where, how and to whom sex education should be started have been discussed. The aim of sex education with special reference to venereal diseases has also been emphasised.

SJOGREN LARSSON SYNDROME

Mulay DN, Ahuja BB and Saxena Uma

Ind J Dermatol Venereol Leprol, 1977; 43: 43-46.

Two cases showing essential features of Sjogren Larsson syndrome namely congenital ichthyiform erythrodermia, spastic disorders, mental retardation and speech defect are presented. There was no history of consanguinity in parents. Macular dystrophy was present in one case. There was no history of convulsions in any of them. Bony age was almost consistent with their chronological ages. Aminoaciduria was absent in both cases. There was no dental or osseous dysplasia in either case. Hypertelorism, defective sweating or dermatoglyphy were not present in our cases. Additional findings in one case was presence of diabetes mellitus in the absence of any family history of diabetes. Tuberculosis in some form or other was present in both cases. Although this finding is not of much importance in our country where tuberculosis is commonly prevalent, it cannot be ignored that both patients are non-ambulatory and there is no case of tuberculosis among family members or near contacts.

A CROSS SECTION OF SKIN DISEASES IN BUNDELKHAND REGION, U P

Dayal SG and Gupta GD

Ind J Dermatol Venereol Leprol, 1977; 43: 258-261.

An analysis of skin patients attending the dermatology and STD department of Maharani Laxmi Bai Medical College Hospital, Jhansi UP during the period February 1972 and December 1975 is presented. 8.59% of the total number of patients who attended the hospital during this period had skin diseases. 65.33% of them were males and 34.67% females. Predominantly affected patients (37.24%) belonged to the age

group of 16-30 years and showed a male to female ratio of 1.6.1. Out of a total of 10354 skin patients seen, 53.18% had infective and 46.72% non infective skin diseases. Cases of fungal infections (12.8%) were maximum in the infective and cases of allergy and eczema (16.17%) in the non infective group. The latter also represented the highest single etiological condition among the whole lot. The cases are classified and findings compared with other reports from the country.

ECOLOGICAL STUDY OF SKIN DISEASES IN DELHI AREA

Behl PN, Mohanty KC and Banerjee Sanjay
Ind J Dermatol Venereol Leprol, 1979; 45: 260-264.

The present study is a portrayal of the incidence of skin diseases viz. skin problems in a house to house survey of a community and its comparison with 5 years (1971-1976) statistical analysis of various dermatoses is represented in graphic form. Data collected reflect the prevalence of common skin problems. To these is drawn the attention of medical authorities and teachers for revision of the undergraduate curriculum and refresher course (continuing medical education). It is desired that proper stress should be laid on control of infectious dermatoses particularly scabies which forms a very large percentage of the prevalent dermatoses in our community.

PATTERN OF SKIN DISEASES IN INDUSTRIAL WORKERS

Joshi PB

Ind J Dermatol Venereol, 1972; 38: 150-151.

Seven hundred and two workers covered under ESI scheme have been studied for causative agents for their dermatoses. Most common conditions encountered were parasitic infestations. Amongst the occupational dermatoses (4% of total) oil acne were the commonest. Distribution of other diseases were more or less the same as found in a General Hospital.

SKIN LESIONS (NON NEOPLASTIC AND NON HANSEN DISEASE) IN JABALPUR AREA

(A clinicopathological study)

Gupta JC, Panda PK, Gupta MC et al

Ind J Dermatol Venereol Leprol, 1978; 44:

138-144.

The paper deals with 588 cases of skin diseases studied histopathologically between 1968 and 1974. Neoplastic and Hansens's diseases have not been included in this study. The diseases have been studied with emphasis on their incidence, types and clinicopathological features. Psoriasis, lichen planus, vitiligo, chronic dermatitis, eczema, lupus vulgaris, molluscum contagiosum etc. are reported in this paper. The results are presented and discussed.

PATTERN OF SKIN DISEASES IN KERALA

Gangadharan C, Joseph A and Sarojini PA
Ind J Dermatol Venereol Leprol, 1976; 42: 49-51.

The present paper is a statistical analysis of the cases which attended the Dermatology Department of the Medical College Hospital Trivandrum during a period of five years (1967-1971). Skin diseases formed about 10 percent of the total cases which attended the hospital. Of the skin diseases 46.85 percent were infectious and 53.15 percent non-infectious. Fungus infections (18.24%) had the highest incidence among the infectious group and allergy and eczema (20.37%) among the non infectious group.

SYSTEMIC DISEASES AND THE SKIN

Shafi M, Bhutani LK and Kandhari KC
Ind J Dermatol Venereol, 1971; 37:8-14.

The present study was undertaken to assess, in the hospital population, cutaneous manifestations of systemic diseases as also systemic disorders commonly associated with certain specific or non-specific skin lesions. No attempt was made to establish a cause and effect relationship. It was observed that various systemic diseases presented with a very wide variety of cutaneous lesions and with the exception of metastatic lesions secondary to internal malignancies none of them were specific. Internal malignancies and diabetes mellitus were for instance frequently associated with generalised pruritus. The significance of the presence of herpes zoster and purpura in the elderly is also similar to that of pruritus. The detection of a hyperglycemic state in approximately one third of the patients with recurrent pyococcal infections and in one half of the patients with chronic

monial infections, compared to a mere 2.0% in normal urban population in North India is a strong circumstantial evidence in favour of an association between diabetes mellitus and chronic recurrent pyococcal and monial infections. Other endocrinal disorders like hypothyroidism, Addison's disease and Cushing's syndrome presented characteristic skin changes in a vast majority of patients. The importance of skin lesions in the so-called collagen diseases was particularly striking. In fact in all patients, attention to the presence of a systemic disease was first attracted by the presence of skin lesions. A word of caution, based on our findings is that while some of these skin lesions are not infrequently associated with a systemic disease, a majority is still without any systemic involvement. Hence these skin lesions should only be considered as guides and not, barring certain exceptions, as the diagnostic or cardinal signs for any of these diseases.

EVALUATION OF IRRITANT PROPERTIES OF DIFFERENT TOILET BAR SOAPS

Singh Raghubir and Singh Gurmohan
Ind J Dermatol Venereol Leprol, 1975; 41: 99-102.

Seven commonly used toilet soaps were evaluated and compared with a superfatted soap 'Olatum' for their relative irritant properties. IT 50 was calculated using 5% soap solutions on 10 normal human subjects. Lux and Maharani Sandal, Neko, Life buoy, Olatum and Hamam, Pears and Cinthol were the soaps in the descending order of their irritant properties.

AN EFFECTIVE MEDICATED SOAP IN SCABIES, PITYRIASIS VERSICOLOR, PEDICULOSIS CAPITIS AND PITYRIASIS CAPITIS, ETC.

Behl PN, Sood NK and Bikram K
Ind J Dermatol Venereol Leprol, 1975; 41: 96-98.

Medicated soap containing sulphur, salicylic acid and almond shell oil has been tried in common dermatoses like pityriasis capitis, seborrhoea oleosa, pityriasis versicolor, pediculosis capitis and scabies. Satisfactory results are reported in over 88% of cases. Side effects are mild and transitory. This medicated soap is

recommended as a cheap non-messy and non-cumbersome preparation and as a satisfactory treatment of these common dermatoses.

SPINA BIFIDA OCCULTA

Awachat AK

Ind J Dermatol Venereol, 1972; 38: 187-189.

A case report of spina bifida occulta with hypertrichosis in lumbosacral region and unilateral lesions in the left lower extremity is presented. The last two phalanges of the left 4th toe were absent, the left little toe appeared shorter. The nails of the left 2nd, 3rd and the 5th toes had almost disappeared. Distal third of the left foot showed anaesthesia on both the plantar and the dorsal aspects. The vertebral column had a scoliosis towards right in mid thoracic region. The left lower extremity appeared wasted more so below the knee. The ankle jerk was absent on the left side. Left plantar jerk could not be elicited. X-ray lumbar spine revealed spina bifida L 4, irregular development of L5, S1 hemivertebra with no ossification on the right side.

LOCALISED CUTANEOUS SPOROTRICHOSIS OF FACE-A CASE REPORT FROM INDIA

Singh Prem, Sharma RC and Gupta ML

Ind J Dermatol Venereol Leprol, 1980; 46: 381-383.

A case of localised cutaneous sporotrichosis of face has been reported. This is the first case of this type from India and the first of sporotrichosis reported from Himachal Pradesh., North India.

SPOROTRICHOSIS

Talwar P

Ind J Dermatol Venereol Leprol, 1977; 43: 106-108.

A case of subcutaneous sporotrichosis in the upper limb of an Indian male has been presented. Diagnosis of the disease was confirmed by isolation of fungus, *Sporotrichum schenckii*, on two occasions from the same lesion followed by a positive animal pathogenicity test. The patient responded well to oral potassium iodide therapy with complete cure.

SUBCUTANEOUS SPOROTRICHOSIS IN INDIA

Sanyal Maya, Basu N, Thammayya A et al

Ind J Dermatol Venereol, 1973; 39: 88-91.

A case of subcutaneous sporotrichosis in an Indian male, who spent several years in forest, has been presented with data of histo-pathological and mycological studies and treatment. The diagnosis was confirmed by isolation of *Sporothrix schenckii* followed by animal pathogenicity test. Oral potassium iodide therapy completely cured the patient.

SPOROTRICHOSIS IN MADRAS

Pankajalakshmi VV, Tara Lakshmi VV and Subramaniam S

Ind J Dermatol Venereol Leprol, 1976; 42: 140-142

This is the first case report of sporotrichosis from Madras. The patient, a 32 year old male, was admitted as a case of mycetoma left foot. The diagnosis of sporotrichosis was made by isolation of *Sporotrichum schenckii* in pure culture from the purulent material of the discharging lesion and demonstration of its pathogenicity to mice, rat and chick embryos. Histo-pathological examination of the biopsy material revealed the presence of microabscesses with acidophilic, asteroid bodies and no fungi.

STEVENS - JOHNSON SYNDROME: A STUDY OF 17 CASES

Shah SS, Doshi HV and Kothari UR

Ind J Dermatol Venereol Leprol, 1977; 43: 6-11.

Seventeen cases of Stevens-Johnson syndrome are reported. Clinical manifestations and laboratory findings have been described. Only 5 cases had classical triad of conjunctivitis, stomatitis and urethritis with skin lesions. Four patients had corneal ulcerations. There were 3 deaths. Sulfonamides, acetyl-salicylic acid, thia-cetazone, isoniazide, phenylbutazone, oxyphenbutazone and streptopenicillin were the responsible drugs for the development of Stevens-Johnson syndrome in 11 cases, whereas no cause could be ascertained in 6 cases.

STRIAE ATROPHICAE

A Clinico-Aetiological Study

Behl PN, Sehgal VK and Sood NK

Ind J Dermatol Venereol Leprol, 1974; 40: 236-239.

Five hundred forty six school children (292 boys and 254 girls) age 8-15 years were examined for evidence of striae atrophicac. Incidence

and distribution of striae with relation to diet, physical activity and presence of any other illness were noted. 151 patients attending the Skin institute out patients for various dermatological conditions were also examined for striae. Relationship to other diseases, medication, diet, physical activity, body weight and pregnancy were noted. The findings are presented and the role of various factors discussed.

STURGE-WEBER SYNDROME

Hajini GH, Raina P and Ahmad Shah SN

Ind J Dermatol Venereol Leprol, 1971; 37: 61-63.

A case of Sturge-Weber syndrome showing portwine nevus, cavernous angioma, convulsions, hemiparesis, mental and behavioural changes, ocular manifestations and characteristic roentgenographic findings is reported.

A CASE REPORT OF STURGE WEBER SYNDROME

Handa F, Aggarwal Radha Rani and Singh Ratan Lal

Ind J Dermatol Venereol Leprol, 1974; 40: 153-155.

A 2.5 months old case of Sturge Weber syndrome is reported. This is a rare disease specially in very young patients. In addition, patient is suffering from parotid haemangioma of left side of face.

SUBCORNEAL PUSTULAR DERMATOSIS

Oberai Chetan, Rebello DJA and Parekh VD
Ind J Dermatol Venereol Leprol, 1977; 43: 29-30.

A case of subcorneal pustular dermatosis of 16 years duration in a 23 year old male patient is reported. The patient also had latent syphilis. He has responded well to dapsone therapy.

