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## ALOPECIA AREATA IN IDENTICAL TWINS

### *To the Editor,*

Two 28-year-old, identical twins developed alopecia areata (AA) of the beard region simultaneously 2½ years ago. Both had a lesion each, one had involvement of the right cheek, while the other had the lesion on the left cheek. The use of potent topical corticosteroid (fluocinolone acetonide 0.1%) led to complete regrowth of hair in both patients within 3 months. One of them developed a new lesion in the same location 3 months later which responded to same treatment again. The other patient developed a new lesion on the same side of the face 2 years later, which had shown partial regrowth of hair after 2 months of treatment with topical fluocinolone acetonide 0.1%. Cutaneous examination revealed patchy hair loss with no skin atrophy or any other surface changes.

Detailed history revealed no stress factor that could have contributed to the development of alopecia in these patients. Neither of them had history of any other autoimmune disease.

The development of AA has been observed in several members of the same family.<sup>1</sup> The incidence of family history of AA has been reported in upto 27% of the patients. There are only a few reports of AA occurring in identical twins.<sup>2,4</sup> The occurrence of AA in the members of the same family

especially in the identical twins, supports the hypothesis that the patients of AA are genetically predisposed to developing this disease.

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## LEVAMISOLE IN VITILIGO OF EYELIDS

### *To the Editor,*

The treatment of vitiligo has been disappointing and is indeed an arduous challenge for dermatologists. Although no therapeutic panacea exists, a variety of treatments benefit innumerable patients. Currently, the major therapeutic measures for vitiligo include psoralens and corticosteroids, topically and/or systemically, either singly or in various combinations.<sup>1,2</sup> Because melanocytes are indolent and slow responders to all current treatment modalities, treatment must be continued for 6 to 12 months for an optimal response.<sup>3</sup> We wish to share our experience with oral levamisole, an immunomodulator, and topical hydrocortisone butyrate cream used for treating vitiligo involving eyelids.

Since 1993 we have been treating our cases of vitiligo with oral levamisole 150 mg (50 mg for children) on two consecutive days every week combined with topical 0.1% hydrocortisone butyrate cream applied twice