

## TREATMENT OF CHRONIC FOLLICULITIS OF LEGS

To the Editor

This is in reference to 'minocycline in chronic folliculitis of legs' by Dr. PVS Prasad, Annamalai Nagar, published in our journal, Sept-Oct 96.

I would like to put my experience of treating chronic folliculitis of legs (CFL) for years. CFL is usually seen in villagers or among poor strata of the community. The following regime is being followed: Wash the affected area with soap twice daily.

Apply povidone iodine lotion 2 to 5% to be continued for 2 weeks after the disappearance of pustules. Thiosol lotion i.e. 2.5% zinc sulphate and (aqueous) 2.5% potassium sulphate to apply twice daily for 2 to 3 weeks, later once daily for more than 2 months. Orally dapsone 100mg daily given for a month. Oil should not be applied over the affected area.

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## SHIELD AS TOPICAL OINTMENT IN HERPES ZOSTER

To the Editor

Herpes zoster is a viral disease, causing in-

flammation, severe pain, tissue necrosis, and on healing scarring. Acyclovir is the treatment of choice. But it is beneficial only if started within 48 hours. But patients usually come after 2 to 3 days of starting eruptions. So the treatment given is symptomatic.

An ointment containing lidocaine 3% W/W, hydrocortisone acetate 0.25% W/W, zinc oxide 5% W/W, allantoin 0.05% W/W which is marketed by Smithkline Beecham Pharmaceuticals (India) Limited by trade name Shield, was used in 20 patients of herpes zoster. The results with this combination ointment were found enthusiastic in terms of local symptomatic relief, inflammation, pain, necrosis and post healing scarring, though systemic analgesics to relieve pain were required simultaneously.

This ointment is basically meant for the treatment of haemorrhoids. Here lidocaine in the ointment rapidly alleviates the pain, hydrocortisone reduces inflammation and alleviates itching, zinc oxide protects the affected area from secondary bacterial infection and dries eruptions, and allantoin repairs the raw surface left by blisters and prevent scarring.

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