SUBCORNEAL PUSTULAR DERMATOSIS

Haribhakti PB and Koshy Thomas

Ind J Dermatol Venereol Leprol, 1977; 43: 210-211.

A case of subcorneal pustular dermatosis is reported with generalised lesions in an adult male.

SUBCORNEAL PUSTULAR DERMATOSIS

Kanwar AJ and Singh OP

Ind J Dermatol Venereol Leprol, 1977; 43:

337-339.

A 50 year old male patient with subcorneal pustular dermatosis is reported. Patient has been successfully treated with dapsone 100 mg twice a day followed by 50 mg daily as a maintenance dose. The relevant literature is reviewed.

STUDY OF COMPOSITION OF SWEAT IN DERMATOLOGICAL DISORDERS

Sobhandari C, Vasudeva Rao K, Sivamohan Das N et al

Ind J Dermatol Venereol Leprol, 1976; 42: 106-109.

Sweat electrolytes and urea levels were studied in a variety of dermatological conditions and 15 normal subjects. This study demonstrated significantly raised levels of sweat urea in tinea infections and pustular folliculitis. Sweat sodium and chloride levels were elevated significantly in psoriasis, hyperhidrosis, tinea infections and pustular folliculitis. Sweat potassium levels were normal in tinea infections while significantly elevated levels of sweat potassium were noticed in psoriasis, hyperhidrosis and pustular folliculitis. The elevated levels of sweat urea in tinea infections after extended study may be used as a laboratory parameter in the differential diagnosis of tinea infections.

HORNYPHILID

Nigam Pranesh and Agarwal VK

Ind J Dermatol Venereol Leprol 1976; 42: 297-298.

An unusual cutaneous manifestation of syphilis is presented.

SYPHILITIC AMYOTROPHY

Ranganathan PS and Srinivasan K

Ind J Dermatol Venereol Leprol, 1975; 41: 111-113.

Two cases of amyotrophy due to involvement of L3 root of cauda equina by syphilitic arachnoiditis among 67 cases of neurosyphilis are presented. The muscular wasting with absence of sensory loss suggests a radicular involvement. Complete recovery following antisyphilitic treatment with long acting penicillin is emphasized.

LEUCOMELANODERMA IN LATE CONGENITAL SYPHILIS

Lal Sardari and Lamba PA

Ind J Dermatol Venereol, 1972; 38: 19-20.

A case of late congenital syphilis showing leucomelanoderma of palms and soles accompanied by changed texture of skin is reported. Such an occurrence does not appear to have been reported before.

LEUCOMELANODERMA - DIAGNOSTIC SIGN OF SYPHILIS

Bedi BMS and Arunthathi S

Ind J Dermatol Venereol, 1972; 38: 235-237.

Study of 35 cases of leucomelanoderma showed that all of them were of syphilitic origin. Four of these cases belonged to congenital syphilis and 31 belonged to late syphilis of acquired type. The lesions have occurred mainly on the palms in large majority of the cases. The VDRL test was repeatedly and persistently positive in all these cases. It has been attempted to emphasize the role of leucomelanoderma occurring on the palms or occasionally over the soles as an important diagnostic sign of syphilis.

ECOLOGY OF EARLY SYPHILIS PATIENTS: A STUDY OF EIGHTY CASES

Bhattacharjee Sujit Kumar, Singh Ratan and Sharma RC

Ind J Dermatol Venereol Leprol, 1979; 45: 436-441.

Eighty early syphilis patients were studied in detail regarding their age, source of infection, occupation, education, marital status, income and previous venereal infection. Incidence of sexually transmitted disease was 27% of which 26.6% cases had early syphilis. Male to female incidence was 10.4:1. In males, 27.4% and 30.2% were in the teenage and young adult (20-24 years) groups respectively. Among males 60.3% were unmarried, while 32.8% were married. Widowers and divorcees constituted the rest. Prostitutes and homosexuals were the major sources of infection in 45.2% and 27.4% males respectively. 52% were from low socio-economic class, 26% from middle income group while no patient was from high socio-economic status. 21.9% were from no income group. 63.2% were labourers, 17.8% unemployed and 4.2% students. 60.5% were illiterate and 15.3% cases had other associated sexually transmitted diseases. 32.8% had history of past venereal infection. Among females 4 (57.1%) acquired infection from their husbands: 1 (14.3%) had

middle school education, 2 (28.6%) had other associated STD and none had history of past venereal infection.

ERYTHROCYTE SEDIMENTATION RATE IN EARLY SYPHILIS

Bhattacharjee Sujit Kumar, Singh Ratan and Lal Sardari

Ind J Dermatol Venereol Leprol, 1979; 45: 24-26.

Pretreatment erythrocyte sedimentation rate was studied in 80 proved cases of early syphilis (Primary, secondary and early latent) of which 73 were males and 7 females. Erythrocyte sedimentation rate (ESR) was raised in 80% cases of early syphilis. All the 7 (100%) female cases showed raised ESR, while 57 (78.8%) out of 73 male cases had raised ESR. Out of 80 cases of early syphilis, asymptomatic neurosyphilis was detected in 23 cases and 22 (95.6%) of these cases had raised ESR.

EARLY SYPHILIS AND HEPATIC FUNCTION

(Clinical, Biochemical and Pathological Study)

Vimala Bai K and Reddy Indira

Ind J Dermatol Venereol Leprol, 1977; 43: 99-100.

Twenty cases of secondary syphilis were studied clinically, biochemically and histopathologically for hepatic involvement. Most of the liver function tests were normal in our series. 25% cases showed non-specific features with cellular infiltration and acute necrotic changes.

OESTEOLYTIC LESIONS IN EARLY SYPHILIS

Pugalendhi Santosham AJ, Venkatram MK and Ranganathan PS

Ind J Dermatol Venereol Leprol, 1979; 45: 143-145.

A patient with osteolytic changes in the right clavicle and right acromio-clavicular joint due to early syphilis is reported. The rarity of such lesions in contrast to osteitis and periosteitis in early syphilis is emphasised. The need for awareness of the occurrence of such lesions in early lues is highlighted.

ELECTROCARDIOGRAPHIC CHANGES IN SECONDARY SYPHILIS

Handa F and Ahmad Masood

Ind J Dermatol Venereol Leprol, 1980; 46: 108-109.

Electrocardiographic (ECG) changes were studied in twenty one cases of secondary syphilis, before and after treatment. Abnormal electrocardiograms so detected are reported.

SECONDARY SYPHILIS SHOWING GRANULOMATOUS REACTION NOT RESPONDING TO CONVENTIONAL DOSES OF PENICILLIN

Anandam K, Syamasundara Rao and Sivagnamani K

Ind J Dermatol Venereol Leprol, 1979; 45: 294-296.

A case of secondary syphilis with granulomatous foci is reported. The patient did not respond to conventional doses of 2.4 mega units of benzathine penicillin but needed more than 12 mega units of penicillin for complete recovery. It is suggested that the clinical stage of syphilis are not merely due to progression of the disease, but represents an individual's response to disease.

PREVALENCE OF HEPATITIS B ANTIGEN/ANTIBODY IN PATIENTS OF SYPHILIS

Joshi BN and Jundre Shailaja

Ind J Dermatol Venereol Leprol, 1980; 46: 335-337.

In some cases of Hepatitis B antigen positive hepatitis, a history of previous blood transfusion or any parenteral therapy is lacking and evidence for other routes of infections have to be sought. Sexual contact has been suggested as one of the methods of transmission of this infection. To approach the problem from this angle we studied 480 sera which were positive for syphilis serology for the presence of HB antigen and antibody by discontinuous counter immune electrophoresis method. It was found to be prevalent to the extent of 5.2 per cent against 1.4 per cent found in voluntary blood donors. Our observation agrees with that of other workers that HB antigen/antibody is seen more frequently in patients with positive syphilis serology.

SECONDARY SYPHILIS: A HISTOPATHOLOGICAL STUDY

Basumatary RK and Singh Ratan

Ind J Dermatol Venereol Leprol, 1980; 46: 341-345.

The histopathological pattern were studied in 44 biopsies from 31 cases of secondary syphilis. The classical picture of syphilis was observed in majority of the cases, but it was lacking or inconspicuous in 22.72% cases. Granulomatous reaction was observed in 15.9% cases during early stage of the disease. Epidermal changes like hyperkeratosis, parakeratosis, exocytosis, spongiosis and acanthosis were frequently seen. Keratotic plugging was observed in 11.36%, hypergranulosis in 2.27% cases and basal cell degeneration in 33.63% cases.

JAUNDICE, AN EARLY CLINICAL MANIFESTATION OF SECONDARY SYPHILIS

Borroni G

Ind J Dermatol Venereol Leprol, 1980; 46: 356-358.

Hepatitis is an uncommon manifestation of early acquired syphilis. A case of secondary syphilis presenting with jaundice and papular eruption is reported. The icterus was slight and responded promptly to penicillin therapy, transaminase levels were moderately increased. Alkaline phosphatase was elevated. Jaundice was due to an increase of both conjugated and unconjugated bilirubin; serological reactions for syphilis were positive.

EPIDEMIOLOGICAL CLINICAL SEROLOGICAL AND HISTOLOGICAL STUDIES IN CASES OF SECONDARY SYPHILIS

Anandam K

Ind J Dermatol Venereol Leprol, 1978; 44: 79-81.

Case records of 690 patients with secondary syphilis were analysed. Epidemiological, clinical and serological aspects are discussed. Rose-Waaler test was found to be positive in 4 cases. Its significance in relation to involvement of musculo-skeletal system is discussed. Histopathological examination was carried out in 27 patients and 7 of them showed features of granuloma. The importance of this finding in relation to appearance of tertiary manifestations is discussed.

GUMMATOUS SYPHILIS

Acharya KM, Kshastriya PK, Vyas PJ et al
Ind J Dermatol Venereol Leprol, 1979; 45:

350-352.

A rare case of gummatous syphilis of the scalp involving underlying bones in a 50 years old male is reported. The diagnosis was confirmed by history, clinical examination, serological and radiological findings. Salient radiological features regarding gummatous osteitis are described.

LUES MALIGNA

Lal Sardari, Garg BR and Madhavan M

Ind J Dermatol Venereol Leprol, 1974; 40:21-23.

The case of a 25 years old male suffering from lues maligna is reported. The skin lesions consisted of multiple circular ulcers covered with lamellar crusts and responded to therapy with benzathine penicillin.

ERB'S SYPHILITIC PARAPLEGIA

Akhtar M and Dutta Rk

Ind J Dermatol Venereol Leprol 1978; 44: 38-40.

A 45 years old married lady was admitted with spastic paraplegia of insidious onset without any sensory deficit. Serological studies of blood and CSF for syphilis were positive and cerebrospinal fluid showed increased cells and protein content. She responded well to parenteral penicillin therapy, showed gradual subjective improvement and appreciable decrease in cellular and protein content of the CSF. Her husband also was found to have latent syphilitic infection. Review of relevant literature showed no report of such paraplegia following syphilis in recent times. The case is being reported with a short discussion of the clinical features of neurosyphilis.

NEUROSYPHILIS (ASYMPTOMATIC) WITH PSYCHIATRIC MANIFESTATIONS

Lalita Rao N and Kapur TR

Ind J Dermatol Venereol Leprol, 1977; 43: 25-26.

One of the serving soldiers was admitted to the Psychiatric wing of a Military Hospital in an acutely confused state. Investigations and observations confirmed the diagnosis of neurosyphilis and the therapeutic response was satisfactory. The case is reported as one with unusual manifestations of neurosyphilis.

ATYPICAL PRESENTATION OF NEUROSYPHILIS

Anand LC

Ind J Dermatol Venereol Leprol 1980; 46; 38-41.

Five cases of neurosyphilis with atypical manifestation have been reported. Of these four cases presented as acute neurological illness and showed variable recovery after antisyphilitic therapy. One of these cases had parinaud sign which was unaffected by treatment. One case presented as dementia and gave poor response to therapy. In only one of these five cases was reagin in CSF demonstrated. Lange's colloidal gold test was negative in all. As such failure to demonstrate reagin in CSF does not rule out the diagnosis of neurosyphilis. In an antibiotic era patients may inadvertently receive some antibiotics prior to presentation to a clinician and therefore are unlikely to present with typical neurological and laboratory findings.

LATE OSSEOUS SYPHILIS

Chaudhari SS, Merchant SE and Dhara-wadkar PM

Ind J Dermatol Venereol, 1971; 37: 64-67.

