

LETTERS TO THE EDITOR

Dear Madam,

Dr. T. R. Bedi discussed a case of loss of pigmentation in Becker's melanosis in the issue of IJDVL vol. 45; 116, 1979. He expressed the possibility of the loss of pigment to some auto-immune phenomenon involving the melanocytes. I published a case report "vitiligo in association with congenital pigmented naevus" in vol 42; 184, 1976. In both of our cases, vitiligenous lesions developed but vitiligo was also present over other parts of the body in my case. Vitiligo is being thought of an auto-immune disease. I agree with Dr. Bedi that the possibility of the loss of pigment may be related to some auto immune phenomenon involving the melanocytes of the naevi. I will request to the senior Dermatologists to express their views through your esteemed columns.

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May 3, 1979

T. R. Kapoor
Lt. Col.

Madam,

While appreciating the valuable comments of Dr. R. P. C. Naik as expressed in his letter to the Editor published in March-April, 1979 issue of the journal, we do admit that psoralen and not 8-MOP was used in our trial. The obvious mistake in the description crept in most inadvertently and is sincerely regretted. The results of PUVA therapy in the series were based on observations made during the months of November-December 1976 and January 1977. That U.V. radiation alone is much less effective has already been established by many workers through control and paired comparison studies. Therefore in the preliminary stage of clinical observation necessity of control study did not appear absolutely essential although such inclusion would have undoubtedly been more scientific and substantiative. In fact, any well designed comprehensive study in this field not only should include controls but also measurements of U-V contents of sunlight, minimal phototoxicity dose of the individual and the exact doses of UVA applied.

The purpose of our paper was simply to incite other colleagues to make further clinical assessment of this easy procedure in practice. Evaluation of the different psoralen derivatives regarding their phototoxicogenic / erythemogenic / pigmentogenic potency was of course, not within the purview of the study. The results of PUVA therapy utilising Manaderm (Psoralen) as published by Hajini et al (Indian J Dermatol Venereol Lepr. 44 : 82, 1978) may offer interesting comparison with those of ours. 8-MOP may also be equally, if not more, effective.

For further information and clarification on various debatable points several recent reports on PUVA and PUVASOL therapy in psoriasis as published in different journals and as extracted in the Year Book of Dermatology 1978 may be referred to here.

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&
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