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C O N T E N T S

## EDITORIAL

### Management of autoimmune urticaria

Arun C. Inamadar, Aparna Palit ..... 89

## VIEW POINT

### Cosmetic dermatology versus cosmetology: A misnomer in need of urgent correction

Shyam B. Verma, Zoe D. Draelos ..... 92

## REVIEW ARTICLE

### Psoriasiform dermatoses

Virendra N. Sehgal, Sunil Dogra, Govind Srivastava, Ashok K. Aggarwal ..... 94



## ORIGINAL ARTICLES

### A study of allergen-specific IgE antibodies in Indian patients of atopic dermatitis

V. K. Somani ..... 100

### Chronic idiopathic urticaria: Comparison of clinical features with positive autologous serum skin test

George Mamatha, C. Balachandran, Prabhu Smitha ..... 105



### Autologous serum therapy in chronic urticaria: Old wine in a new bottle

A. K. Bajaj, Abir Saraswat, Amitabh Upadhyay, Rajetha Damisetty, Sandipan Dhar ..... 109

### Use of patch testing for identifying allergen causing chronic urticaria

Ashimav Deb Sharma ..... 114

### Vitiligoid lichen sclerosus: A reappraisal

Venkat Ratnam Attali, Sasi Kiran Attali ..... 118



**BRIEF REPORTS**

**Activated charcoal and baking soda to reduce odor associated with extensive blistering disorders**

Arun Chakravarthi, C. R. Srinivas, Anil C. Mathew ..... 122



**Nevus of Ota: A series of 15 cases**

Shanmuga Sekar, Maria Kuruvila, Harsha S. Pai ..... 125



**Premature ovarian failure due to cyclophosphamide: A report of four cases in dermatology practice**

Vikrant A. Saoji ..... 128

**CASE REPORTS**

**Hand, foot and mouth disease in Nagpur**

Vikrant A. Saoji ..... 133



**Non-familial multiple keratoacanthomas in a 70 year-old long-term non-progressor HIV-seropositive man**

Hemanta Kumar Kar, Sunil T. Sabhnani, R. K. Gautam, P. K. Sharma, Kalpana Solanki, Meenakshi Bhardwaj ..... 136



**Late onset isotretinoin resistant acne conglobata in a patient with acromegaly**

Kapil Jain, V. K. Jain, Kamal Aggarwal, Anu Bansal ..... 139



**Familial dyskeratotic comedones**

M. Sendhil Kumaran, Divya Appachu, Elizabeth Jayaseelan ..... 142



**Nasal NK/T cell lymphoma presenting as a lethal midline granuloma**

Vandana Mehta, C. Balachandran, Sudha Bhat, V. Geetha, Donald Fernandes .....



145

**Childhood sclerodermatomyositis with generalized morphea**

Girishkumar R. Ambade, Rachita S. Dhurat, Nitin Lade, Hemangi R. Jerajani.....



148

**Subcutaneous panniculitis-like T-cell cutaneous lymphoma**

Avninder Singh, Joginder Kumar, Sujala Kapur, V. Ramesh.....



151

**LETTERS TO EDITOR**

**Using a submersible pump to clean large areas of the body with antiseptics**

C. R. Srinivas .....



154

**Peutz-Jeghers syndrome with prominent palmoplantar pigmentation**

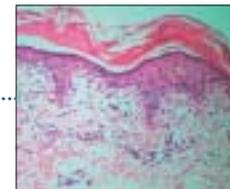
K. N. Shivaswamy, A. L. Shyamprasad, T. K. Sumathi, C. Ranganathan .....



154

**Stratum corneum findings as clues to histological diagnosis of pityriasis lichenoides chronica**

Rajiv Joshi .....



