haemorrhagic diathesis manifested by haemorrhagic blisters, petechiae, epistaxis, ecchymosis, and haematemesis. This is known to occur commonly in immunosupressed individuals. Our patient had received a short course of systemic steroids and had no history suggestive of any immunocompromisations.

Varicella pneumonia, except for debilitated children is a disease of adults. They have been described as being peribrochiolar or alveolar nodules, having fluffy or ill-defined margins, showing early coalescence, with segmental or lobar distributions, with a butterfly/bats wing pattern and an air bronchogram or alveologram. Nodules usually simultaneously appear and disappear in different areas or become confluent. They usually resolve in a week or ten days but can persist for months or longer. In 2% of patients, these calcify.

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TATTOOING PRACTICES IN KUMBH MELA

To the Editor,

Tattooing, a worldwide practice, usually involves the dermal introduction of pigments by multiple punctures using needles. This can lead to complications and infections as gangrene, tuberculosis, syphilis, verruca vulgaris, sarcoidosis, melanomas etc,[1-3] besides the problems associated with it's removal.

The present study highlights the unregulated and unhygienic tattooing practices of 5 identifiable tattoo artists during Kumbh mela at Ujjain. This mela has great religious sanctity and occurs once in 12 years. Recently, about 20 million pilgrims visited this mela from 17th April to 16th May 1992.

All the 5 identifiable tattooists were males with a mean age of 49 years. 80% belonged to backward castes, 60% had no formal education and were practicing it ancestrally. None of them had received any scientific training of tattooing and were observing no asepsis procedures as they were totally ignorant of its potential hazards. After tattooing the tattoo site was wiped with a cloth piece or their hand and oil was applied. The tattoo artists were smoking bidis in between their clients and resuming their work without hand washing. The tattooing was done by a needle operated machine. The work of the tattooists is mainly centered on pilgrimages and fairs, where there are large congregations and they move from one fair to another as opportunities permit.

The aforesaid observations clearly depict that the observed tattooing practices were totally unregulated and were potentially conducive to the accidental introduction of infections. Strategies directed at educating the general public on this issue may not be logistically feasible nor desirable in the presence of pressing public health problems. However, it seems prudent to train and monitor the tattoo artists for adherence to asepsis procedures as disinfection, autoclaving and use of disposables along with prohibition of tattooing for minors.

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EXFOLIATIVE CHEILITIS

To the Editor,

A 20-year-old female presented with erythematous, crusted lesions on both lips of 3 years duration. She had initially developed fissuring on the lower lip with subsequent redness, scaling and crusting. She had used numerous topical preparations including steroids without significant improvement. There was no history of vesiculation, photosensitivity, atopy, seasonal variation, lip biting, or exacerbation on contact with toothpaste. She had used lipsticks and nail polish occasionally. There was erythema, scaling, crusting and fissuring on both lips, the lower lip being more involved. The oral cavity and angles of the mouth were normal. Patch testing with cosmetics, medicaments and preservatives revealed a 2+ reaction to amerchol and gentamycin. Biopsy showed features of dermatitis. Saline compresses followed by application of liquid paraffin was advised and an injection of 40 mg triamcinolone acetonide IM was given. She subsequently developed coagulase - positive staphylococcal infection of the lips which was controlled with erythromycin. A therapeutic trial of dapsone was not beneficial. Oral steroids were instituted and continued upto a 1½ years in tapering doses. During steroid therapy too there were remissions and exacerbations. A psychiatric consultation revealed mild neurotic depression with restriction in activities, preoccupation with the problem and occasional suicidal thoughts. Anti - depressants were prescribed. The patient however failed to respond and the lesion continues to persist.

Exfoliative cheilitis also called as factitious cheilitis is characterized by persistent scaling and crusting of lips in the absence of actinic cause and contact sensitization.[1] Factitious lip crusting in women has been reported with personality disturbances.[2] Cheilitis exfoliativa may occasionally appear secondary to seborrhoeic dermatitis, atopic dermatitis, psoriasis, pyorrhoea, retinoid therapy, lip licking and AIDS.[3] Though our case had positive reactions to amerchol and gentamycin we feel that they are secondary sensitivities due to previous applications of various creams. Contact cheilitis can be excluded because the condition failed to resolve despite stopping topical therapy for 1½ years.

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