This is a report of four cases of late osseous syphilis, with the clinical manifestations mimicking the other clinical conditions. All these cases were investigated, treated till symptomatic cure was achieved and were followed up for over a six months period for clinical, radiological and serological surveillance. The response to antileptic treatment was excellent in all the cases.

SYPHILITIC PERFORATION OF THE NASAL SEPTUM

Bedi BMS and Arunthathi S

Ind J Dermatol Venereol, 1972; 38: 15-18.

Eight cases of syphilitic perforation of the nasal septum are presented. Special attention is drawn to this clinical feature as a diagnostic sign of late syphilis. Out of the eight cases two belonged to congenital syphilis. Other associated features like perforation of the palate, depressed bridge of the nose, gumma of skin and bones do help to draw attention to this curious clinical entity.

ROSE-WAALER TEST IN SYPHILIS

Anandam K and Leela Naidu PS

Ind J Dermatol Venereol Leprol, 1979; 45:

114-115.

Rheumatoid factor was found to be positive in significant titres in 13 out of 20 cases suffering from various stages of syphilis. The significance of this observation, in the light of another auto antibody, ie reagin occurring in syphilis is discussed.

SEROLOGICAL SCREENING FOR SYPHILIS IN ANTENATAL CASES.

Vora Ila M, Purandare SM and Mehta TK
Ind J Dermatol Venereol Leprol, 1978; 44: 74-78.

Out of 23808, sera screened for syphilis by VDRL tests from antenatal cases, 1155 were reactive, giving an incidence of 4.85%. This has been compared with the incidence of reactive sera for syphilis in antenatal cases by various other workers. We have compared 300 sera with various reactivity by VDRL test with KVT and found only 2 false positive and 57 inconclusive, thereby indicating need to have specific tests. There was good correlation between VDRL and KVT, but VDRL was more sensitive, whereas KVT was more specific. Various serological tests for screening syphilis have been discussed in brief and ultimately concluded that VDRL is the best screening test.

A STUDY OF VENEREAL SYPHILIS IN A HIGH RISK OCCUPATIONAL GROUP (ARMY RECRUITS)

Ramadwar DK, Kalhan VK and Majumdar RD

Ind J Dermatol Venereol Leprol, 1974; 40: 198-203.

The study has been a combination of cross-sectional and longitudinal methods of investigation aimed at ascertaining the prevalence and incidence of syphilis in army recruits, a high risk group. The recruits were from a training centre near Nagpur. A high prevalence 12.96% was found among the recruits. The longitudinal study brought forth the first leave period as a dangerous period in the tenure of recruits. A definite association between educational and serological status was found. Higher prevalence was noted among recruits from rural areas. Unmarried recruits were found more liable to this infection than the married ones, during the leave period. The prevalence increased with the duration of

stay of the recruits in the army. The increase was found to be arrested after 24 months of stay after which it stabilized around 12.06%. The prevalence rate obtained has been compared with the ones obtained by other workers. Significance tests were carried out wherever indicated.

VDRL TEST POSITIVITY IN BLOOD DONOR

(A retrospective surveillance for six years)

Anandam K, Seethamma R and Ramadevi T
Ind J Dermatol Venereol Leprol, 1979; 45: 27-31.

Retrospective surveillance VDRL test reactors was carried out on 1298 professional blood donors over a period of 6 years. 207 of them showed positivity. The minimum number of times the VDRL test was done on these subjects is 2, maximum being 29 times. In view of the fact that the positive donors showed wide fluctuations of titres and because of their age group and response to anti-luetic treatment, they were considered as syphilitics. Blood group wise break up of these donors showed a preponderance of "B" group subjects.

AN APPRAISAL OF SOME (STS) SEROLOGICAL SURVEYS

Gokhale BB and Gokhale Tara B.

Ind J Dermatol Venereol, 1973; 39; 280-282.

Syphilis in India has now reached a proportion to constitute a major health problem. The knowledge and techniques of prevention and control of syphilis are now well established. To use the knowledge it is necessary to have correct data on the incidence of the disease. Serological test for syphilis is a simple case finding tool. Data on the prevalence of the disease based on hospital record has limitations. Therefore a case is made for routine serological testing for syphilis of industrial recruits as it would reflect a near picture of general cross-section of the population.

PREVALENCE OF SYPHILIS IN DIFFERENT CLASSES OF POPULATION

Bhargava NC and Singh OP

Ind J Dermatol Venereol Leprol, 1974; 40: 215-217.

Prevalence of syphilis in 5894 cases was estimated by VDRL and Kahn Tests. Only those cases were taken as positive which gave sero-

positive results on both these tests. Overall 3.95% seropositivity was found with a distribution of 4.7% in males and 2.6 in females. Seropositivity in general OPD (2.5%) blood donors (10.6%), antenatal clinic couples (3%), industrial workers (3%) and pregnant women (3.7%) was observed.

SEROLOGICAL SURVEY FOR SYPHILIS (STS) IN KASHMIR

Hajini GH, Kaur Milap and Ahmad Shah SN
Ind J Dermatol Venereol Leprol, 1975; 41: 103-105.

Serologic survey for syphilis was done in 7164 patients in Medical College Hospital, Srinagar. 3.6% subjects were sero-reactive for syphilis.

PREVALENCE STUDIES OF SYPHILIS - ROLE OF CLINICIAN AND LABORATORY AIDS

Bhakta Viziam C, Mathai R, Rao PSSS et al
Ind J Dermatol Venereol Leprol, 1975. 41: 165-170.

Prevalance of syphilis is estimated by using three parameters: (i) results of initial VDRL screening; (ii) results of FTA-200 used as confirmatory test on low positive reactors (LPR); and (iii) clinical findings on the LPR. Variable prevalence rates can be reported depending on how these parameters are utilised. These rates are computed for 1479 dermatology patients above 15 years of age and 6639 maternity patients studied during 1969-73. On the basis of FTA-200 test, the BFP rate is as high as 83.3%. Probable factors contributing to this high BFP rate are discussed. The inconsistencies between serological and clinical diagnoses are also analysed. It is stressed that clinical judgment by the physician in assessing the LPR has still great importance considering the non-specific and not infallible nature of the VDRL and FTA-200 tests respectively.

A SEROLOGICAL SURVEY FOR SYPHILIS AMONG INDUSTRIAL WORKERS

Sathe PV and Upe GV
Ind J Dermatol Venereol Leprol, 1978; 44: 355-358.

A serological survey for syphilis among employees of two newly established factories in Aurangabad city was carried out. A coverage of

90.8% of the employees was achieved. Among 1090 workers examined, 29 seropositive cases (2.66%) were detected. Of these, 28 belonged to the age group of 21 to 30 years. No statistically significant difference in the prevalence was noticed in the married and unmarried groups. The seropositivity rates of blood donors and ante-natal cases, often used for estimation of prevalence of venereal diseases in a community, and the seropositivity rate of industrial workers of Delhi, Poona and Aurangabad for similar period were studied and show divergence. Thus seropositivity rate of newly recruited industrial workers may not be appropriate for estimation of prevalence. However, as this group is particularly vulnerable to causal social factors, the rate may be a good indicator of the incidence of venereal diseases in an area.

PREVALENCE OF VDRL POSITIVITY IN AN URBAN COMMUNITY

Rao Sreehari Y and Rao M Vallabha
Ind J Dermatol Venereol Leprol, 1974; 40: 195-197.

An indirect estimate of prevalence of syphilis in an urban community by VDRL positivity was aimed at. A total of 168 blood samples gave a positivity rate of 16.1% indicating a high prevalence of syphilis in the area. The percentage of positives is more in males than in females. The younger age group of below 30 years showed a higher positivity rate, the rate being considerably high even among teenagers. Though the positivity rate for unmarried group is only slightly higher than that of the married, the VDRL positivity in one fifth of the small group of 34 unmarried individuals is a significant observation. The illiterate group shows a highest positivity rate of 25.8%. Low income groups showed higher positive rate than the high income group.

VULNERABILITY OF POLICEMEN TO SYPHILIS AND GONORRHOEA

Dube PC and Kulkarni SW
Ind J Dermatol Venereol Leprol, 1978; 44: 206-210.

Venereal diseases all over the world are assuming alarming proportions. Policemen, usually considered the custodians of society are in no way immune to this and in fact syphilis and

gonorrhoeas in them showed 13.5 percent prevalence. They contract the infections in their middle age, often from ticketless travellers or convicted women and expose themselves to these dreaded diseases for pleasure or in the company of friends. Unmarried state and long separation from family seem to predispose the policemen to the exposures. Irregularity and improper treatment causes ping-pong infection between husband and wife. Regular medical examination and more rigid social and personal control are recommended. Other relevant factors leading to vulnerability have been discussed.

PRECOCIOUS TERTIARY SYPHILIS

Anandam K, Subrahmanyam S and Srijaya R
Ind J Dermatol Venereol Leprol, 1977; 43: 340-341.

A case of precocious tertiary syphilis is reported. The reasons for the early onset of tertiary syphilis is reported. The reasons for the early onset of tertiary stage and positivity of Rose Waaler test are discussed.

THE TREPONEMA PALLIDUM HAEM-AGGLUTINATION TEST (TPHA) FOR THE SPECIFIC SERO-DIAGNOSIS OF SYPHILIS

Yogeswari L and Sowmini CN
Ind J Dermatol Venereol Leprol, 1974; 40: 185-192.

The TPHA test for syphilis was carried out on 1700 sera and the results compared with those of FTA-ABS test in sensitivity and specificity and seemed to have confirmed the reports of previous workers. The test could be done quantitatively and was found to have good reproducibility. Micro-haemagglutination technique seemed to be of great advantage as small quantities of reagents could be used and 100 sera run qualitatively at one testing. A clinico-serological survey conducted in a small hamlet in Kolli Hills in Salem District, Tamilnadu revealed that 40% of the hill tribes were reactive to VDRL and FTA-ABS tests and 41% to TPHA test. Majority of them had no symptomatic syphilis though an

occasional patient presented himself with hyperkeratosis or leucomelanoderma of palms. Attempts were made to prepare TPHA antigen at the Institute Laboratory and standardize it so that TPHA could be established as simple, specific, sero-diagnostic test for syphilis in laboratories all over India. However, intensive research is indicated to improve the quality of antigen before this goal is reached.

SYRINGOMA

Amin SP and Shah BH

Ind J Dermatol Venereol, 1973; 39: 133-137.

A thirty year old married woman belonging to a low socio-economic class had eruptions on the face of 4 years duration. Physical examination revealed multiple, small, waxy, white, soft papules on her face. The lesions were in hundreds and were round or oval in shape and varied from 1 to 3 mm in size. They were discrete with little tendency to grouping and were limited to face and scalp. There were no associated skin lesions elsewhere on the body.

SYRINGOMA

Sehgal VN, Rege VL, Mascarenhas MF et al
Ind J Dermatol Venereol Leprol, 1976; 42: 187-188.

The clinical and histological features of a case of syringoma, a rare condition are reported.

CHONDROID SYRINGOMA

Solanki RL, Ramdeo IN and Goyal AK
Ind J Dermatol Venereol Leprol, 1979; 45: 59-62.

Chondroid syringoma of skin is a very uncommon, benign tumour consisting of pleomorphic cellular components, viz. large dilated cystic branching duct with myxoid stroma and pseudo cartilage. They originate from apocrine or eccrine sweat glands. The present communication deals with reports of four cases of chondroid syringoma of which three occurred at uncommon sites. Histochemical findings in these tumours are also described which are identical to those seen in pleomorphic salivary adenoma.

THALASSAEMIA PRODUCING LEG ULCER**Saha PK and Roychaudhury DS****Ind J Dermatol Venereol Leprol, 1979; 45: 358-359.**

Haematologic condition producing leg ulcers are very common except in hemoglobin - S homozygous state. Thalassaemia group of disease causing leg ulcer is thus considered to be rare. A case of hemoglobin E thalassaemia with leg ulcer is presented in this article.

PRESENT DAY ANTI-VIRAL THERAPY IN DERMATOLOGY**Kapur TR****Ind J Dermatol Venereol Leprol, 1979; 45: 190-194.**

Attempts to develop drugs for the prevention and treatment of viral infections have faced variety of problems different from those encountered in the development of other type of antimicrobial agents. There are difficulties and consequently slow progress in the discovery of drugs which inhibit viral growth. Viruses have to strictly depend on living cells for replication. The narrow margin between the therapeutic dose of antiviral agents and lethal dose to the cells themselves is one of the major problems encountered in the development of viricidal drugs. Present day therapy in viral diseases is discussed in this paper with a review of the literature.