156

**Author's reply**

S. Pradeep Nair .....

157

**Omalizumab in severe chronic urticaria**

K. V. Godse.....

157

**Hypothesis: The potential utility of topical eflornithine against cutaneous leishmaniasis**

M. R. Namazi .....

158

**Nodular melanoma in a skin graft site scar**

A. Gnaneshwar Rao, Kamal K. Jhamnani, Chandana Konda .....



159

**Palatal involvement in lepromatous leprosy**

A. Gnaneshwar Rao, Chandana Konda, Kamal Jhamnani.....



161

**Unilateral nevoid telangiectasia with no estrogen and progesterone receptors in a pediatric patient**

F. Sule Afsar, Ragip Ortac, Gulden Diniz.....



163

**Eruptive lichen planus in a child with celiac disease**

Dipankar De, Amrinder J. Kanwar.....



164

**Xerosis and pityriasis alba-like changes associated with zonisamide**

Feroze Kaliyadan, Jayasree Manoj, S. Venkitakrishnan.....

165

**Treatment of actinomycetoma with combination of rifampicin and co-trimoxazole**

Rajiv Joshi.....



166

**Author's reply**

M. Ramam, Radhakrishna Bhat, Taru Garg, Vinod K. Sharma, R. Ray, M. K. Singh, U. Banerjee, C. Rajendran.....

168

**Vitiligo, psoriasis and imiquimod: Fitting all into the same pathway**

Bell Raj Eapen.....

169

**Author's reply**

Engin Şenel, Deniz Seçkin.....

169

**Multiple dermatofibromas on face treated with carbon dioxide laser: The importance of laser parameters**

Kabir Sardana, Vijay K. Garg.....

170

**Author's reply**

D. S. Krupa Shankar, A. Kushalappa, K. S. Uma, Anjay A. Pai.....

170

**Alopecia areata progressing to totalis/universalis in non-insulin dependent diabetes mellitus (type II): Failure of dexamethasone-cyclophosphamide pulse therapy**

Virendra N. Sehgal, Sambit N. Bhattacharya, Sonal Sharma, Govind Srivastava, Ashok K. Aggarwal.....



171

**Subungual exostosis**

Kamal Aggarwal, Sanjeev Gupta, Vijay Kumar Jain, Amit Mital, Sunita Gupta.....

173

**Clinicohistopathological correlation of leprosy**

Amrish N. Pandya, Hemali J. Tailor ..... 174

**RESIDENT'S PAGE**

**Dermatographism**

Dipti Bhute, Bhavana Doshi, Sushil Pande, Sunanda Mahajan, Vidya Kharkar ..... 177

**FOCUS**

**Mycophenolate mofetil**

Amar Surjushe, D. G. Saple ..... 180

**QUIZ**

**Multiple papules on the vulva**

G. Raghu Rama Rao, R. Radha Rani, A. Amareswar, P. V. Krishnam  
Raju, P. Raja Kumari, Y. Hari Kishan Kumar ..... 185



**E-IDVL**

**Net Study**

**Oral isotretinoin is as effective as a combination of oral isotretinoin and topical anti-acne agents in nodulocystic acne**

Rajeev Dhir, Neetu P. Gehi, Reetu Agarwal, Yuvraj E. More ..... 187

**Net Case**

**Cutaneous diphtheria masquerading as a sexually transmitted disease**

T. P. Vetrichevvel, Gajanan A. Pise, Kishan Kumar Agrawal,  
Devinder Mohan Thappa ..... 187



**Net Letters**

**Patch test in Behcet's disease**

Ülker Gül, Müzeyyen Gönül, Seray Külcü Çakmak, Arzu Kılıç ..... 187

**Cerebriform elephantiasis of the vulva following tuberculous lymphadenitis**

Surajit Nayak, Basanti Acharjya, Basanti Devi, Satyadarshi Pattnaik,  
Manoj Kumar Patra ..... 188



**Net Quiz**

**Vesicles on the tongue**

Saurabh Agarwal, Krishna Gopal, Binay Kumar ..... 188



## Treatment of actinomycetoma with combination of rifampicin and co-trimoxazole

Sir,

I read with interest the article 'A modified two-step treatment for actinomycetoma', which appeared in the July-August 2007 issue of the *IJDVL*.<sup>[1]</sup>

The article illustrates vividly the difficulty in definitive microbiological diagnosis of mycetomas faced by clinicians in practice as even the authors could demonstrate actinomycetes in only half of their cases and that too in a premier teaching institute.

