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other sexually transmitted diseases with special reference to the role of condom in protecting both the partners.

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HIV SEROPOSITIVITY IN TRUCK-DRIVERS

To the Editor,

Truck drivers are one category of high risk group for getting HIV infection due to their occupational travel. So an attempt was made to study the extent of problem of seropositivity in this high risk group.

Three hundred and three truck drivers passing from Pune-Ahmednagar, Maharashtra State highway were contacted in December 93, were interrogated, clinically examined and also their blood samples were taken for examination to know the HIV status among this high risk group. 282 sera could be tested for ELISA. Those positive for ELISA were also tested for western blot test. Sixteen were positive for ELISA as well as western blot test. While remaining 250 sera were negative for both the tests. HIV positivity rate was 5.67%.

Among the 16 with both tests positive, 8 were unmarried and gave history of visiting prostitutes and not using condom. The age group was from 20 to 34 years. Mahajan et al¹ have studied truck drivers of Gurudaspur district of Punjab and the prevalence of HIV positivity among them was 7.27/1000. In the present study it is seven times more. Studies in Manipur have shown a high prevalence of STD and HIV in places where trucks traditionally halt.² ICMR has reported very high seropositivity rate of about 30% in commercial sex workers.³

Such a high risk group is needed to be given health education regarding AIDS and

References

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SUBACUTE CUTANEOUS LUPUS ERYTHEMATOSUS

To the Editor,

A 35-year-old woman presented with itchy, slowly progressive, erythematous discoid plaques ranging from 1 cm to 4 cm in diameter present over left pinna, tip of nose and alae nasi, left cheek, upper chest, upper back and left forearm for the past 6 months.

Most of the lesions showed atrophic surface with depigmentation, coarse adherent scales and plugged follicular orifices, while the lesions on the upper back were annular with mild pigmentary changes and fine scaling. Scalp showed a non-scarring skin-coloured plaque, about 1cm x 4cm in size, with uneven surface and prominent follicular orifices. Tin-tack sign was positive.

Associated complaints were increased itching and redness over plaques on sun exposure, anorexia, on and off vertigo, persistent joint pain in elbows, wrists, knees and ankles, and cyanosis of fingers with swelling and pain on dipping in cool water, which got relieved on warming.

The following investigations revealed significant results: ESR 58 mm in 1st hour, 24 hour urinary protein 300 mg, RA factor