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Aggravation of preexisting dermatosis with *Aloe vera*

Sir,

A 65-year-old man presented with recurrent generalized itching since 1 year. Examination revealed lichenified skin over the face and extensors of both extremities. He gave a history of rubbing the pulp of *Aloe vera* leaves on to his lesions whenever his itching worsened. Clinically, we suspected allergic contact dermatitis, possibly aggravated with *Aloe vera.* He was patch tested with the plant series by CODFI, which included parthenium 0.5%, xanthium 0.5%, chrysanthemum 0.5%, control and pulp of *Aloe vera,* and the results were interpreted as recommended by ICDRG. He tested positive to *Aloe vera* on day 2 and day 3. One of the authors (CRS) tested negative to the pulp, thus ruling out irritant dermatitis.

Allergic contact dermatitis to *Aloe vera* has been reported earlier.[1,2] The gelatinous material inside the leaf of *Aloe vera* has been recommended from ancient times for the alleviation of inflammatory changes in the skin.[3] More recently it has been advocated in the treatment of radiodermatitis and leg ulcers.[4] It is a common ingredient in numerous topical moisturizers (e.g. Elovera, Sofderm, Dewderm). Aloe consists of a variable mixture of aloin, aloemodin and other substances.[3] Aloin is an anthraquinone that may be regarded as a potential sensitizer.[3]

This report highlights the fact that even commonly used, relatively safe medications can occasionally cause sensitivity.

REFERENCES

1. Morrow DM, Rapaport MJ, Strick RA. Hypersensitivity to aloe. Arch Dermatol 1980;116:1064-5.
2. Nakamura T, Kotajima S. Contact dermatitis from *Aloe arborescens.* Contact Dermatitis 1984;11:51.
3. Rietschel RL, Fowler JF. Medications from plants. In: Fisher's Contact dermatitis. 5th ed. Philadelphia: Lippincott, Williams and Wilkins; 2001. p. 137-47.
4. El Zawahry M, Hegazy MR, Helal M. Use of Aloe in treating leg ulcers and dermatoses. Int J Dermatol 1973;12:68.

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Familial woolly hair in three generations

Sir,

I read the article "Familial woolly hair" by Prasad et al (Indian J Dermatol Venereol Leprol 2002;68:157) and wish to report a similar case, present in three generations of a family.

A 5-year-old non-atopic boy born of a consanguineous marriage was referred by the Pediatrics Department for evaluation of abnormal hair over the scalp since birth. There were no delayed milestones, physical or mental retardation or photosensitivity. Examination revealed short, tightly coiled, thin, dry, poorly pigmented, brittle hair over the scalp. The eyebrows were sparse but the eyelashes were normal. The palms and soles were not involved and the nails, teeth and genitalia were normal. His systemic examination was normal. There was no ocular or skeletal involvement. The patient's family pedigree showed similar involvement in three generations. There was inbreeding within the family.

Routine hematological and urinary examinations were normal. Blood VDRL, liver function tests, blood urea, serum creatinine, and blood sugar were normal. Light microscopic examination of the hair was normal. Electron microscopic examination could not be done for the want of this facility.

Woolly hair refers to tightly coiled hair covering the whole scalp or part of it, in a non-negroid individual.[1] Four types have been described:[2] 1) Hereditary woolly hair, 2) Familial woolly hair, 3) Symmetrical