

ABSTRACTS FROM CURRENT LITERATURE

Familial incidence of dermatitis herpetiformis, Meyer LJ and Zonc JJ : J Amer Acad Dermatol, 1987; 17 : 643-647.

There is an association between dermatitis herpetiformis and gluten sensitive enteropathy. But the reports of the familial occurrence of dermatitis herpetiformis are rare. The authors studied the family histories of 92 patients with dermatitis herpetiformis and 6 were found to have a first degree relative with dermatitis herpetiformis. Thus, they found a distinctly increased prevalence compared with the expected prevalence in the general population.

K Anitha

Human immunodeficiency virus associated vitiligo : Expression of autoimmunity with immunodeficiency? Duvic M, Rapini R, Hoots KW et al : J Amer Acad Dermatol, 1987; 17 : 656-662.

Vitiligo is found to have an autoimmune aetiology. But it has not been reported in association with viral infections. The authors followed up 1000 cases of ARC and AIDS. Four of them had newly developed vitiligo. The relation between HIV infection and vitiligo may be because of the virus acting as a trigger factor in the genetically predisposed host.

K Anitha

Penicillin induced generalised pustular psoriasis, Katz M, Seidenbaum M and Weinrauch L : J Amer Acad Dermatol, 1987; 17 : 918-920.

Penicillins have been rarely reported to induce pustular psoriasis. The authors report a case of generalised pustular psoriasis in a psoriatic, following the intake of amoxicillin. The patient, had generalised burning sensation,

erythema and itching, 2 hours after intake of 500 mg amoxicillin. Within 2 days the patient had generalised pustular psoriasis, which was confirmed histopathologically. The patient also had a past history of similar episodes. Once it followed the topical application of fluorinated corticosteroid and thrice after intake of penicillins—ampicillin, penicillin and amoxicillin.

Mercy Paul

Nodular secondary syphilis mimicking cutaneous lymphoreticular process, Hodak E, David M, Rothem A et al : J Amer Acad Dermatol, 1987; 17 : 914-917.

Nodular lesions are typical of late syphilis. The authors report a case of secondary syphilis presenting as nodular lesions. The patient, a 66-year-old widower presented with multiple nodular lesions over the face, neck, scalp and upper extremities along with generalised lymphadenopathy and itching of 2 months duration. A clinical diagnosis of lymphoma was made. No conclusive results were obtained after investigations. Biopsy of a nodular lesion showed polymorphic infiltration of mid and reticular dermis composed of mainly lymphocytes and histiocytes; which was interpreted as lymphocytoma cutis. Routine cardiolipin test was positive. The VDRL titre was 1:64 and after 1 week 1:1024. FTA-ABS, TPI and TPHA tests were positive. Spirochaetes were demonstrated in a skin lesion by dark-field microscopic examination. CSF study revealed asymptomatic neuro-syphilis. Thorough investigations ruled out the possibility of late syphilis. A clinical and serological response was obtained after administration of penicillin.

Mercy Paul

Androgen excess in women with acne, Scholl GM, Wu CH and Leyden : J Obstet Gynaecol, 1984; 64 : 683-688.

Hormonal data were evaluated in 34 women with acne resistant to usual forms of therapy. Radioimmunoassay (RIA) was used to measure serum testosterone, dehydroepiandrosterone sulphate, 17 alpha hydroxy-progesterone, prolactin, progesterone, free testosterone, and testosterone index. Eighty eight per cent of these women were found to have androgen excess. Using the dexamethasone suppression test, the sources of the hormonal abnormalities were identified and found to be absent in 24 percent, ovarian in 30 percent and mixed adrenal and ovarian in 26 percent of the patients. The data supports the contention that women with acne that persist despite the common therapeutic modalities warrant endocrinological evaluation.

Govind Srivastava

Primary Sjogren's syndrome and other autoimmune diseases in families, Prevalence and immunogenetic studies in 6 kindreds, Reville JD, Wilson RW, Provost TT et al : Ann Int Med, 1984; 101 : 748-756.

The relationship of human leucocyte antigen (HLA) and heavy chain immunoglobulin (Gm) haplotypes to disease and autoantibody expression were examined in 6 large kindreds, each having one or more members with primary Sjogren's syndrome. Various other autoimmune diseases comprising systemic lupus erythematosus, rheumatoid arthritis, thyroid disease, multiple sclerosis, systemic sclerosis, myasthenia gravis and discoid lupus erythematosus, and autoantibodies occurred among 117 relatives in these families. The HLA and Gm haplotypes did not necessarily segregate persons into those with Sjogren's syndrome, other autoimmune disorders or serologic abnormalities, but HLA

alleles DR3 and DR2 occurred in significant excess in relatives with Sjogren's syndrome, irrespective of HLA haplotype. Segregation analysis suggested a Mendelian dominant genetic defect common to the many autoimmune diseases and serologic reactions that were not linked to HLA or Gm. A significant effect on female sex was also documented. These studies suggest that Sjogren's syndrome results from the interaction of several HLA linked and non-HLA linked genes.