LICHEN PLANUS LIKE LESIONS CAUSED BY THIACTAZONE**Mani MZ, Raja MV, Mathew M et al****Ind J Dermatol Venereol Leprol, 1979; 45: 455-458.**

Thiacetazone has been used as a standard antituberculous drug in several countries. Side effects which include various types of skin eruptions have been observed in about 10% of patients taking thiacetazone. We are reporting two cases of lichen planus-like lesions presumably due to thiacetazone. Of these, one case had pre-existing lichen planus hypertrophicus but the other one did not have any past history of lichen planus.

CLINICAL EVALUATION OF A NEW, SYNTHETIC, NON-STEROID, TOPICAL AGENT - BUFEXAMAC**Bilimoria FE and Shah BH****Ind J Dermatol Venereol Leprol, 1974; 40:****117-119.**

Seventy random patients suffering from corticosteroid responsive dermatoses were selected for a trial with bufexamac cream, a non steroid synthetic agent and its effectiveness was studied.

CASE OF TOXIC EPIDERMAL NECROLYSIS OR SCALDED SKIN SYNDROME**Venkatesan TV****Ind J Dermatol Venereol, 1971; 37: 72-74.**

A man aged 40 years Ramaswamy, was admitted with a history of red rashes and blisters all over the body. Four days prior to that he had taken pills for headache - 4 tablets of Aspirin 5 grain each as one single does as the headache was severe. He had similar attacks previously when he had taken aspirin.

TOXIC EPIDERMAL NECROLYSIS IN NEWBORN INFANT**Tak Sk, Bhandari B and Pamecha RK****Ind J Dermatol Venereol Leprol, 1979; 45: 126-127.**

The youngest case of toxic epidermal necrolysis is reported with brief review of literature.

LOCAL INFILTRATION OF TRI-AMCINOLONE ACETONIDE SUSPENSION IN VARIOUS SKIN CONDITIONS**Shah CF and Pandit DM****Ind J Dermatol Venereol, 1971; 37: 231-234.**

In all, 51 cases were studied, of these eight did not show any improvement. Alopecia areata: six cases were treated. Three of them in which there was growth of tufts of hair were considered as cured. Neurodermatitis: (Lichen Simplex Chronicus): seventeen cases were seen, out of these five patients were cured, in all fifteen patients got fair to complete improvement. Psoriasis: chronic recalcitrant patches which had not previously responded to usual treatment were selected. Of the four cases two patients were completely cured while two patients had partial improvement. Keloid: three patients were treated. The two young keloids of four months and two years duration had complete cure within eight weeks, after three injections. Lichen Planus: of the five cases, two patients had hypertrophic lesions, one had buccal mucous membrane lesions and two patients had localised

patches on the legs. All of them got partial to complete cure. Hidrotic Ectodermal Dysplasia: In this patient no improvement was seen. Prurigo Nodularis: persistence of nodular prurigo caused repeated attacks of dermatitis at the site. Cure of these in turn gave permanent relief of recurrent eczematous dermatitis. Pruritus vulvae: cure was complete with complete relief of itching and reduction in the thickness of vulva to normal after two injections. Peyronie's disease: one patient with Peyronie's disease had an ovoid nodule, one cm, by half cm, for four years. At the end of three injections the nodule felt smaller and softer. The result in this case is graded as good. (+++).

Side Effect: atrophy was seen in two patients. Halo of depigmentation surrounding the atrophy was seen in one of them. No other side effects were noticed.

TRICHOEPITHELIOMA

Bedi TR, Bhutani LK and Kandhari KC

Ind J Dermatol Venereol, 1971; 37: 85-86.

A family with seven patients of trichoepithelioma is presented. The mode of inheritance is shown to be autosomal dominant.

TRICHOEPITHELIOMA

Haribhakti PB, Juthani MM and Koshy Thomas

Ind J Dermatol Venereol Leprol, 1977; 43: 173-174.

Two cases of trichoepithelioma have been described in young adults. Both had characteristic clinical as well as histological features. Although multiple variety is believed to be familial and inherited as autosomal dominant gene, none of our patients had any family history. Histological features of trichoepithelioma have been discussed in detail.

TRICHOEPITHELIOMA

Singh OP and Kanwar AJ

Ind J Dermatol Venereol Leprol, 1978; 44: 233-235.

A family of six patients with trichoepitheliomas is reported. The mode of inheritance is shown to be autosomal dominant.

TRANSROW MEDIUM FOR TRICHOMONAS VAGINALIS

Gopalan KN, Anandachetty A and Sowmini CN

Ind J Dermatol Venereol, 1973; 39: 247-249.

A new solid transgrow medium has been described for the transport, primary isolation and maintenance of *Trichomonas vaginalis*. Perhaps this is the first solid medium ever described for trichomonads.

FLAGYL IN TRICHOMONIASIS

Subba Rao M and Raju GS

Ind J Dermatol Venereol Leprol, 1976; 42: 126-128.

Forty four married female patients with positive vaginal smears for *trichomonas vaginalis* were treated with a single oral dose of Flagyl 10 tablets (2 G). The consorts of the patients also were examined and treated with 10 tablets (2 G) of Flagyl, though their smears were negative for trichomonas. Side effects were limited to nausea in one case and mild vomiting in another case. A striking finding in the trial was the disappearance of *trichomonas vaginalis* in the vaginal smear right from the second day onwards in 27 cases (50%) after the single oral dose therapy. All the patients could take the single dose without any difficulty. The results of this study show the remarkable effectiveness of metronidazole in trichomonal vaginitis and suggest that the single oral dose of 2 G is an acceptable treatment for vaginal trichomoniasis. Since the dosage advocated is half of the standard dosage regimen it is also economical to the patients.

MYRON, AN INDIGENOUS DRUG, IN TRICHOMONIASIS AND MONILIASIS

Bhargava NC and Pramanick K

Ind J Dermatol Venereol Leprol, 1978; 44: 362-365.

Fifty consecutive cases of leucorrhoea that attended the STD training and Demonstration Centre, Safdarjang Hospital, New Delhi, were treated with Myron. Routine investigations, including smear and culture were done. Monilial infection and infection due to *T. vaginalis* were predominant. Myron was used in cases of moderate leucorrhoea and Myron + Bangshil was used in case of leucorrhoea with profuse discharge. Assessment was made by repeat investigations and symptomatic relief. It was found that Myron gave 88.0% satisfactory response in cases of leucorrhoea. This clinical trial shows that Myron can be used beneficially and available for investigations and smear culture.

THE TREATMENT OF TRICHOMONIASIS WITH NIMORAZOLE-A COMPARISON OF SINGLE DOSE AND 24 HOUR THERAPY

Ratnatunga CS

Ind J Dermatol Venereol Leprol, 1976; 42: 29-33.

A study of the efficacy of short-term high-dose therapy of nimorazole for trichomoniasis in the female is reported. Patients in one group received a single dose of 2 g each, while those in the other group were given 1 g twelve hourly for 3 doses. The results of treatment were equally good with both regimes. Side effects, too were remarkably few on both regimes. Since single-dose therapy has considerable advantages over longer courses, it is concluded that when nimorazole is used the most suitable treatment for trichomoniasis is a single dose of 2 g.

ORAL TINIDAZOLE IN THE TREATMENT OF VAGINAL TRICHOMONIASIS

Phillips C and Kalra SK

Ind J Dermatol Venereol Leprol, 1975; 41: 215-217.

A new substituted nitromidazole, tinidazole, is compared with metronidazole in Trichomonal vaginitis. Tinidazole cured 93.3% cases with no undesirable side effects. Metronidazole cured 83.3% with side effects in 10% of cases. In the recommended dosage tinidazole is comparable to metronidazole in efficacy with additional advantage of better toleration.

INCIDENCE OF URETHROGENITAL TRICHOMONIASIS IN MALES

Sharma RP and Verma KC

Ind J Dermatol Venereol Leprol, 1980; 46: 332-334.

Fourteen per cent prevalence of urethro-genital trichomoniasis was observed in a group of 50 male patients suffering from various types of genitourinary symptoms. The prevalence was highest in the age group of maximum sexual activity (20-30 years). The commonest symptom observed in patients with trichomonal infestation was a sort of penile discomfort. Urethral scrapings were found to be the best sources for the detection of the organism. No superiority of stained smears and culture was observed over fresh wet smears in the diagnosis.

PIGMENT PRODUCTION, HAIR PERFO-

RATION AND UREASE TEST FOR DIFFERENTIATION OF ATYPICAL VARIETY OF T. RUBRUM FROM T. MENTAGROPHYTES

Mehta Jagdish P, Deodhar KP and Chaphekar PM

Ind J Dermatol Venereol Leprol, 1978; 44: 352-354.

In the present study pigment production test, hair perforation test and urease test were carried out in order to distinguish atypical varieties of T. rubrum from T. mentagrophytes and the relative merits of each test have been evaluated. It was observed that none of the above tests is absolutely reliable for the differentiation of the two species. Adaptive pigment producer variety of T. rubrum did not produce any pigment on rice infusion dextrose agar or corneal agar. Urease test was found to be more reliable and convenient than hair perforation test.

EMOTIONAL TRACTION ALOPECIA (TRICHOTILLOMANIA)

Singh Gurmohan

Ind J Dermatol Venereol Leprol, 1975; 41: 54-56.

A case of trichotillomania involving the eye brows and the right side burns occurring in a 25 years old man is described. The patient has a schizoid personality. His symptoms started after his two unsuccessful attempts at competitive examinations. At the same time the patient's wife had also become pregnant and the patient had ambivalent feelings about the child to be born. He avulses hair at fixed time, between 12 mid-day and 3 p.m. First he gets some tingling after which he rubs and finally plucks hair. The term trichotillomania is discussed and it is recommended that a more appropriate term be used as these cases are seldom manic even in its broader sense. A new term "emotional traction alopecia" is suggested.

TRICHO-RHINO-PHALANGEAL SYNDROME

Prakash APS

Ind J Dermatol Venereol Leprol, 1978; 44: 372-373.

Tricho-rhino-phalangeal syndrome occurring in a father and son is reported. The autosomal dominant pattern of transmission in these cases differs from the usual mode of trans-

mission in this syndrome which has been reported to be autosomal recessive.

TRIGEMINAL TROPHIC SYNDROME

Acharya KM and Shah BH

Ind J Dermatol Venereol Leprol, 1979; 45: 297-300.

A rare case of trigeminal trophic syndrome in an adult male is reported and the literature on the same is reviewed.

TRIGEMINAL TROPHIC SYNDROME FOLLOWING HERPES ZOSTER OPHTHALMICUS

Kumar Bhushan, Radhakrishnan K, Chopra JS et al

Ind J Dermatol Venereol Leprol, 1980; 46: 368-370.

A case of trigeminal trophic syndrome presenting with painless ulceration of the scalp following herpes zoster ophthalmicus is presented. The pathogenesis of neurotrophic changes in the trigeminal territory is reviewed.

TUBERCULIDS - A CONCEPT

Papali Cynthia, Gangadharan C, Nair Ramachandran P et al

Ind J Dermatol Venereol, 1973; 39: 276-279.

Three cases of tuberculids are presented and the concept of tuberculids is analysed.

PAPULO NECROTIC TUBERCULID

Kumar Bhushan and Kaur Surrinder

Ind J Dermatol Venereol Leprol, 1977; 43: 212-213.

A case of papulo necrotic tuberculid of penis is reported. Though tuberculosis is a common problem in India, this is surprisingly the first case report. The etiopathogenesis, treatment and importance of recognition of the entity is stressed.

TUBERCULOSIS OF THE SKIN

Mammen A and Thambiah AS

Ind J Dermatol Venereol Leprol, 1973; 39: 153-159.

A study on true tuberculosis of the skin conducted in the Dermatology Department of Government General Hospital, Madras over a period of 6 months is presented. There were a total of 27 cases. The incidence of skin TB in a large dermatology clinic is 0.11%. Age incidence-lupus vulgaris and tuberculosis verrucosa cutis predominantly affects adolescent and young adults. When lupus vulgaris occurs in the

older age group, the spread of the lesion is more rapid. Lupus vulgaris forms the major group of TB skin in this series. Therefore lupus vulgaris is not a rare occurrence in the tropics as reported by western authors. Face and neck are not the most frequent sites of involvement in lupus vulgaris. The maximum number of LV were seen on the distal parts of the extremities.

