development center, central leather research institute, Adyar, Chennai - 600 020, India, clrid@vsnl.com) will provide footwear tanned with vegetable tannis and manufactured without rubber (if patient is sensitive to rubber) if the following information is provided.

- 1. Patients sensitivity profile detected by patch testing.
- 2. Footprint of the patient.
- 3. Volume measurement (in mm) of both legs at metatarsal. We submit this article to enable other dermatologists to avail this alteration.

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ICHTHYOSIS VULGARIS INVOLVING THE SCALP AREA AFFECTED BY ANDROGENETIC ALOPECIA

To the editor

Ichthyosis vulgaris is a fairly common condition and on several occasions is an incidental finding in patients presenting with other more pressing dermatoses. We recently observed the presence of ichthyosis vulgaris in a patient, with a very striking localization to the area of the scalp affected by androgenetic alopecia.

A 44-year-old patient presented to us with an itchy lichenified plaque on the left leg of 5 years duration. Examination of the patient also revealed light brown polygonal scales on the extensor surfaces of the forearms and on the scalp strictly in areas affected by androgenetic alopecia. He also had keratosis pilaris over the upper arms and hyperlinear palms. History revealed that he had started developing androgenetic alopecia 10 years ago and since then had noticed light brown scales over the bald area, which increased in winters. He took no treatment for it except local mustard oil application. There was no history suggestive of ichthyosis in his family. Biopsy of the affected area of the scalp showed compact hyperkeratosis

and follicular plugging with a markedly attenuated granular layer suggestive of ichthyosis vulgaris.

Although described, we do not recall having seen such a scalp involvement in the several patients of ichthyosis vulgaris that we have come across so far. The attenuation of sebaceous glands in areas of androgenetic alopecia along with the exposure of the underlying scalp skin to the environment in the absence of terminal hair in the area could have led to the clinical manifestation of ichthyosis vulgaris at the site following the onset of androgenetic alopecia.

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