Govind Srivastava

Establishment of T and B cell lines from patients with mycosis fungoides, Kaltoft K, Thestrup-Pedersen K, Jensen JR et al : Brit J Dermatol, 1984; 111 : 303-308.

Eighteen patients with mycosis fungoides were studied in order to establish cell lines that might be associated with the human T-cell leukemia-lymphoma virus (HTLV). Three T-cell lines were established, two from affected skin and one from a lymph node showing dermatopathic lymphadenopathy. The T-cells expressed OKT3 and OKT4 antigens. They temporarily expressed an HTLV p19-like antigen in upto 5% of the cells during culture. None of their patients had lymphocytosis or abnormal lymphocytes except one patient with Sezary's syndrome. They could not establish T-cell lines from peripheral blood, but 5 B-lymphoblastoid cell lines were obtained, all positive for the Epstein-Barr virus nuclear antigen. Their findings that T-cell lines can be obtained from skin biopsies and lymph nodes of patients with mycosis fungoides, but not from the blood, supports the concept of a malignant T lymphocyte primarily localized in the skin. The temporary expression of HTLV p 19 antigen may indicate the presence of retrovirus, but further studies are needed.

Govind Srivastava

Use of a monoclonal antibody (VM-2) plus the immunogold-silver technique to stain basal cell carcinoma cells, Morhenn VB, Roth S and Roth R : J Amer Acad Dermatol, 1987; 17 : 765-769.

VM-2, a newly described mouse monoclonal antibody combined with immuno-gold silver stain, a new staining technique, was used to stain frozen sections of skin from 12 patients with basal cell carcinoma, and four patients with squamous cell carcinoma. Tumour cells showed distinct black granular staining in the cells of the external root sheath. The lining around the sebaceous glands, and endothelial lining of the venules are also stained but can be easily distinguished. Its advantage over fluorescence microscopy and peroxidase, the other indicator systems used to detect monoclonal antibodies, is that special equipment or carcinogens (diaminobenzene utilised in the immunoperoxidase technique), are not required. The main disadvantage of this technique is the short half-life (2-3 months) of the immuno-gold-monoclonal antibody conjugate, and its expense. This technique is especially useful for detecting tumour cells after Moh's micrographic surgery especially the small groups of tumour cells arranged in small clusters which may be commonly mistaken for endothelial cells, nerve cells or muscle cells. Tumour cells migrating along nerves are also identified.

Joyce Thomas

Oral hyposensitization in nickel allergy, Sjovall P, Christensen OB and Moller H : J Amer Acad Dermatol, 1987; 17 : 774-778.

Oral hyposensitization experiments were carried out in two controlled studies, each including 24 patients with contact hypersensitivity to nickel. In study I, one group of patients were orally administered 0.5 mg nickel capsules, and in study II, 5.0 mg of nickel capsules daily for 6 weeks. The degree of contact allergy was assessed by performing patch tests before and

after ingestion of nickel. After 6 weeks, ingestion of 5 mg nickel sulphate, but not with 0.5 mg, nickel allergy diminished. It is speculated that antigen excess may stimulate or initiate the production of T suppressor cells. The duration of the lowered hypersensitivity is not known.

Joyce Thomas

Reduction of anthralin inflammation by potassium hydroxide and teepol, Lawrence CM, Shuster S, Collins M et al : Brit J Dermatol, 1987; 116 : 171-177.

Short contact anthralin treatment, an effective and simple method of controlling psoriasis, has the disadvantage of causing perilesional inflammation. In this study the effect of 1% KOH or 5% aqueous teepol (a surfactant) applied immediately and at 2, 4, 8 and 24 hours after application of anthralin was determined. KOH reduced subsequent inflammation without any loss of therapeutic potency. Teepol had a smaller effect. KOH acts by chemical inactivation of anthralin by oxidation, Teepol by solubilisation and removal of anthralin. The inhibitory effect of both decreased with time after anthralin application. After 24 hours, KOH and Teepol application had no effect. This indicates that after a single application anthralin persists to exert its effect for 24 hours. KOH and Teepol are therefore useful in reducing the inflammatory response associated with short contact therapy.

Joyce Thomas

Oral acyclovir for herpes zoster : a double-blind controlled trial in normal subjects, Wassilew SW, Reimlinger S, Nasemann T et al : Brit J Dermatol, 1987; 117 : 495-501.