CHRONIC MILIARY TUBERCULOSIS

Bajaj AK, Gupta OP Rastogi DK et al

Ind J Dermatol Venereol Leprol, 1979; 45: 226-228.

A patient with chronic miliary tuberculosis is being reported. The patient had miliary mottling of the lung, tubercular lymphadenitis, cervicitis and disseminated lupus vulgaris type of skin lesions.

LUPUS VULGARIS IN INDIA

Singh Gurmohan

Ind J Dermatol Venereol Leprol, 1974; 40: 257-260.

Skin tuberculosis is not a rarity in India. Its incidence was 5.9 per thousand among general skin out-patients. Lupus vulgaris was the commonest, constituting 74% of total skin tuberculosis. There was significant high frequency of disease in females. The buttocks, thighs and legs are more often involved than the face. It is hypothesized that mode of infection in lupus vulgaris could be both exogenous and endogenous. Higher frequency of pyoderma on buttocks around which the tubercle bacilli may get inoculated seems to result in a high incidence of tuberculosis at this site.

TUBEROUS SCLEROSIS

Mistry CJ, Gharpuray MB, Wadia RS et al

Ind J Dermatol Venereol, 1972; 38: 51-55.

Three cases of tuberous sclerosis are presented and various methods of investigations are described. The subject is discussed in short.

EPILOIA

Amin SP, Joshi BB, Rawoot BE et al

Ind J Dermatol Venereol, 1973; 39: 60-67.

From the study of the four families of adenoma sebaceum, we have found that in two families the disease was transmitted in 3 to 4 generations, though it is mentioned by some authors that the transmission through more than 2 generations is rare. Though the characteristic features (skin lesions, mental retardation and

epilepsy) of the syndrome are seen in two cases, forme frustes are found in other members of the same family. Curiously, we have found one adult member of the family manifesting only epilepsy without any skin lesions which is rare, whereas two of the female members in the same generation had the adenoma sebaceum with epilepsy and adenoma sebaceum respectively. This emphasizes that the three cardinal features may occur singly or in any combination or in any degree of severity in the members of the same family. In the above 4 cases, except for the features of epilepsy, mental retardation and adenoma sebaceum, no other skin manifestations were found.

UNUSUAL CUTANEOUS MANIFESTATION OF TUBEROUS SCLEROSIS

Shah KC, Parmar VC and Modi RR

Ind J Dermatol Venereol Leprol, 1980; 46: 311-314.

Cutaneous manifestations are found in 60 to 70% cases of tuberous sclerosis and consist of adenoma sebaceum, periungual fibromas, café au lait spots, shagreen patches and white macules. Our patient showed unusual skin manifestations like spotty pigmentation on the chest, back and abdomen and hyperkeratosis palmaris et plantaris.

ADENOMA SEBACEUM - A HEREDOFAMILIAL STUDY

Sur Roy Chowdhury D and Banerjee AK

Ind J Dermatol Venereol Leprol, 1975; 41: 44-45.

A heredo-familial study of patients suffering from adenoma sebaceum, a rare cutaneous disease is presented. Previously similar study was done in patients suffering from epiloia, a combination of adenoma sebaceum, mental deficiency and epilepsy. The heredofamilial study of cases with adenoma sebaceum only, is not available in literature. The study revealed that it is transmitted as autosomal dominant. The skin lesions do not appear before 12 years of age.

ADENOMA SEBACEUM - A HISTOPATHOLOGICAL REAPPRAISAL

Handa F, Khanna SD, Kanta Shashi et al

Ind J Dermatol Venereol Leprol, 1976; 42: 137-139.

A histopathological reappraisal of skin

biopsies from 5 cases of adenoma sebaceum showed that there is no pathognomonic microscopic appearance of adenoma sebaceum. Histopathological appearance in one case was that of pigmented naevus.

CASE REPORT OF A RARE TYPE OF APOCRINE GLAND TUMOUR OF GROIN **Sundaramurthy M, Prasad KN, Sathyanarayanan AM et al**

Ind J Dermatol Venereol, 1972; 38: 197-202.

A 50 years old male had swelling in the left groin of eight years duration. The swelling got ulcerated and became painful for the past 15 days. There was a similar swelling over the posterior aspect of left thigh about 20 years ago. It was removed and the operated area healed well. The clinical examination revealed the presence of an irregular lobulated swelling 6 inches by 4 inches in the region of left groin. The skin over the swelling was tethered and at one area it got ulcerated. Each lobule was about the size of a lime, firm in consistency and essentially adherent to each other with few discrete ones. The whole mass was freely mobile over the deeper structures. There was a solitary, isolated circumscribed swelling (2 inches in diameter) over the medial aspect of left thigh. The skin was tethered to the swelling which was firm and freely mobile. Histopathological appearances were suggestive of syringoma, arising from the apocrine gland structures.

MIXED TUMOR OF THE SKIN

Devi N Nirmala and Ekbal B

Ind J Dermatol Venereol Leprol, 1974; 40: 73-75.

A case of mixed tumour of the skin is reported.

MIXED TUMOUR OF THE SKIN

Khan Ansar A and Ashraf SM

Ind J Dermatol Venereol Leprol, 1974; 40: 149-152.

Three cases of apocrine type of mixed tumour of the face have been described. The diagnosis was made on histological examination. The tumours were composed of anastomosing cords of epithelial cells, horn cysts scattered in chondroid stroma in two and myxoid in one. One of these cases showed the presence of islands of cartilaginous tissue.

GENITAL ULCERS IN MALE**Datta AK****Ind J Dermatol Venereol Leprol, 1978; 44: 204-205.**

An attempt to study etiologic factors in 500 cases of genital ulcers in males was made. Infection was found to be the commonest cause (86.8 percent). Trauma and drug reaction were found in 3.8 and 0.2 percent respectively. Cancer was responsible in 1.2 percent and 8 percent remained undiagnosed.

TROPICAL ULCER**Anand LC****Ind J Dermatol Venereol Leprol, 1977; 43: 19-24.**

Eleven cases of tropicaloid ulcer have been described and diagnosis discussed. Role of treatment with broad spectrum antibiotics has been emphasised and protective measures to prevent their recurrence mentioned.

DIURNAL AND SEASONAL VARIATIONS IN LONGWAVE ULTRAVIOLET LIGHT CONTENT OF SUNLIGHT OVER THE CITY OF BOMBAY**Talwalker PG and Gadgil RB****Ind J Dermatol Venereol Leprol, 1980; 46: 349.**

Sunlight is a good source of ultraviolet light. The intensity of ultraviolet content of sunlight shows marked diurnal and seasonal variation. The maximum intensity is present around noon and in summer months. The higher the altitude, the higher is the intensity.

IMPACTED FOREIGN BODY IN THE URETHRA**Sowamini CN, Chellamuthia C and Dhar-amalingam PK****Ind J Dermatol Venereol Leprol, 1974; 40: 5-7.**

An unusually big foreign body impacted in the urethra resulting in retention of the urine and its management is presented. Attention is also drawn to the fact that many more cases of foreign body in the genito urinary tract might go undetected.

URETHRITIS DUE TO A FOREIGN BODY**Ramanarao RV and Venkataswamy T****Ind J Dermatol Venereol Leprol, 1974; 40: 246-247.**

A case of urethritis due to a long needle which was introduced by the patient was described. Though foreign body urethritis is a well known clinical entity, it is a rare condition and a review of the literature reveals how varied the types of foreign bodies which have been introduced within the urethra are. Behind the urge to introduce foreign bodies into the urethra lies an abnormal erotic impulse or a neurotic or a psychotic personality.

FOREIGN BODIES IN MALE URETHRA**Datta AK and Chandra AK****Ind J Dermatol Venereol Leprol, 1980; 46: 47-51.**

A series of six cases of exogenous foreign bodies of various types in male urethra are reported. Diagnosis was made from history and clinical examination in five cases. Straight X-ray was helpful in one. Removal of foreign bodies did not present any difficulty. No complication was observed during follow up.

TETRACYCLINE THERAPY IN NON-SPECIFIC URETHRITIS WITH PARTICULAR REFERENCE TO T-MYCOPLASMAS**Kapur TR, Singh OP, Gupta U et al****Ind J Dermatol Venereol Leprol, 1977; 43: 248-249.**

Twenty nine patients suffering from Non specific urethritis (NSU)- 22 with T-mycoplasmas and 7 without T-mycoplasmas - were treated with tetracycline hydrochloride 1 gm per day for 10 days. Nineteen out of 22 T-mycoplasmas positive cases and 5 out of 7 T-mycoplasmas negative cases were clinically cured. It was observed that in all the 22 T-mycoplasmas positive cases the organisms could not be isolated after the therapy.

STUDIES ON 100 CASES OF URTICARIA WITH PARTICULAR REFERENCE TO THE ETIOLOGY**Sarojini PA, Gopinathan T and Mohandas PP****Ind J Dermatol Venereol, 1972; 38: 132-136.**

Out of 100 cases studied, only in 53 percent of the cases we could make an etiological diagnosis. In acute urticaria, drugs were found to be the most common etiological agent, whereas in chronic urticaria physical allergy was found to be the most common factor. The incidence of

atopy and dermographism is not increased in urticaria patients when compared to controls.

Etiology of Urticaria

Etiology	No. of acute cases	No. of chronic cases	Total
Drugs	19	1	20
Penicillin	12	0	12
Sulfonamide	3	0	3
Aspirin	2	1	3
Chloromycetin	1	0	1
Dilantin Sodium	1	0	1
Food	4	1	5
Focus of infection	5	3	8
Parasites	1	0	1
Inhalants	1	0	1
Cold	0	5	5
Cholinergic	0	4	4
Pressure	2	7	9
Not detected	26	21	47
TOTAL	58	42	100

SURVEY OF THE CAUSES OF URTICARIA

Pasricha JS and Kanwar AJ

Ind J Dermatol Venereol Leprol, 1979; 45: 6-12.

Analysis of 493 consecutive cases of urticaria investigated over a period of 2 years revealed that the cause of urticaria was cholinergic in 51 (10.3%) cases, cold in 46 (9.3%), dermographism in 20 (4.1%), pressure in 3 (0.6%), drugs in 17 (3.4%), inhalants in 38 (7.7%), foods in 34 (6.9%), infestations in 7 (1.4%) and bacterial foci in 27 (5.5%). This accounts for 49.2% of the total cases. A large majority of the remaining cases did not report the outcome of the investigative procedures advised, but there were 13 cases who could not be classified inspite of all the tests being currently employed by us.

URTICARIA CALORICA

Misra RS, Singh Ratan and Pandhi RK

Ind J Dermatol Venereol Leprol, 1977; 43: 138-142.

Fourteen cases of urticaria calorica, comprising 0.7% of total skin out-patient attendance and 8.6% of total urticaria cases were seen

during a period of eight months. Exercise test produced micropapular urticarial lesions in 100% cases and this is considered to be the most convenient and easy method of detection. Persistence of erythema at the site, 10 minutes after application of heat, has also been found to be diagnostic. Wheal and erythema due to intradermal injection of carbachol was significantly more as compared to normal individuals. No case of local heat urticaria was seen.

ESSENTIAL COLD URTICARIA

Misra RS, Singh Ratan and Pandhi RK

Ind J Dermatol Venereol Leprol, 1977; 43: 242-247.

Twenty one cases of essential cold urticaria, constituting 0.22% of total skin out-patient attendance and 12.9% of total urticaria cases, were seen during the period of eight months. Whealing and erythema due to local cold test and intradermal histamine test were found to be diagnostic and statistically significant. All cases of essential cold urticaria did not respond to all the different types of cold stimuli. Paradoxically therapeutic response to anti-histamines was poor.

GRADING OF THE WHEALING RESPONSE IN CASES WITH COLD URTICARIA

Pasricha JS, Kandhari S and Shukla SR
Ind J Dermatol Venereol Leprol, 1980; 46: 78-79.

Seven cases having cold urticaria and showing whealing response to the cryo-stimulation test were tested again after adjusting the temperature of the exposure surface at 0, 5, 10, 15, 20, 25 and 30 degree C. to determine the maximum temperature capable of producing a wheal in the patient (CTW). It was 25 degree C. in 2 patients and 20 degree C. in 3. In the remaining 2 patients, whealing at the test site was absent with 30 degree C., incomplete with 25 degree C. and complete with 20 degree C. On repeating the CTW in 5 patients within 7 days, it was found to be the same.

