

## LETTERS TO THE EDITOR

### MILKER'S NODULES IN ASSOCIATION WITH MILKER'S CONTACT DERMATITIS

Common dermatological disorders that may occur in persons milking the cows include paronychia, intertrigo, pilonidal sinus, anthrax and milker's nodule. A case of multiple milker's nodules is being reported in a patient who had associated milker's contact dermatitis of the hands. A 40-year-old female who had been milking the cows daily, developed eczematous dermatitis of both hands since 6 months, and multiple asymptomatic nodules on the fingers since 2

weeks. She gave history of similar nodules on the udder of one of her cows since one month. Examination revealed multiple, inflammatory, blue-red coloured globular nodules with a central depression on the dorsum of the fingers (Fig. 1) of both hands. In addition there were eczematous, exudative crusted and scaly lesions on the lateral aspect of the dorsum of the hands (Fig. 2), and inner border of the forearms extending upto the elbows in a linear fashion.

A clinical diagnosis of milker's contact dermatitis with milker's nodules was made. Histopathological study of the nodule showed features suggestive of milker's nodule. Patch tests were done with milk, epidermal scrapings of the udder, cow dung, calf saliva and gingely oil (used for lubricating the udder before milking). There was 3+ response at the test site of epidermal scrapings.

Milker's contact dermatitis is a distinct type of eczematous dermatitis seen in those who milk the cows. Its location on the radial aspect



Fig. 1. Two milker's nodules on the dorsum of the finger, and an eczematous lesion on the dorsum of the proximal phalanx.

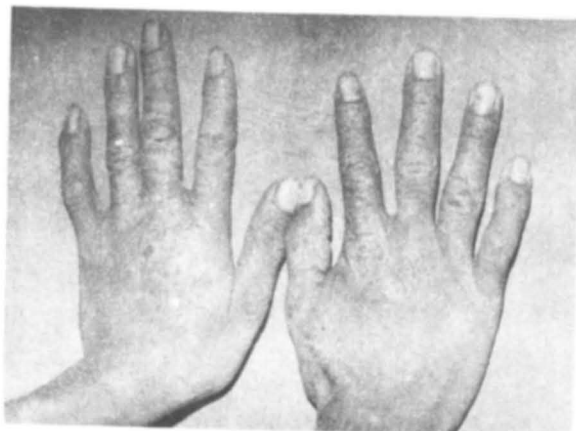


Fig. 2. Milker's contact dermatitis.

of the dorsum of the hands and inner border of the forearms is characteristic. Flowing of the milk, lubricating oil and water along the inner border of the forearm during milking is responsible for the linear configuration of the eczema on the forearm. Of the 12 cases studied in detail by me, 7 cases gave positive results to

patch tests with one or more of the test antigens mentioned above.

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## FURTHER EXPERIENCE WITH DEXAMETHASONE PULSE THERAPY IN REITER'S DISEASE

In 1982, we had reported a patient having Reiter's disease who had reached a moribund state because of unresponsiveness to the known therapeutic measures for this disease and serious side effects, but was saved with dexamethasone pulse given once a month.<sup>1</sup> In six months, this patient had made a remarkable recovery and was able to travel by train to report for follow up. Since the last report till December 1986, this patient continued to be treated with further one-monthly doses of pulse therapy to a total of 64 pulses. The arthritic component of this disease recovered almost completely, but skin lesions had still been showing recurrences although to a far milder degree. Addition of 500 mg cyclophosphamide intravenously along with the first dose of dexamethasone, followed by 50 mg cyclophosphamide daily orally similar to the regime used for pemphigus<sup>2</sup> during the last 12 months did not seem to make much difference to the recurrences of the skin lesions. In December 1986, he had a bout of haemetemesis due to peptic ulceration which responded to antacids and ranitidine within

one month. Further pulses were withdrawn. He did not show any deterioration of his arthritis and the skin lesions have rather improved. For the last 7 months, all treatment has been withdrawn in this patient.

Subsequently, two other patients have also been treated in the same manner and are showing similar beneficial results. It seems worthwhile to try dexamethasone pulse therapy in patients having Reiter's disease, especially those having severe manifestations.

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### References

1. Pasricha JS and Ramji Gupta: Pulse therapy with dexamethasone in Reiter's disease, *Ind J Dermatol Venereol Leprol*, 1982; 48 : 358-361.
2. Pasricha JS and Ramji Gupta: Pulse therapy with dexamethasone cyclophosphamide in pemphigus, *Ind J Dermatol Venereol Leprol*, 1984; 50 : 199-203.