

INFLAMMATORY LINEAR VERRUCOUS EPIDERMAL NEVUS AND SPINAL ANOMALY

To the Editor:

Inflammatory linear verrucous epidermal nevus (ILVEN) is a rather uncommon dermatosis that is unilateral, localized, pruritic, and usually refractory to treatment. It has an early age of onset and may be associated with underlying neurological disorders. ILVEN has also been reported in association with skeletal abnormalities.¹

A 5-year-old girl presented with a pruritic linear verrucous rash on her right arm, extending from her right shoulder along the full length of the upper arm. The lesion was present since 2 months of age, and showed areas of excoriation. She gave a history of inability to walk, and repeatedly fell while attempting to do the same. A clinical examination revealed bilateral pes cavus and a sacral tuft of hair overlying a bony defect at the level of the first to the third lumbar vertebrae. MRI of the spine revealed a diastomatomyelia. A skin biopsy showed a psoriasiform histopathology with a chronic inflammatory infiltrate in the dermis consistent with the diagnosis of ILVEN. The patient underwent surgery for the correction of her

diastomatomyelia.

Patients with epidermal nevi are at a significant risk of having other abnormalities² and warrant detailed clinical assessment. This case highlights the importance of including ILVEN as a component of the epidermal nevus syndrome.

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References

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DAPSONE SYNDROME IN PURE NEURITIC HANSEN'S DISEASE

To the Editor:

A 35-year-old lady presented with history of high grade fever, chills and skin rashes of one week duration. History revealed irregular treatment with dapsone and rifampicin for the past 2-3 months for recurrent bulla on the left middle finger.

On examination patient was febrile with maculopapular eruption, mild edema of the face and limbs. Tender generalised lymphadenopathy and tender, hepatome-

galy without icterus were noticed. She had a non healing ulcer over the left middle finger. Wasting of interossei and hypothenar muscles were obvious. Ulnar nerve was thickened and tender on the left side with impairment of sensation over the medial half of the palm.

Patient had anemia with Hb 7.5 gms %. Bile salts, bile pigments and renal function tests were normal. A diagnosis of pure neuritic Hansen's disease with dapsone