

third world accounts for only 15% of the world's pesticide consumption, half of the estimated annual half to one million pesticide associated poisonings and over half of the ensuing 19000 deaths occur in developing countries mainly because of lack of protective devices while handling these pesticides.³

Toxic fatal reactions in humans with phorate are unknown, but few cases have developed coma, convulsions, frothy sputum and neurological deficit with it.² While there are no reports of allergic cutaneous reaction with phorate, recently 3 members (father and 2 sons) of a peasant family presented to us with complaints of generalized itching, urticarial skin rash and cough for 2 days. A day earlier to the appearance of cutaneous lesions, all of them had sparkled phorate in their agriculture farm without protective measures. A thorough personal and family history and systemic examination excluded mastocytosis, atopic diathesis, worm infestation, allergic drug reactions or other systemic illness. Cutaneous examination revealed several generalized urticarial lesions in all the three members. Laboratory investigations revealed moderate lymphocytosis with significantly high eosinophil count (5500, 3200, 3100/mm³ respectively in the 3 members) with vacuolization in 20-30% cells. Serum IgE levels were extremely high (2518 IU/ml and 2316 IU/ml) respectively in the two boys examined at a fortnight interval.

All the 3 members were advised to

avoid phorate and treated with oral dexchlorphinaramine maleate and cyproheptidine with no therapeutic response. Prednisolone was then added with which they responded within a fortnight with clinical cure. All the members of the family are disease free today for 2 years. It appears that the peasant family got sensitized to phorate previously and when exposed unprotected they developed severe allergic symptoms.

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Photodynamic hyperpigmentation light-induced cumulative insult dermatitis - A new nomenclature

To the Editor

We often see patients having silent hyperpigmentation i.e. not preceded by any photosensitive or acute phototoxic reaction, seen over sun exposed areas like

extensor arms and forearms, upper back, neck and occasionally over forehead and temples. They often give history of application of cosmetics, perfumed or antibacterial soaps, ingestion of carrot, fig, citrus fruits - especially lime. The condition is more often reported by females, probable because of their more concern for complexion. There is wide individual variation in susceptibility and the reaction occurs in only a small proportion of those exposed.

All the substances mentioned contain photoactive chemicals like petrolatum, lanolin, tar derivatives, and perfume in cosmetics; psoralen in bergamot oil in perfumed soaps; salicylanilide and hexachlorophene antibacterial soaps. Pigmentation may follow systemic absorption or topical application of these substances.

Mechanism of pigmentation can be attributed to light-induced cumulative insult dermatitis resulting in slow and silent hyperpigmentation by photoactive chemicals, which because of their low concentration in the substances mentioned, do not readily produce any acute phototoxic reaction.

It closely resembles Riehl's melanosis where pigmentation is confined usually over face. However, horny follicular plugging and scaling, a feature of Riehl's melanosis, is not seen in photodynamic hyperpigmentation.¹

Pigmentation gradually fades over months when the offending agent is identified and removed.

Hydroquinone and other depigmenting agents like hydrocortisone or retinoic acid do not help much.

Progressive and persistent pigmentation is due to either systemic absorption of the chemicals or when the offending agent can not be identified.

Probably, we are all aware of this clinical condition but there is lack of proper nomenclature of this entity in our literature.

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Transcutaneous electrical nerve stimulation in treatment of post herpetic neuralgia

To the Editor

Various neurological problems may complicate herpes zoster of which post herpetic neuralgia is the most important in terms of chronic morbidity.

The pain of PHN is typically described