

LETTERS TO THE EDITOR

ENVIRONMENTAL INFLUENCE, ATOPY AND CONTACT SENSITIVITY IN NUMMULAR DERMATITIS

To the Editor

Nummular dermatitis, classified as an endogenous eczema presents with coin- shaped lesions usually on the extremities. ACD to chromates can present with nummular lesions .

A 24 year - old man had history of relapsing dermatitis over the legs since 3 years of age and nummular lesions over arms and trunk of 9 years duration. The latter exacerbated in winter with remission in summer. He had used many topical medications on and off. The patient was a resident of Bangalore which is a dry place with low humidity. The lesions had completely remitted for 2 years while he had stayed in a coastal place, possibly the high humidity being beneficial. He was employed in a bakery, involved in packing items. There was family history of atopy, father being an asthmatic.

Patch testing with standard series showed positive reactions to neomycin and fragrance mix. Cosmetic and preservative series showed negative results. In the bakery series cinnamic alcohol (fragrance) and dodecyl galate (anti - oxidant in food and cosmetics) gave positive reactions.

We stress the importance of a detailed history and patch testing in the evaluation of nummular dermatitis.

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Reference

1. Fisher AA. Chromate dermatitis and cement burns. In : Fisher AA. (ed), Contact Dermatitis . Lea & Febiger, Philadelphia 1986 : 763.

SKIN DISEASES IN THE ELDERLY

To the Editor

A glance at the statistics show that advanced medical science has contributed to an increase in the average life span. In India in 1992, 6.6% people were above 60 years which by year 2001 is expected to rise to 8.3% With increase in average life span and adoption of small family norms the problems of elderly in terms of economic independence, nutrition and health are multifactorial and several studies have determined the prevalence of dermatological diseases in elderly population.^{1,2}

We have also conducted such a study over 214 patients between the age group 60-85 years attending

Skin & VD OPD during Jan 1996 to Dec. 1996 at G.M.C Patiala (Punjab). All patients were assessed on a prescribed proforma. Dermatological, systemic and routine investigations were done in all cases. Histopathological examination was done in relevant cases.

Reported prevalence was out of 214 patients, 126 (56%) male and 88 (42%) females, male to female ratio of 1.33: 1. 114 (51%) patients belonged to rural background and 100 (49%) to urban background. Personal hygiene was poor in 113 (49%) mostly rural cases and satisfactory in 56 (27%) and good in 45 (24%) mostly

urban patients.

Prevalences of skin disorders were as follows - Atopic dermatitis in 40 (18.60%), LSC 29 (13.50%), post herpetic neuralgia 22 (10.3%), psoriasis 12 (5.6%), PMLE 12 (5.6%), Bacterial infection 10 (4.7%), eczema 6 (2.8%), delusional parasitophobia 6 (2.8%), erythroderma 5 (2.3%), senile pruritus 5 (2.3%), bullous pemphigoid, varicose dermatitis 4 (1.8%), pemphigus vulgaris 4 (1.8%), vitiligo 2 (0.9%), herpes zoster 2 (0.9%), actinic reticuloid 1 (0.5%), xanthelasma 1 (0.5%), malignant melanoma 1 (0.5%), wrinkling 110 (51.7%), xerosis 108 (50.8%), seborrhoeic keratosis 52 (24.2%), lentigenes 28 (13.1%), DPN 7 (7.2%).

Goal of study was to know the percentage of elderly having dermatological diseases so that we can detect, counsel, treat and protect them at early age and

they can grow old gracefully and live with the process of senescence with the process of senescence with dignity.

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References

1. Beaugard S, Gilchrist BA. A survey of skin problems and skin care regimens in elderly. Arch Dermatol 1987; 123: 1638-1643.
2. Weisman K, Karkauer R, Wanscher B. Prevalence and skin disease in old age. Acta Derm Venereol 1980; 60: 350-353.
3. Graham RAC, Ebling FJG. The ages of man and their dermatoses. In: Textbook of Dermatology, Eds Champion RH, Burton JL, Ebling FJG. Blackwell Scientific Publication, London 1992; 2896.
4. Leyden JJ. Clinical features of aging skin. Br J Dermatol 1990; 122: 1-3.

CRYOSURGERY WITH LIQUID NITROGEN IN STABLE VITILIGO

To the Editor

It is known that medium deep wounding, either surgical - therapeutic spot dermabrasion¹ or chemical - liquified phenol,² can stimulate perifollicular and perilesional melanocyte migration in vitiligo.^{2,3} This process occurs during the inflammatory and re-epithelialization phase and thereby induces repigmentation which may be enhanced by combining with PUVA/PUVASOL.^{2,3} With this lead, a pilot study was instituted to study the effect of cryonecrotic injury induced by local freezing (-196°C) with liquid nitrogen (LN₂) in stable vitiligo.

Two rapid 5-10 sec freeze-thaw cycles were carried out with spray technique in 10 patients on 15 sites (10 hairy, 5 non-hairy) such as lower legs, 5, forearm 4, back 2, buttocks 1 and scalp 1. After the initial blistering and crusting, on re-epithelialization (10-15 days) the

lesions showed perifollicular pigmentation in non-hairy areas. On further treatment with PUVA/PUVASOL, 84.6% of hairy sites and 78% of non-hairy sites showed near total repigmentation in 2-3 months. Side effects seen were persistent erythema - 3, hyperpigmentation - 2 and secondary bacterial infection at 1 site.

The conclusion therefore is that simple, inexpensive cryogenic modality like LN₂ is an effective office procedure in treating stable vitiligo successfully. It not only acts as an adjuvant to medical line of treatment, but can also cut down the total treatment period. Also LN₂ which is known to be lethal to the surface epidermal melanocytes⁴ does not injure the deeper follicular reservoir of melanocytes which play an important role in repigmentation when medium depth injury is induced. To the best of the author's knowledge the use of