

irradiation etc. So herpes zoster should be considered a potentially infectious or contagious disease.

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References

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MALIGNANT ACANTHOSIS NIGRICANS

To the Editor,

Acanthosis nigricans (AN) which is associated with malignancy usually occurs after 35 years of age, is quite extensive with involvement of mucous membranes, palms and soles and has accompanying pruritus. Most commonly associated malignancies are adenocarcinomas of gastrointestinal tract.

A 38-year-old female had generalised pruritic hyperpigmentation and brown velvety, verrucous lesions in flexors for past 4 years. Her oral and genital mucous membranes were velvety and hypertrophic, palm and soles were thickened and pigmented and dorsa of the hands showed fine papular lesions. For the last 3 years she had developed off and on pain in epigastrium with loss of weight and appetite and generalised weakness. For past 8 months, she had also developed two linear rows of hyperpigmented lesions with warty surface besides the verrucous lesions of AN. She was admitted to hospital and during the stay she developed migratory pain and swellings in the right arm and above the left eyebrow. This was diagnosed as migratory thrombophlebitis.

Routine investigations, skiagrams of chest and pituitary fossa, barium series and USG of both upper and lower abdomen were normal. Histologically lesions from cubital fossa were acanthosis nigricans and those on breast were seborrhoeic keratosis. USG was repeated during subsequent visit to hospital two months later and it showed a mass 2"x1" involving the body of pancreas.

Acanthosis nigricans and suddenly erupting seborrhoeic keratosis are known markers of internal malignancy and association between the two is known. The presence of both in our patient suggested the presence of some internal malignancy which came out to be carcinoma of the body of pancreas.

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BENIGN MUCOUS MEMBRANE PEMPHIGOID SIMULATING GENITOULCERATIVE DISEASE

To the Editor,

A 45-year-old male patient had recurrent vesiculobullous lesions on the prepuce, coronal sulcus and glans penis for 5 years. There was burning micturition, moderate itching and pain. There was no history of extramarital sexual contact or any constitutional symptoms. Multiple ulcers, tender 3 mm to 3 cm in size, variable in shape with well-defined non-indurated margins and red granulation tissue were seen on the glans penis, shaft of penis and undersurface of prepuce. In addition a few small, 4 mm to 1 cm tense bullae containing clear fluid were also seen. Mucosa around the ulcers and bullae was whitish, wrinkled and firm. Regional lymph nodes were not enlarged. Histopathologically moderate acanthosis, small splits in basement membrane zone and one big bullae extending to full epidermis were seen. Dermal fibrosis,