

## References

1. Flanagan BP, Helwig EB. Cutaneous lymphangioma. *Arch Dermatol* 1977; 113: 24-30.
2. Peachey RDG, Lim CC, Whimster LW. Lymphangioma of skin. A review of 65 cases. *Br J Dermatol* 1970; 83: 519-27.
3. Francis AG. Lymphangioma circumscriptum cutis. *Br J Dermatol* 1893; 5 : 33 and 65.

## PEG - 200 WITH 12% SALICYLIC ACID OINTMENT IN PITYRIASIS AMIANTACEA

### *To the Editor,*

A 40-year-old woman presented with scaling over the scalp and non-cicatricial alopecia for 2 years. She had been treated with various topical preparations such as betamethasone-salicylic acid ointment and selenium sulphide shampoo without much relief. Examination revealed masses of yellowish scales adherent to the scalp. KOH preparation for fungus was negative. A diagnosis of pityriasis amiantacea was made, and a sample of the scales was tested for solubility in the following organic solvents : absolute alcohol, acetone, ether, isopropyl alcohol, liquid paraffin, olive oil and polyethylene glycol (PEG-200). The scales were found to be most soluble in PEG-200, and the patient was advised topical application of PEG-200 with 12% salicylic acid and a tar-containing shampoo. At the time of review a month later, she was asymptomatic with minimal scaling on examination. No changes in hair texture were noticed.

Pityriasis amiantacea is a disease of the hair follicles manifested by thick asbestos-like laminated scales on the scalp.<sup>1</sup> Topical application of oil of Cade ointment or a tar/salicylic acid ointment has been recommended to eliminate the abundant scales.<sup>2</sup> Our experience leads us to suggest that topical

application of PEG-200 with 12% salicylic acid is effective in treatment of pityriasis amiantacea.

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## References

1. Arnold HL, Odom RB, James WD. Diseases of the skin appendages. In : A&E's Diseases of the skin. 8th edn. Philadelphia : WB Saunders, 1990.
2. Dawber RPR, Ebling FJG, Wojnarowska FT. Disorders of hair. In : Textbook of Dermatology (Champion RH, Burton JL, Ebling FJG, eds). 5th edn. Oxford : Blackwell, 1992.

## CIPROFLOXACIN-INDUCED BULLOUS FIXED DRUG ERUPTION

### *To the Editor,*

Ciprofloxacin is in use since 1986.<sup>1</sup> Due to its potent activity against both gram positive and gram negative organisms, excellent tissue penetration, good results in skin and soft tissue infections and twice a day dosage schedule; ciprofloxacin remains the most popular antibacterial among the dermatologists. However, adverse reactions like rashes and photosensitivity may occur. A single case of fixed drug eruption (FDE) due to ciprofloxacin has been reported earlier in a Japanese patient.<sup>1</sup> A novel case of bullous FDE is reported in an Indian patient.

A 25-year-old pharmacist was first seen in early May 1995 with a brownish-black circular patch with a central bulla measuring 1.25 cm by 1 cm in diameter and an erythematous halo on the dorsum of his right hand. He had earlier developed pharyngitis and took ciprofloxacin 500mg twice daily on his own. On the 5th day he developed erythema on his right forearm and hand which subsequently turned dark with a central bulla.