VALUE OF INTRADERMAL TESTS COMPARED TO DIET ELIMINATION AND PROVOCATION TEST IN THE DIAGNOSIS OF FOOD URTICARIA

Pasricha JS and Minocha Y
Ind J Dermatol Venereol Leprol, 1978; 44: 331-333.

Out of 40 patients having urticaria suspected to be caused by foods, only 22 patients were relieved after elimination of one or more foods. The foods found responsible were rice, milk, moong, egg, potato, wheat, massoor, tea, lobia, orange, chicken and peas in that order of frequency. Intradermal tests to the corresponding food antigens were positive in only 46% of these cases. In 18 patients the urticaria was not relieved even by complete diet elimination and was therefore not being caused by any food. But 11 of these patients showed positive intradermal tests to one or more antigens; once again indicating a poor correlation. Since the diet elimination and provocation test is far more reliable, this evidence is considered to explain at least partly, the poor results of treatment based on intradermal tests.

URTICARIA IN MALARIA FOLLOWED BY HERPES SIMPLEX

Singh M, Bhate SM, Seth P et al
Ind J Dermatol Venereol Leprol, 1980; 46: 52-54.

In a short span of 8 weeks, several patients applied for treatment with glaring clinical manifestations having almost similar sequence of events, namely urticaria with malaria followed by herpes simplex. Seven of these form the subject of the present text.

THERAPEUTIC EFFECT OF ANTI-BACTERIAL AGENTS IN URTICARIA

Pasricha JS
Ind J Dermatol Venereol Leprol, 1979; 45: 344-347.

Treatment of 64 patients having urticaria of unknown aetiology with antibacterial drugs for 1 to 2 weeks brought relief in 27. Out of the remaining 37 patients, 6 obtained relief on receiving a second different antibacterial drugs. In a control group of 18 patients having urticaria of known aetiology, none obtained any relief with antibacterial agents. A double blind comparison between tetracycline and a placebo in another group of 18 patients having urticaria of unknown aetiology showed tetracycline to be superior. It seems worth while trying a course of antibacterial agents in patients having urticaria of unknown aetiology.

ANTIURTICARIAL STUDIES WITH AN INDIGENOUS DRUG

Hurkat PC, Mallik NC, Chatterjee Basudeva et al

Ind J Dermatol Venereol, 1973; 39: 261-263.

Capryna-compound is an indigenous drug (a mixture of herbal preparations) which though a general tonic, also shows antiurticarial activity. It has neither antihistaminic nor antiserotonin like activity. It has given relief to 80% of acute and 95% of chronic cases of urticaria without any side effects.

URTICARIA PIGMENTOSA

Haribhakti PB and Shah AJ

Ind J Dermatol Venereol Leprol, 1974; 40: 8-12.

A case study of urticaria pigmentosa developing in a child of seven months has been reported in detail. The lesions developed at the age of three months, were multiple nodular lesions, yellow to dull brown in colour and varied in size from a peanut to a large plaque. No systemic involvement was noted. Literature has been extensively reviewed and the histologic and

genetic aspects are considered.

URTICARIA PIGMENTOSA AND DIARRHOEA

Girga HS and Singh Gurmohan

Ind J Dermatol Venereol, 1973; 39: 119-121.

A 2½ years male came with history of recurring itching, erythematous, papulo-vesicular lesions appearing since birth. On examination the child was average built, very irritable and the whole body was studded with hyperpigmented macular lesions. Palm, soles and mucous mem-

branes, however, were spared. Dermographism was highly positive. No hepatosplenomegaly or lymphadenopathy could be elicited. Skin biopsy revealed large number of mast cells in the upper part of dermis and around appendages and blood vessels. The child was put on cyprohepatdine hydrochloride 2 mg three times daily for about 2 weeks. The child improved. Bowels got stabilised and he started taking normal feeds.

VENEREAL DISEASES AND ALCOHOL INTAKE

Sinha N P and Nath L M

Ind J Dermatol Venereol Leprol, 1974; 40: 243-245.

This study on 200 patients suffering from venereal diseases and 200 matched controls was conducted in the outpatients clinic of Safdarjung Hospital and AIIMS hospital, New Delhi in the year 1971 with an objective to study the association of venereal diseases with intake of alcohol. It had been found that the number of person taking alcohol in the study group were three times more than the control group. When age factor was considered it was found that significant greater number of alcohol users were present at all ages amongst the study group. It furthermore revealed that frequency of intake of alcohol did not affect rate of incidence of VD. It was thus concluded that venereal disease is indirectly associated with the people who drink and occasional bout of drinking may lead to venereal disease.

ANALYTICAL STUDY OF 1000 CASES OF VENEREAL DISEASES

Bhargava N C, Singh O P and Lal N

Ind J Dermatol Venereol Leprol, 1975; 41: 70-73.

An appraisal of 1000 consecutive cases of venereal diseases from Venereology department of Safdarjung Hospital, New Delhi has been presented. There were 878 male cases and 122 female cases. Twenty two cases were having concomitant infection. Main bulk of venereal diseases was formed by 413 cases of syphilis. This was followed by chancroid in 296 cases and gonorrhoea in 287 cases. Lymphogranuloma venereum was seen in 24 cases and donovanosis, in only 2 cases. Amongst the syphilitics maximum number of cases (42.1%) were in the latent stage. Prostitutes were the source of infection in 42.4% cases and venereal diseases were acquired homosexually in 1.1% cases.

VENEREAL DISEASES AMONG BENGALIS AND PAKISTANIS AN APPRAISAL ON FURTHER SOCIAL FACTORS

Hossain ASMT

Ind J Dermatol Venereol, 1973; 39; 10-18.

The present report ascertains the marital status and some religious and recreational factors of male Bengalis and Pakistanis who attended venereal disease (VD) clinics in England. In total 445 male Bengalis and Pakistanis were interviewed. Of them 160 attended a VD clinic and formed the basis of the study. The remaining served as a control group.

BIRTH ORDER AND VENEREAL DISEASES IN THE MALES

Ramachander M

Ind J Dermatol Venereol, 1973; 39; 122-124

Birth order in 1000 consecutive male cases of venereal diseases who attended the VD clinic, Government General Hospital, Guntur, in a 2.5 months period was studied. 56.6% of venereal diseases were found in the first born, 28.3% in the middle born and 15.1% in the last born. The highest incidence of venereal diseases was found in the first born male which can not be considered as a mere coincidence. Factors responsible for the high incidence of venereal diseases in the first born male children were discussed in detail. SEXUALLY TRANSMITTED DISEASES IN CHILDREN

Singh OP, Bhargava NC and Jaiswal NL

Ind J Dermatol Venereol Leprol, 1977; 43: 155-157.

A decennial study (1966 to 1975) was undertaken to assess the incidence of sexually transmitted diseases in children, upto the age of 12 years. There were only 135 (0.63%) children, out of 21,550 patients registered in a VD clinic, who were found to be suffering from sexually transmitted diseases. Number of female children (93) was more than twice the number of male children (42). Syphilis was seen in 34.8% and gonorrhoea in 25.1% of cases. Venereally acquired nonspecific vulvo-vaginitis was seen in 23.4% of cases. Other STD were seen occasionally. It was observed that 49 patients acquired infection from their older playmates, 25 patients from their parents and 21 patients from a neighbour, relative or baby sitter.

VENEREAL DISEASES AND GENERAL PRACTITIONERS

Datta AK

Ind J Dermatol Venereol Leprol, 1979; 45: 257-259.

In our country, most of the patients with venereal diseases are being tackled by the general practitioners. These practitioners may be of great help in the different aspects of nation-wide venereal disease control programme if their services are properly oriented and integrated.

ECOLOGY OF VENEREAL DISEASES AT GUNTUR

Ramachander M and Ramamurthy KV

Ind J Dermatol Venereol Leprol, 1974; 40:95-103.

One thousand consecutive male patients attending the VD clinic, Government General Hospital, Guntur were studied regarding their age, marital status, female contacts, places of contacts, time of contact and economic status. 58.8% were single, 38.8% were married and 2.4% were widowers. The highest incidence, 84.3% of VD was found between 16-30 years. 36.4% were found in the teenagers. Among the female contacts 39.4% were prostitutes and 60.5% non-paid contacts. 69.6% of female contacts were teenagers. In our series the sexual contact with the prostitute mostly took place in the prostitute's residence and in nonpaid female contacts, fields were the commonest place in rural area and the residence of either partner in the urban areas. In the rural areas sexual contact in fields usually took place in the afternoon recess for lunch or in the evening after the day's work. In the urban areas the sexual contact usually occurred between 6 and 10 p.m. The income of the patients attending the VD clinic in 94.6% cases is less than Rs. 200/-p.m. Only two patients had income over Rs. 500/- p.m. The various factors responsible for the increase of venereal diseases have been discussed in detail.

VENEREAL DISEASES IN KASHMIR

Hajini GH, Kaur Milap and Ahmadshah SN
Ind J Dermatol Venereol Leprol, 1975; 41:21-25.

A total of 852 patients with major venereal diseases has been recorded in Kashmir Medical College Hospital for 8 years. Their age, sex, religion, rural and urban distribution, history of exposure etc. have been analysed and literature briefly reviewed.

MARITAL STATUS AND VENEREAL DISEASE

Sinha NP and Nath LM

Ind J Dermatol Venereol, 1973; 39:95-98.

The study was carried out on 200 patients diagnosed as suffering from venereal diseases for first time. Another of 200 persons, matched of age were selected as controls from the Dermatology clinics of the same hospitals from January 1971 to December 1971. All the patients were interviewed in private after initially gaining their confidence by explanation of the purpose and assurance of the confidential nature of the information gathered. In addition to other factors such as sexual history also taken. The patients were grouped as married, unmarried and widowers. No difference was found in the distribution of these groups in the cases and controls. Of the 100 married people amongst the cases 30 were currently living apart from their wives while in 109 married controls only 7 were living apart from their wives. This difference is statistically significant at 0.1% level ($P < 0.001$). In an attempt to further delineate these differences the analysis were repeated taking into consideration only those married persons in the study who were currently living with their wives. Here, too, the proportion of persons unhappy in their marriages was greater among the cases of venereal diseases. This difference was again significant at one tenth of 1% level ($P < 0.001$).

A STUDY OF PROBLEM OF VENEREAL DISEASES AMONG UNIVERSITY MALE RESIDENT STUDENTS

Subash Babu D, Marwah SM and Singh Gurmohan

Ind J Dermatol Venereol Leprol, 1976; 42:129-132.

Venereal diseases problem was studied in 1500 residential Banaras Hindu University students in the age group 15-26 years. Out of these, 59 students were found to be suffering with venereal diseases, giving rise to a prevalence of 3.93%. The students in the age group of 20 years and above were affected more (5.13%). Highest percentage of cases were found in the student at 21 years of age (8.58%). There was no significant difference in the disease rate in students coming from urban and rural areas, neither was there any difference among married and unmarried students. There was more or less equal

distribution of cases among different faculties of the University. It was observed that highest family per capita income definitely had positive effect on the prevalence of venereal diseases.

PERSONALITY PROFILES OF VD PATIENTS

Nayyar KC, Prabhu GG, Neki JS et al
Ind J Dermatol Venereol Leprol, 1974;
40:218-222.

In this study personality profiles of venereal disease patients have been studied with the help of 3 psychological tests, viz. Esenck's Personality Inventory, Cattell's 16 Personality Factors and Sack's Sentence Completion Test. Socio-demographic factors have also been studied and the findings compared with those of skin disease patients. Compared to skin disease patients, venereal disease patients were found to be significantly more extroverted and happy go lucky type. Venereal disease patients had significantly more conflicts with family, sex and colleagues and had poorer self concepts. Family disharmony, job dissatisfaction, addictions and promiscuity were more prevalent among venereal disease patients.

PLANNING FOR ANTI VD EDUCATION

Ramana Rao RV and Kamalakar K
Ind J Dermatol Venereol Leprol, 1974;
40:211-214.

The progressive increase in the incidence of venereal diseases does not seem to be all related to bacterial resistance to antibiotics commonly used, but also to a total lack of health education among the population. Because the disease in adults is almost always acquired through sexual contact, it is the diseased individual who ultimately controls the effectiveness of any type of public health programme designed to reduce or control the incidence of VD. Adequate and appropriate guidance to adolescent boys and girls on sexual behaviour, is imperative. The need and essentials of syllabus is given briefly. The subject is introduced in the higher secondary school at Junior College Level adjusting the depth of the subjects to the chronological and mental age of the students.

