and 33 spouses of 49 (67.85 %) patients turned out to be ELISA reactive. Out of those 308 ELISA reactive individuals 215 (69.8 %) were asymptomatic and 93 patients had different STDs. All the repeatedly reactive sera were sent for Western Blot confirmation. 294 patients (95.45 %) were Western Blot positive.

Out of those 93 patients 24 patients had mixed STDs (25.8%), 14 female patients had Ulcerative Vaginitis (15 %), 11 patients each had Gonorrhoea and Balanitis (11.8 %), 8 patients had primary Syphilis (8.6 %), while 1 patient had secondary Syphilis (1%), Chancroid, Condyloma accuminata and Viral Venereal Warts were seen in 7 (7.5 %), 6 (6.45%) and 4 (4.8 %) patients respectively. 7 patients (7.5 %) had Herpes Zoster without any associated STDs.

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CO-ORDINATION IN LEPROSY ELIMINATION PROGRAMME

To the Editor,

The undersigned had the privilege of attending the 23rd Annual Conference of the Indian Association Dermatologists, Venereologists and Leprologists (IADVL) held recently in Madras. I had discussions with several leading dermatologists as well as many relatively junior practitioners on their contributions to the management of leprosy patients in the context of the decline in the prevalence of leprosy in the country under MDT coverage. It was surprising to note that inspite of the low endemicity reported, the dermatologists are encountering a large number of leprosy patients. Besides all clinical types, they seem to be dealing with even histoid forms of lepromatous leprosy which have a great transmission potential. The Government of India has done an excellent job under NLEP to make MDT available to almost all identified patients in most part of the country. They have taken the help of several leading Non Governmental Organisations (NGOs), both Indian and international, in this massive undertaking. The fact that progressive cases of leprosy are still reporting to the dermatologists calls for more vigorous involvement of the dermatologists of the country. In fact, if one can manage to count the patients being managed by the dermatologists all over the country, the number will be still phenomenal justifying the group of dermatologists to be considered as a major NGO. However, this group at present is not cohesive as far as leprosy management is concerned.

If one wants to achieve elimination of the disease in a scientific way and not in a mechanical manner, greater co-ordination among various sectors is necessary. The teaching medical colleges, particularly the departments of Preventive and Social Medicine also should be involved in the programme along with the group of dermatologists and the bureaucrats by the Government to achieve elimination target of 1 per 10,000 by the year 2000 AD in a far more scientific manner. There is a greater scope of the IADVL and the Indian Association of Leprologists functioning at present somewhat "vertically" to come nearer.

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HERPES ZOSTER WITH ULNAR NERVE PARESIS

To the Editor,

Herpes zoster involves both motor as well as sensory nerves. The infection is usually limited to sensory ganglia and nerve root but may occasionally involve the motor fibres

leading to paresis/ paralysis of the muscles.

A 30-year-old woman presented with pain on the inner side of right arm and slight wasting of right arm and right hand for the last 6 months. She gave history of painful grouped vesicular lesions on the inner side of right arm. After the resolution of lesions she developed shooting pain off and on on the inner side of the right arm that was followed by wasting of muscles of lateral and inner compartments of right arm alongwith slight clawing of medial 2 fingers. There was no history of fever, any drug intake or any injection in the right arm. she gave history of chickenpox during childhood. There was no history of migration outside Punjab.

On examination, multiple, hypopigmented grouped round/oval macules were seen on the right arm along the distribution of segment C_8T_1 (ulnar nerve distribution). No other skin lesion was seen. Wasting of muscles of right arm and interossei muscles of right hand was visible. Slight clawing deformity of little and ring finger was appreciated. Cutaneous sensory impairment was present on these two fingers. No thickened nerves were palpable. She was diagnosed as a case of post herpetic neuralgia with involvement of ulnar nerve. Bhargava et al described deltoid nerve paresis following herpes zoster with dropping and flattening of shoulder after 3 months follow up.[1] Motor involvement in herpes zoster is rare. In our patient it seemed a permanent disability as she showed no improvement within 6 months of follow up. In our opinion, we can reduce the disfunctioning and disfigurement that results due to motor/ sensory involvement of the nerves, if we start oral as well as topical acyclovir from the very beginning especially in young patients.

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Reference

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ANAEROBIC PEPTOSTREPTOCOCCAL POSITIVE CASE OF HIDRADENITIS SUPPURATIVA

To the Editor,

A 19-year old girl presented with painful recurrent abscesses in axillae and perineal region of 1 year duration. The abscess used to rupture and drain, resulting in healed sinus and scar formation. Routine investigations were normal. F N A C showed dense suppurative inflammation with macrophages, a few squamous and apocrine cells. Gram stain showed positive tiny cocci in chains. Culture yielded anaerobic peptostreptococcus. Thus the cytological diagnosis of hidradenitis suppurativa was made.

Hidradenitis suppurativa is a chronic recurrent painful suppurative and cicatricial disease. The sites of occurrence are axilla, groin, anogenital areas, periumbilical and areola. These lesions begin after puberty and are more common in women than men. Leach et al, in their study of 52 patients with axillary abscesses, isolated Staphylococcus aureus from 34, anaerobic bacteria from 12, skin flora from 5, while in one case the pus was sterile.[1] It is necessary to isolate and culture anaerobes from axillary hidradenitis since 25 % of the cases were anaerobic in this study.[1] The present case was treated with ampicillin and metronidazole and showed good response.

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