The choice of antibiotics used in such cases is, therefore, often based on reports of previous clinical studies or reports of laboratory studies of *in vitro* sensitivity of human isolates of actinomycetes. Combinations of two or more drugs are often used to prevent resistance and persistence of infection. However, no single regimen has given consistent good results, and successful treatment of actinomycetomas in general remains really speaking 'a matter of chance'.

Of the 16 patients reported by the authors, 7 patients were lost to follow-up before complete healing had occurred, indicating a very high rate of drop-outs and possible waste of intensive therapy that they had received



**Figure 1: Actinomycetoma with sinuses on instep of right foot at presentation**



**Figure 2: Complete healing at 4 months with previous surgery scar**

earlier. Of the other 9 who did follow-up, one patient relapsed later with development of new lesions. Because mycetoma affects predominantly poor people from rural communities who often are daily wage earners, admission to hospital for intensive intravenous regimens puts them under great financial strains and results in high levels of drop-outs. I would like to report the efficacy of the combination of rifampicin and cotrimoxazole in a case of actinomycetoma.

A 58-year-old shopkeeper from a semi-rural region, about 100 km north of Mumbai, presented with swelling and induration of the right foot with discharging sinuses on the instep and the dorsum of the right foot [Figure 1]. He had been diagnosed clinically with mycetoma of the right foot 5 years back and was treated with several courses of various antibiotics (details of treatment were not available with the patient), and due to lack of response to medical treatment,

he underwent surgery 1 year back to remove the affected tissue. Six months after the surgery, he started developing new sinuses and induration of the surrounding tissue.

A biopsy from one of the new sinuses revealed suppurative-granulomatous nodules within the dermis, one such area of suppuration had at its centre a collection (grain) of actinomycetes. The patient was investigated; complete haemogram, tests for G6PD function, liver and renal functions, blood sugars, urine routine and chest X-rays were found to be within normal limits. The patient had no past history of tuberculosis.

He was started on rifampicin 600 mg daily and cotrimoxazole double strength tablets (DS 1-1 or 2-2 320/1600) twice daily along with multivitamins and folic acid supplements.

He was instructed to repeat all investigations at monthly intervals at his home town and follow up for clinical examination after 2 months or earlier if he experienced any side-effects from the medication. At the first follow-up at 2 months, the lesions had started healing and by end of 4 months all lesions had healed and no new sinuses had developed [Figure 2]. Therapy was continued for a further 6 months for a total treatment period of 10 months, at the end of which he was symptom-free and continued to be so for a further follow-up period of 6 months. No adverse effects of the medication were seen.

Rifampicin is a highly bactericidal antibiotic and has been shown to be the most effective antibiotic in terms of lowest MIC amongst 13 antibiotics tested for *in vitro* studies against *Streptomyces somaliensis*, which is a cause of human actinomycetoma.<sup>[2]</sup> Rifampicin has also been used along with amikacin and co-trimoxazole in the successful treatment of nocardiosis of the chest wall that developed 10 years after untreated mycetoma of the right hand.<sup>[3]</sup>

Therefore, in my opinion, rifampicin along with cotrimoxazole for extended periods of time may be a rational initial choice for treatment of actinomycetomas, as this combination is fairly cheap and can be used at home by the patient without the need for admission to a hospital.

Most patients do not receive therapy for adequate period of time (several months to even years of treatment may be needed), and for patients who do not improve even after a reasonable trial with these two drugs, intensive therapy with intravenous penicillin and gentamicin or amikacin may be attempted.

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