"Never in the history of Medicine any infectious disease has been eradicated or its incidence controlled by the sole process of treat-

ing the infected persons alone".

A PRELIMINARY ESTIMATE ON THE BURDEN OF VENEREAL DISEASES IN INDIA

Rao Mamidanna S and Burnett Keren C
Ind J Dermatol Venereol Leprol, 1972;
38:156-167.

In this paper an attempt is made to estimate the burden of venereal diseases in India. Since these diseases are not notifiable in India, and also the data currently available are inadequate for cost - benefit analysis, the estimates computed are preliminary and, therefore, to be considered minimal. The estimation procedures involved the application of results from studies on the prognosis of untreated syphilis in Norway and the United States of America, review of literature on the incidence of syphilis in India and the computation of direct and indirect burden due to neurosyphilis, congenital syphilis, gonorrhoea, chancroid and other VD. The liability due to syphilis and gonorrhoea is estimated to be Rs. 17 crores and Rs. 15 crores, respectively. The persons involved for these diseases were 13 million and 26 million, respectively. The burden due to neurosyphilis was Rs. 22.4 million as against Rs. 41 million for cardio-vascular syphilis.

EVALUATION OF VARIOUS PRESERVATIVES FOR VDRL ANTIGEN

Pasricha Asha and Nanda SK
Ind J Dermatol Venereol Leprol,
1980;46:260-262.

VDRL antigen once reconstituted has to be used the same day. To prevent wastage in the case of a possible delay in performing the test, the reconstituted antigen was preserved at lower temperatures like 4°C and 0°C and also by certain reducing agents like cysteine, merthiolate, formaldehyde, thioglycollate, benzoic acid and potassium metabisulfite at the final concentrations of 0.05%, 0.001%, 0.05%, 0.05%, 0.02% and 10 parts per million respectively. The reactivity of these antigens was tested at regular intervals with known positive sera. It is rewarding to note that most of the methods could preserve the antigen for 17 days to 42 days. The best of all being freezing at 0°C, thioglycollate and benzoic acid. Freezing at 0°C being the

simplest of all is recommended for routine use.

VENEREO PHOBIA

Dutta RK and Sabhaney JW

Ind J Dermatol Venereol Leprol, 1980; 46:243-245.

A case of venereo-phobia who was treated successfully with drug assisted systemic desensitization and electro convulsive therapy (ECT) is reported. The patient was an old case of non specific urethritis who developed fixated ideas to his genital organs in the form of worm-crawling sensation over his penis. The neurosis was associated with free-floating anxiety and masked depression.

CLINICAL EVALUATION OF CAUSTICUM IN VERRUCAE PLANA

Aggarwal Radha Rani, Handa F, Garg Raj Kumar et al

Ind J Dermatol Venereol Leprol, 1977; 43:256-257.

One hundred cases of verrucae plana on the face were treated with causticum, a homeopathic drug. The results are encouraging and no side effect of the drug was noticed during this trial. The drug had no beneficial effect on 10 cases of verrucae vulgaris.

DELAYED CUTANEOUS HYPERSENSITIVITY RESPONSES IN PATIENTS WITH WARTS

Kumar Bhushan, Kaur Surrinder and Narang Anil

Ind J Dermatol Venereol Leprol, 1980; 46: 18-22.

Twenty five patients of viral warts were tested with various antigens of secondary (recall antigens), primary delayed (DNCB) and inflammatory (croton oil) type. Significantly depressed responses were elicited with various antigens in patients with warts as compared to controls.

INJECTION TREATMENT OF VERRUCAE

Sarin RC and Dewar SP

Ind J Dermatol Venereol Leprol, 1974, 40: 60-62

Thirty four cases received aqua (4 cases), hydrocortisone (6 cases) and vitamin A (24 cases) local injection in warts. Aqua group acted as control. 50% cases of hydrocortisone group

and 58.3% of vitamin A group cases were cured of warts. Vitamin A injections had been initially quite painful.

EROSION OF PHALANX BY SUBUNGUAL WART

Shah SS, Kothari UR, Dhoshi HV, et al

Ind J Dermatol Venereol Leprol, 1976; 42: 185-186

Two cases of periungual wart proved histologically are reported in otherwise healthy persons. These lesions caused erosion of the terminal phalanx. Such destruction of the underlying bone by common wart is extremely rare. We could come across only one report of such cases in literature.

PHALANGEAL EROSION WITH SUBUNGUAL WARTS

Kumar Bhushan, Sharma Subhash Chander and Kaur Surrinder

Ind J Dermatol Venereol Leprol, 1980; 46: 166-168.

Two cases of terminal phalangeal erosion by subungual warts are described. Demineralisation of bone has been reported previously due to many other pressure producing lesions but rarely due to viral warts. Remineralisation did not occur upto six months following treatment.

VITILIGO AND INTESTINAL PARASITOSIS

Singh Raghbir and Singh Gurmohan

Ind J Dermatol Venereol Leprol, 1980; 46: 33-34

One hundred patients with vitiligo comprising of 58 males and 42 females and an equal number of control subjects comprising of 68 males and 32 females were studied. Stool examination done on two consecutive days showed total infestation percentage of 63 and 59 respectively in the two groups. There was no statistically significant difference in the individual infestation rate and total infestation rate in the two groups.

STUDIES ON VITILIGO WITH SPECIAL REFERENCE TO NEURAL CONCEPT

Dutta AK

Ind J Dermatol Venereol Leprol, 1977; 43: 190-193.

Vitiligo has been found to be of common occurrence in our country representing near

about 3.5-4% of all cutaneous ailments. In about 2/3rd of the cases the age of onset has been between 10 and 25 years. Heredo-familial incidence of vitiligo has been found in 20% of cases. Irritable G/I tract syndrome (specially exaggerated gastrocolic reflex), palmo-planter hyperhidrosis and emotional instability have been found co-existent in a significantly large percentage of patients. Minor trauma, pressure and friction have been recorded contributory for onset and/or spread of lesions in half the number of cases. Psychological unrest seemed to have played a role in 25% of cases while in 20% cases some degree of itching specially confined to newly erupting patches have appeared to be neurologically significant.

Three distinct patterns of distribution of lesions have been noted: (i) bilateral, nearly symmetrical lesions on different parts of the body (vulgaris type), (ii) bilateral, symmetrical involvement chiefly of the hands and feet, including palms and soles, and peri-orificial regions (acro-orificial type), (iii) lesions of unilateral and apparently dermatomal distribution (pseudosegmentalis type). The first two patterns have often been found overlapping, specially after few years of duration. Such distribution on theoretical analysis, has suggested nerves as the anatomical distributors system.

A little more sustained local sweating in response to intradermal infiltration of acetylcholine has been observed in vitiliginous patches.

Axon-reflex type of sweating induced by intradermal infiltration of nicotine tartrate has been found to be poorer in the lesions. Adrenergic focal sweating (recently said to be of axon-reflex type) has also been found poor in the lesions. Adrenaline blanch has been seen to be more sustained in involved areas. Lesser cholinesterase activity has been displayed in the vitiliginous areas. Degenerative changes in the nerve bundles and twigs have been noted under light microscope in about 42% of cases with the vitiligo-vulgaris type of lesions. Skin sections obtained from lesions of pseudosegmentalis type have displayed degenerative changes of the nerve twigs in 66.6% of cases.

NEURONAL STUDIES IN VITILIGO

Behl PN and Pradhan BK

Ind J Dermatol Venereol Leprol, 1977; 43: 133-137

Forty eight cases of vitiligo including 6 cases of segmental zosteriformis variety were subjected to histological examination to study the peripheral nerves. All the 3 components of the peripheral nerve viz. axis cylinders, myelin sheath and Schwann cell nuclei were examined with special stains. No structural damage to the nerve either in vitiliginous or adjacent normal skin or below the junctional area could be demonstrated even in lesions of long duration. Hence the implication of organic damage to the nerve fibres in the aetiology of vitiligo, as has been suggested in the literature, requires reconsideration.

A CLINICAL STUDY OF VITILIGO

Sarin RC and Kumar Ajit Singh

Ind J Dermatol Venereol Leprol, 1977; 43: 311-314.

Clinical patterns and manner of presentation of vitiligo in 771 cases have been studied. Both the sexes were equally affected. The disease in two third of cases had its onset at or before the age of twenty years. Multicentric onset was uncommon (1.0%). Legs were the most common initial sites involved (15.7%). Spontaneous repigmentation occurred in 9.6%. Family history was positive in 8.6%. In two third of cases the pattern was multifocal. Vitiligo areata was not uncommon (seen in 21.4% of cases).

VITILIGO IN ASSOCIATION WITH CONGENITAL PIGMENTED NAEVUS

Kapur TR

Ind J Dermatol Venereol, 1976; 42: 184.

A case of vitiligo in association with congenital pigmented naevus has been described.

LINEAR VITILIGO

Punshi SK

Ind J Dermatol Venereol Leprol, 1975; 41: 240.

Two case of linear vitiligo are reported. One is in the category of congenital vitiligo appearing since birth. Other acquired linear depigmentation of leg in a 'tentacle fashion' of 5 years duration.

VITILIGO WITH RAISED BORDERS

Mathur NK, Bedi TR and Bhutani LK

Ind J Dermatol Venereol Leprol, 1976; 42: 1-2.

An unusual patient of vitiligo with raised border is reported. Clinical and histopathological features are presented and possible causative factors discussed

VITILIGO AND MYASTHENIA GRAVIS

Sehgal VN, Rega VL and Desai SC

Ind J Dermatol Venereol Leprol, 1976; 42: 1-2.

A case of myasthenia gravis developing in a patient with long standing vitiligo is described. It seems to be a hitherto unknown association of vitiligo. The association of the two diseases on the basis of probable autoimmune etiology is brought out. A combination of oral photosensitizer and corticosteroid was effective treatment through the former alone proved abortive. The withdrawal of corticosteroid resulted in depigmentation of repigmented vitiliginous patches, suggesting the important role played by immunosuppressive therapy in vitiligo based on autoimmune disorder.

VITILIGO AND PSORIASIS

Hajini GH, Kaur Milap and Aziz Abdul

Ind J Dermatol Venereol Leprol, 1975; 41: 41-43.

Association of psoriasis and vitiligo in two patients is reported. Different views on this association have been reviewed.

NON SECRETOR STATE - A GOOD PROGNOSTIC SIGN IN VITILIGO

Hajini GH and Ahmed Shah SN

Ind J Dermatol Venereol Leprol, 1976; 42: 223-224.

Among 210 patients of vitiligo 63.3% were secretors and 36.7% non secretors. Therapeutic response to psoralen and UV rays was much better among non secretors than secretor vitiligo patients.

SERUM IONIC COPPER IN VITILIGO

Rajagopal G, Lal Sardari and Subrahmanyam K

Ind J Dermatol Venereol Leprol, 1971; 37: 6-7.

Serum ionic copper was determined in 21 normals and in 24 vitiligo patients. The mean serum ionic copper was lower in this disease but the difference from normals was not significant

statistically. It is inferred that oral administration of copper salts to vitiligo patients may not be of a therapeutic value rationally.

STUDIES OF SERUM AND SKIN COPPER LEVELS IN VITILIGO

Arya M, Roy PR and Mandol SR

Ind J Dermatol Venereol Leprol, 1978; 44: 281-285.

Histochemical and biochemical investigations were carried out to study the serum and skin copper levels in human vitiligo. Through no significant change could be observed in the serum copper levels in vitiligo patients, the histochemical observations showed a comparative reduction in the copper content of vitiliginous skin.

VITILIGO AND ABNORMAL GLUCOSE TOLERANCE TEST

Hajini GH, Hussain ST, Sofi GM et al

Ind J Dermatol Venereol Leprol, 1977; 43: 143-144.

In a series of 156 vitiligo patients, an abnormal glucose tolerance test was detected in 7.7% compared to 2.4% in the control series.

URINARY 17-KETOSTEROID IN VITILIGO

Behl PN and Pradhan BK

Ind J Dermatol Venereol Leprol, 1977; 43: 89-92.

