

An interrogative study of pattern of urticaria in children, V. N. Sehgal, V. L. Rege and V. N. Kharangate (Dept. Venereol-Dermatol, Goa Med Coll, Panaji) J Dermatol (Japanese), 2 : 1, 1975.

Of the 44 patients of urticaria in children in 52.3 percent, the etiologic agents were defined with food as the major cause. The clinical features were characterised by itching, erythema, wheals and oedema of different configuration. The urticaria lesions were commonly seen on the extremities and the trunk. Largely the patients applied for treatment in the course of a week. Majority of the patients were in the age group of 5-9 years. The acute urticaria was most frequent, while the other variants were rare. The laboratory investigations were largely equivocal. The parasitic infestations in particular as etiologic factors were inconclusive.

Elimination of circulating antibodies - attempts to eliminate antibodies circulating in rabbits using a fraction of normal human epidermis, V. D. Sood, J. S. Pasricha and K. C. Kandhari (Dept. Dermatol - Venereol, A.I.I.M.S., New Delhi) Dermatologica 150 : 86, 1975.

Rabbits were immunised with a fraction of normal human epidermis to produce circulating antibodies. In each experiment, half of the immunised rabbits were given a dose of the same antigen intravenously and the changes in the titres of antibodies were recorded. Doses of the antigen used in different experiments varied from 0.09 to 3.5 mg protein per rabbit (each approximately 1 Kg in weight) and led to a mild decrease in the antibody titres for the first 24 hr, followed by a secondary rise. Administration of corticosteroids together with the antigen intravenously could check the secondary rise in antibody titre. Repeated intravenous injections of the antigen led to severe anaphylactic reactions, while subcutaneously administered antigen produced no significant effects.

Photochemotherapy of psoriasis with 4,5',8-trimethylpsoralen, V. N. Sehgal, V. L. Rege, V. N. Kharangate *et al*: (Dept. Venereol Dermatol Goa, Med Coll, Panaji) Dermatologica, 150 : 316, 1975.

Eleven psoriasis patients were orally administered 40 mg of TMP bi-weekly, 2-2.5 hours before the sun exposure on full stomach for 9 to 12 sittings (4-6 weeks). The exposure of psoriatic lesions to midday sunshine (between 11 a.m. and 3 p.m.) for 20 minutes was sufficient to cause erythema. Reduction of scales and flattening of lesions in weekly follow-up characterised a favourable clinical response. The histological examination was performed before and after the completion of therapy for determining the histological progress of the treatment. The clinical improvement in 3 patients was 100 percent; in 4 patients 75 percent; 2 had 50 percent and another 2 patients 25 percent. The latter discontinued the treatment after 1-2 weeks. In view of the favourable clinical response, TMP seems invaluable for keeping psoriasis under remission and may also be useful for its maintenance, coupled by innocuous nature, may prove superior to the conventional drugs thus far known for the condition.