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A clinico-epidemiological study of PLE was done for a period of one year to include 220 cases of PLE of skin type between IV and VI. The manifestation of PLE was most common in house wives on sun exposed areas. Most of the patients of PLE presented with mild symptoms and rash around neck, lower forearms and arms which was aggravated on exposure to sunlight. PLE was more prevalent in the months of March and September and the disease was recurrent in 31.36% of cases.

### Comparative study of efficacy and safety of hydroxychloroquine and chloroquine in polymorphic light eruption: A randomized, double-blind, multicentric study

Anil Pareek, Uday Khopkar, S. Sacchidanand, Nitin Chandurkar, Geeta S. Naik ..... 18

In a double-blind randomized, comparative multicentric study evaluating efficacy of antimalarials in polymorphic light eruption, a total of 117 patients of PLE were randomized to receive hydroxychloroquine and chloroquine tablets for a period of 2 months (initial twice daily dose was reduced to once daily after 1 month). A significant reduction in severity scores for burning, itching, and erythema was observed in patients treated with hydroxychloroquine as compared to chloroquine. Hydroxychloroquine was found to be a safe antimalarial in the dosage studied with lesser risk of ocular toxicity.

**Many faces of cutaneous leishmaniasis**

Arfan Ul Bari, Simeen Ber Rahman .....

Symptomatic cutaneous leishmaniasis is diverse in its presentation and outcome in a tropical country like Pakistan where the disease is endemic. The study describes the clinical profile and atypical presentations in 41 cases among 718 patients of cutaneous leishmaniasis. Extremity was the most common site of involvement and lupoid cutaneous leishmaniasis was the most common atypical form observed. Authors suggest that clustering of atypical cases in a geographically restricted region could possibly be due to emergence of a new parasite strain.



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**Forehead plaque: A cutaneous marker of CNS involvement in tuberous sclerosis**

G. Raghu Rama Rao, P. V. Krishna Rao, K. V. T. Gopal, Y. Hari Kishan Kumar, B. V. Ramachandra .....

In a retrospective study of 15 patients of tuberous sclerosis, eight patients had central nervous system involvement. Among these 8 cases, 7 cases had forehead plaque. This small study suggests that presence of forehead plaque is significantly associated with CNS involvement.

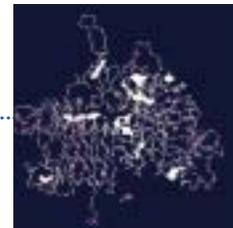


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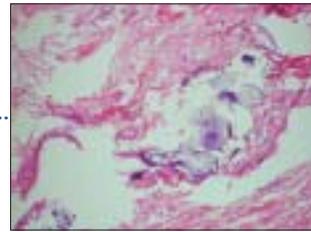
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## IJDVL gets into the Science Citation Index Expanded!

Dear Members,

The year 2007 has been a busy one for the Indian Journal of Dermatology, Venereology and Leprology (IJDVL) with the number of submitted articles showing a steady upward trend. We had a record of 89 original articles being submitted during this year, this being a major gain during the year. About 35% of the original articles submitted were from authors outside India. To accommodate this trend in original articles, we introduced categories of "Net Study" and 'Brief report' for small studies and large case series. This increase in original articles has added research value to our journal and its impact factor is going up by leaps and bounds every year and should cross one very soon.

As an acknowledgment of this rising impact factor, the IJDVL has now found place in the elite Science Citation Index Expanded (SCIE). This is probably the most prestigious index to which IJDVL has been added. I thank my committed editorial team, dedicated editorial board members, selfless reviewers, and above all, thinking and hardworking authors for taking us this far. This index puts a lot of responsibility for us to both continue the good work and take our journal to greater heights. However, this can only happen if we take pride in publishing our articles in the IJDVL.

In order to increase the readership value of our journal, we have initiated a section termed 'Seminar' in the September-October issue which was a compilation of continuing medical education (CME) articles focused on the common theme of 'Contact Dermatitis'. We intend to have similar theme-based seminars in this year as a regular feature of the journal. Moreover, we always attempt to categorize articles to offer maximum and comprehensive information to authors on a single subject, *e.g.*, the May-June issue on deep fungal infections and the November-December issue on onychomycosis.

Although the technical quality of printing has improved during the last few years, we are lagging behind in the quality of clinical photographs submitted for publication.

After the advent of digital cameras, taking photographs has already become easier. However, one has to take care of the background, the focus and the framing while clicking photos with a digital camera. Moreover, the resolution should be as high as possible for your camera. We also require documented patients' consent which will need to be submitted with the photos in future.

After the announcement of inclusion in the PUBMED index last year, there has been a 20% increase in the number of articles submitted to the IJDVL. The IJDVL manuscript submission site is being maintained and upgraded continuously to make it more and more author and reviewer friendly by Dr. D. K. Sahu of Medknow Publications and I thank him for this as also for the excellent support he provides in all publishing matters. His perseverance was also instrumental in getting the journal indexed with the SCIE.

Thanks are also due to all our sponsors for 2007 print and web versions, especially Elder Pharma, Gracewell, Galderma, Stiefel, Glaxo SmithKline (GSK) and Procter and Gamble for their financial backing of this scientific activity.

We maintained timelines in publishing the issues during the year and it is our endeavor to put the net version of an issue online during the first week of the month of publication. We hope that the printing and distribution also follows the same pattern in the years to come. The average time required for publication of an article in the IJDVL is currently about 210 days which is slightly more than the desired time. However, out of the 210 days, the average time to decision is only about 90 days, the rest being the time required to complete the publication process through multiple proofs, copy editing, reference checking, formatting and author proofs. During the coming year, we would be aiming to reduce this time lag.

I take this opportunity to wish all of you a very happy, healthy and prosperous new year!

**Uday Khopkar**  
Editor - IJDVL