Mild attacks of herpes zoster respond well to bed rest, analgesics and topical preparations. Intravenous acyclovir at doses of 5 mg/kg, 8 hourly has been shown to be effective in the

treatment of herpes zoster in immunocompetent patients. Present study was carried out to determine whether oral acyclovir at a dose of 400 mg, 5 times daily for 5 days influences the natural history of the disease. Sixty patients above 18 years with uncomplicated shingles were entered into this double blind randomized study. They were given either acyclovir 400 mg 5 times daily or a matching placebo after admitting into the hospital. Distribution and severity of rashes were noted daily. The only significant difference observed in the study was a shorter time to full crusting in the acyclovir treated patients compared with placebo group. There was no difference between the two groups in the occurrence of post-herpetic neuralgia. The results of this study led the authors to conclude that the dose of acyclovir employed was sub-optimal and it is hoped that higher doses of oral acyclovir alone or in combination with glucocorticoids will be more effective.

N Sasi

Local treatment for bacterial vaginosis, Ison CA, Taylor RFH, Link C et al : Brit Med J, 1987; 295 : 886.

Bacterial vaginosis is a common condition. Current treatment of choice is oral metronidazole for 5-7 days. Here the authors compare the efficacy of oral metronidazole with local treatment in the form of chlorhexidine pessaries in curing vaginosis and preventing recurrence. Seventy nine premenopausal women attending the clinic were entered into a randomized single-blind study. One group received 2 gm oral metronidazole and the other group intravaginal chlorhexidine 150 mg pessary for 2 days. Diagnosis of vaginosis was made on three of the following; clue cells, abnormal vaginal discharge, positive Whiff test, vaginal pH above 4.5. Cervical and vaginal samples were taken for culture of gonococci, *Gardnerella vaginalis*, lactobacilli, and anaerobic cocci. After seven

days, there was no significant difference between the two groups, except that metronidazole eradicated *G. vaginalis*. Patients were assessed after 28 days for recurrence and there was no statistically significant difference between the two groups. This shows that vaginal chlorhexidine is as effective as oral metronidazole in curing bacterial vaginosis.

N Sasi

Experimental folliculitis with *Pityrosporum orbiculare* : the influence of host response, Goodfield MJD, Saihan EM and Crowley J : Acta Dermato-Venerol (Stockh), 1987; 67 : 445-447.

Seborrhoeic eczema and associated folliculitis are common disorders of unknown aetiology, though the role of *Pityrosporum orbiculare* has been much discussed. *P. orbiculare* was applied under occlusion to the forearm skin of 33 volunteers with seborrhoeic eczema, seborrhoeic eczema folliculitis and normal controls. Normal saline was applied to a control area of adjacent skin. Dressings applied to both the areas were left for 72 hours. Skin was examined after 72 hours for evidence of follicular inflammation and scaling. Samples were taken for microscopy and culture to re-isolate any remaining organism. Isolation of the organism from uninoculated area was taken as indication of natural carriage. Those patients with previous clinical evidence of folliculitis developed folliculitis at the site of occlusion more frequently than the other groups. These results suggest that *P. orbiculare* is necessary for development of folliculitis, but the nature of host response determines those patients prone to follicular inflammation.

N Sasi

Tooth pits : an early sign of tuberous sclerosis, Requena CL, Liron DJ, Requena CC et al : Acta Dermato-Venerol (Stockh), 1987; 67 : 457-459.

Early diagnosis of tuberous sclerosis may be difficult. Diagnosis during early life ofte_n

depends upon the appearance of the characteristic triad of : seizures, mental deficiency and skin lesions like hypopigmented macules, angio-fibromas, shagreen patches and periungual fibromas. In this report, the authors propose a dental sign, tooth pits. In the dermatologic literature, there is only one description of tooth abnormalities associated with tuberous sclerosis. Authors report a patient of tuberous sclerosis with the cutaneous stigmata mentioned above, gingival hyperplasia and tooth pits. There were about 12 pits in the teeth of their patient and authors interpreted it as a result of defective amelogenesis. So tooth pits can be considered as a reliable marker of tuberous sclerosis.

N Sasi

PUVA therapy for photosensitive psoriasis,
Rose AM and Wennersten G : Acta Dermato-
Venerol (Stockh), 1987; 67 : 501-505.

Photosensitive psoriasis is a clinically well known condition with worsening of preexisting

lesions or the appearance of new ones after sun exposure. The efficacy of PUVA for severe light sensitivity disorders is now well documented. The purpose of this study was to assess the prophylactic effect of oral photochemotherapy on known photosensitive psoriatics. Of fifteen patients with photosensitive psoriasis, ten with history of polymorphous light eruption (PMLE) slowly developing into psoriasis were treated with trimethyl psoralen (TMP) and UVA. Five patients with no preceding PMLE were similarly treated. Treatment started in early spring until June. Good to excellent results were obtained in 9/10 of the first category and 3/5 of the second, giving an overall efficacy of 80%. Only two patients became worse. None was irritated on normal skin and no phototoxic reaction was observed. Based on their present experience authors recommend photochemotherapy with oral TMP and UVA to patients with PMLE reactions followed by psoriasis.

N Sasi