Estimation of urinary 17-Ketosteroid was carried out in 42 cases of vitiligo. The cases were divided into 3 clinical varieties Active, Quiescent and Improving. No significant difference was found in the value of 17-ketosteroid among the 3 varieties. A significantly low 17 ketosteroid value in patients with vitiligo was observed. Since vitiligo is considered to be an auto immune derangement, a cross linked auto-immune reaction between melanocytes and adrenal tissue has been suggested.

TISSUE SULPHYDRYL GROUPS AND ASCORBIC ACID IN VITILIGO

Rao DS, Susheela AK, Pandhi RK et al

Ind J Dermatol Venereol Leprol, 1979; 45: 274-276.

Tissue sulphhydryl groups and total ascorbic acid content were estimated in the normally pigmented and vitiliginous skin. Vitiliginous patches compared to contralateral normally

pigmented skin showed a higher sulphhydryl content in 5 out of 6 patients and lower ascorbic acid content in all the 4 patients studied. The role of tissue sulphhydryl groups in the pathogenesis of vitiligo is discussed.

HISTOMORPHOLOGICAL SPECTRUM OF CHANGES IN THREE CLINICAL STAGES OF VITILIGO ACTIVE, QUISCENT AND IMPROVING
Behl PN and Pradhan BK

Ind J Dermatol Venereol Leprol, 1977; 43: 304-310.

Forty two cases of vitiligo were studied histologically. The histological spectrum of changes have been described with particular reference to the clinically recognised 3 stages of vitiligo e.g. active, quiscent and improving.

FEATURE OF MONONUCLEAR HUGGING IN VITILIGO

Behl PN and Pradhan BK

Ind J Dermatol Venereol Leprol, 1978; 44: 66-73.

Histomorphological study on 48 cases of vitiligo was carried out. The main finding in our serial section study was the demonstration of mononuclear hugging at the borders of the progressive vitiliginous macules with normally pigmented skin. The mononuclear cells were almost exclusively small lymphocytes. They were found at the dermoepidermal junction and also intra-epidermally. A selective absence of melanocytes and melanin in the basal layer of the epidermis was the striking feature at the site of mononuclear hugging. That these mononuclear cells are possibly responsible for selective destruction of melanocytes (auto-destruction) and that vitiligo is perhaps slow reacting auto-immune disorder of delayed hypersensitivity type, have been suggested on histological grounds.

STUDY OF HISTOPATHOLOGY AND MELANOGENIC ACTIVITY IN VITILIGO
Verma Krishnendra, Sarin RC and Prabhakar BR

Ind J Dermatol Venereol Leprol, 1980; 46: 99-103.

In 30 cases skin biopsy from vitiliginous areas were studied for dopa reaction and in routine sections with H & E. Dopa reaction was completely absent in 24 cases. Epidermal

changes were present in 23 cases, and dermal changes in 27 cases. Epidermal changes were hyperkeratosis, thinning of stratum malpighi, spongiosis and dissolution of the basal cell layer. Dermal changes were round cell infiltration in the upper dermis as well as hyalinisation, oedema and fragmentation of collagen.

INTERMITTENT THERAPY WITH CORTICOTROPHIN IN VITILIGO

Gokhale BB

Ind J dermatol Venereol Leprol, 1979; 45: 195-202.

Fundamental factors influencing formation and subsequent behaviour of melanin are enumerated. Three most favoured hypotheses regarding etiology of vitiligo are - 1. vitiligo is an autoimmune disorder. 2. vitiligo is a neurogenic disorder. 3. vitiligo is caused as the result of self destruction of melanocytes. Steroids have proved very effective in acute phase of autoimmune diseases and have anti-inflammatory action. On the assumption that these factors might be operative in some vitiligo cases, ACTH therapy was instituted in 27 cases. Effectiveness of treatment and untoward reactions have been discussed as also some cases reports. It is concluded that the treatment is effective and duration of therapy considerably reduced.

EVALUATION OF REPLACEMENT GRAFT AND PUNCH GRAFTS IN THE TREATMENT OF VITILIGO

Kumar Ajit Singh, Sarin RC and Puri VK
Ind J Dermatol Venereol Leprol, 1980; 46: 140-145.

Thirty cases of vitiligo each with minimum of two lesions underwent replacement graft and multiple punch grafts in one lesion each. Complications observed at the recipient site like infection and raised rugosed surface were significantly more in replacement grafts. Hypopigmentation of the graft was significantly more when the disease was progressive.

LAMPRENE IN VITILIGO

Punshi SK

Ind J Dermatol Venereol Leprol, 1977; 43: 315-316.

A preliminary trial of B663 (Lamprene) in vitiligo cases is reported. Thirty cases were studied. One Cap of 100 mg, B663 was given

daily. Out of 30, excellent results were seen in 21 cases.

CLOFAZIMINE IN VITILIGO

Guha PK, Pandey SS and Singh Gurmohan
Ind J Dermatol Venereol Leprol, 1980; 46:
35-37.

Eleven patients with vitiligo were treated with clofazimine, for a period of 3 months. There was no evidence of repigmentation of the affected areas in any of the patients treated. Exposure to sunlight in addition, did not improve the response.

A CLINICAL TRIAL OF "B-663" IN VITILIGO

Handa F and Ahmad Masood

Ind J Dermatol Venereol Leprol, 1980; 46:
338-340.

"B663" (3-P chloranilino) - 10 (P-Chlorophenyl) - 2, 10-dihydro-2-(ISO-propylimino) phenazine (Iamprene, Hansepran) was tried in 20 patients with vitiligo. Majority of cases (17) did not show any improvement. Three cases showed slight repigmentation. Generalised dark brown pigmentation was a major deterrent for the

patients to use this drug. Good results claimed in a previous report, could not be substantiated by us.

VOHWINKEL SYNDROME (KERATOMA HEREDITARIA MUTILANS)

Kapur TR and Singh OP

Ind J Dermatol Venereol Leprol, 1977; 43:
214-215.

Keratoma hereditaria mutilans (KHM) in a young Gurkha girl presented the following clinical features of this rare syndrome; palmo-plantar hyperkeratosis beginning early in life, marked keratosis of dorsa of the hands and feet and constriction of the digit of left 4th toe. Clinical variants of KHM are discussed.

KERATODERMA HEREDITARIA MUTILANS WITH ACANTHOSIS NIGRICANS (VOHWINKEL DISEASE)

Chaudhuri Asim Kr and Haldar B

Ind J Dermatol Venereol Leprol, 1980; 46:
299-304.

A case of keratoderma hereditaria mutilans in a 24 years old lady with associated marked ichthyosis and acanthosis nigricans is reported. A short literature review is given.

WAARDENBURG'S SYNDROME

Radhakrishna Murthy K, Surya Rao SVM and Kalpana T

Ind J Dermatol Venereol Leprol, 1974; 40: 173-177.

A case of Waardenburg syndrome is reported, with more than three characteristic features. A peculiar finding in this case is the orange colour of fundus ground in left eye due to partial albinism which was also reported only once before. The father who is partial albino and who has had consanguinous marriage has transmitted major part of the syndrome. Partial albinism which is said to be always non-progressive has grown subsequently in the patient to double the original extent. The recurrent vesiculobullous eruptions in the family is an additional features of this case, as also the mental condition of the patient in association with partial albinism.

WAARDENBURG'S SYNDROME WITH LEPROSY

Reddy BSN, Chandra Sushil and Jha PR et al
Ind J Dermatol Venereol Leprol, 1978; 44: 24-26.

A rare association of Waardenburg's syndrome and tuberculoid leprosy in a 13 year old patient is described. This is an unrecorded feature in the literature. These two disorders are quite unrelated entities and their occurrence in the same patient is a casual one. All the classical features of Waardenburg's syndrome except deafness were present and the disease manifested as an isolated case in the family. The pertinent literature is briefly reviewed.

WARTY DYSKERATOMA

(A review of clinicopathological features, nature, morphogenesis, classification and nomenclature)

Panja Ranjit K

Ind J Dermatol Venereol Leprol, 1978; 44: 3-11.

Warty dyskeratoma is an interesting cutaneous tumour due to its striking histopathology with an uncharacteristic clinical feature. Though a few large series of cases are reported in western literature, the tumour is probably very rare in India. Its exact nature and morphogenesis has not been clarified and the tumour has not been classified properly. The present paper is a review

of the upto date knowledge regarding the tumour and an attempt to suggest its origin, nature, morphogenesis, a plausible classification and a more explicit nomenclature.

WEGNER'S GRANULOMA WITH REVIEW OF LITERATURE

Acharya KM, Shah BH and Balge SS

Ind J Dermatol Venereol Leprol, 1978; 44: 297-302.

Two adult males with Wegner's granuloma are reported with review of the literature of approximately 130 cases of Wegner's granuloma. Both cases were managed with the combined therapy of corticosteroids and cyclophosphamide without any beneficial effect. Both of them had a very volatile clinical course and died within a short time.

JUVENILE XANTHOGRANULOMA

Shah Anil P, Haribhakti PB and Shah CF

Ind J Dermatol Venereol, 1972; 38: 99-103.

A 5 month old child was brought to Skin Department with multiple papular lesions of few weeks duration. The first lesion was seen on back at the age of three months which subsided by itself in 3-4 weeks. Later on similar lesions developed on back, front of chest, arms and legs. The papules were oval, 0.2 to 1.5 cm diameter, yellowish colour and were quite firm on palpation. They were non-itchy and were distributed discretely over back, neck, trunk and extremities. They persisted for 4-6 weeks and then subsided by themselves leaving dark pigmented atrophic area. Skin elsewhere was normal. Systemic examination did not show any enlargement of liver or spleen. Heart and lungs were normal. Mucous membrane and eyes did not show any abnormality.

XANTHOMA ERUPTIVUM

Tiwari VD, Sohi AS and Arora PN

Ind J Dermatol Venereol Leprol, 1977; 43: 272-274.

A case of xanthoma eruptivum as the only manifestation of Type V hyperlipoproteinaemia with diabetes mellitus is reported. Stepwise investigations to reach the exact diagnosis and rationale of treatment are discussed.

XERODERMA PIGMENTOSUM

Aggarwal Radha Rani, Handa F, Garg Raj Kumar et al

Ind J Dermatol Venereol Leprol, 1977; 43: 333-335.

Xeroderma pigmentosum (XDP) is a hereditary disorder characterised by early development of pigmentation, atrophy, keratoses and carcinomas occurring predominantly on light exposed skin. The disease is often fatal before the age of 20 years. Survival beyond middle age is sometimes possible in mild cases with adequate

treatment. Two patients with XDP aged 60 years and 75 years were admitted in the skin department of Rajendra Hospital Patiala. Survival upto 70 years has been reported by Herxheimer in 1947. Survival in XDP upto the age of 75 years is particularly significant in our country with abundant sunshine which is practically impossible to avoid completely.

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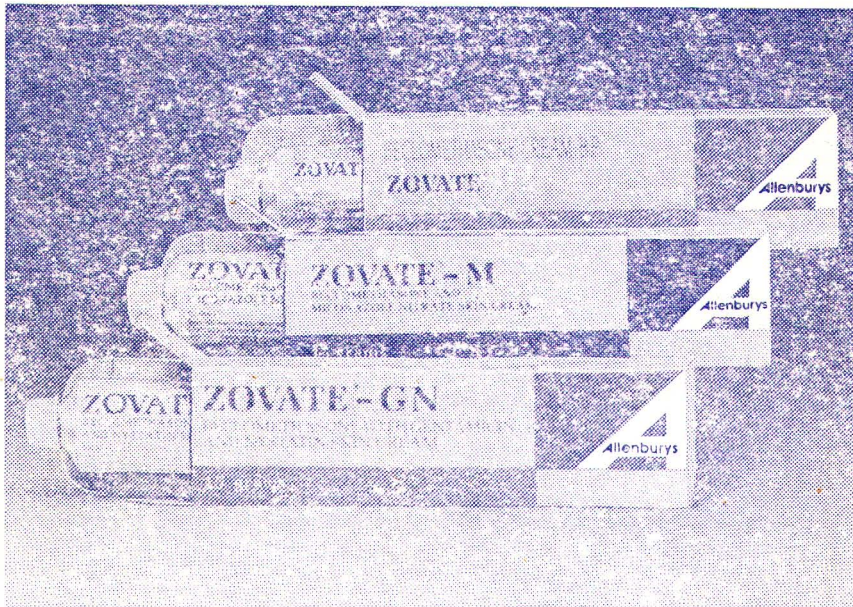
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