

**The Indian Journal of Dermatology,
Venereology and Leprology (IJDVL)**

is a bimonthly publication of the Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) and is published for IADVL by Medknow Publications.

The Journal is **indexed/listed** with Science Citation Index Expanded, PUBMED, EMBASE, Bioline International, CAB Abstracts, Global Health, DOAJ, Health and Wellness Research Center, SCOPUS, Health Reference Center Academic, InfoTrac One File, Expanded Academic ASAP, NIWI, INIST, Uncover, JADE (Journal Article Database), IndMed, Indian Science Abstract's and PubList.

All the rights are reserved. Apart from any fair dealing for the purposes of research or private study, or criticism or review, no part of the publication can be reproduced, stored, or transmitted, in any form or by any means, without the prior permission of the Editor, IJDVL.

The information and opinions presented in the Journal reflect the views of the authors and not of the IJDVL or its Editorial Board or the IADVL. Publication does not constitute endorsement by the journal.

The IJDVL and/or its publisher cannot be held responsible for errors or for any consequences arising from the use of the information contained in this journal.

The appearance of advertising or product information in the various sections in the journal does not constitute an endorsement or approval by the journal and/or its publisher of the quality or value of the said product or of claims made for it by its manufacturer.

The journal is published and distributed by Medknow Publications. Copies are sent to subscribers directly from the publisher's address. It is illegal to acquire copies from any other source. If a copy is received for personal use as a member of the association/society, one can not resale or give-away the copy for commercial or library use.

The Journal is printed on acid free paper.

EDITOR

Uday Khopkar

ASSOCIATE EDITORS

Ameet Valia Sangeeta Amladi

ASSISTANT EDITORS

K. C. Nischal Sushil Pande Vishalakshi Viswanath

EDITORIAL BOARD

Chetan Oberai (Ex-officio)	Koushik Lahiri (Ex-officio)	Sanjeev Handa
Arun Inamdar	Joseph Sundharam	S. L. Wadhwa
Binod Khaitan	Kanthraj GR	Sharad Mutalik
D. A. Satish	M. Ramam	Shruthakirti Sheno
D. M. Thappa	Manas Chatterjee	Susmit Halder
H. R. Jerajani	Rajeev Sharma	Venkatram Mysore
	Sandipan Dhar	

EDITORIAL ADVISORY BOARD

Aditya Gupta, Canada	Jag Bhawan, USA
C. R. Srinivas, India	John McGrath, UK
Celia Moss, UK	K. Pavithran, India
Giam Yoke Chin, Singapore	R. G. Valia, India
Gurmohan Singh, India	Robert A. Schwartz, USA
Howard Libman, USA	Robin Graham-Brown, UK
J. S. Pasricha, India	V. N. Sehgal, India
Rodney Sinclair, Australia	

STATISTICAL EDITOR

S. R. Suryawanshi

OMBUDSMAN

A. K. Bajaj

IADVL NATIONAL EXECUTIVE 2006 – 2007

President

Chetan M. Oberai

Immediate Past President

Suresh Joshipura

President (Elect)

S. Sacchidanand

Vice-Presidents

Amrinder Jit Kanwar

Dilip Shah

Secretary

Koushik Lahiri

Treasurer

Arijit Coondoo

Jt. Secretaries

Rakesh Bansal

Manas Chatterjee

EDITORIAL OFFICE

Dr. Uday Khopkar

Editor, IJDVL, Department of Dermatology,
117, 1st Floor, Old OPD Building, K.E.M.
Hospital, Parel, Mumbai - 400012, India.
E-mail: editor@ijdvil.com

Published for IADVL by

MEDKNOW PUBLICATIONS

A-109, Kanara Business Centre, Off Link Road,
Ghatkopar (E), Mumbai - 400075, India.
Tel: 91-22-6649 1818 / 1816
Website: www.medknow.com

Indian Journal of Dermatology, Venereology & Leprology

Journal indexed with SCI-E, PubMed, and EMBASE

Vol 74 | Issue 1 | Jan-Feb 2008

C O N T E N T S

EDITORIAL REPORT - 2007

JDVL gets into the Science Citation Index Expanded!

Uday Khopkar 1

EDITORIAL

Registration and reporting of clinical trials

Uday Khopkar, Sushil Pande 2

SPECIALTY INTERFACE

Preventing steroid induced osteoporosis

Jyotsna Oak 5

REVIEW ARTICLE

Molecular diagnostics in genodermatoses - simplified

Ravi N. Hiremagalore, Nagendrachary Nizamabad, Vijayaraghavan Kamasamudram 8

ORIGINAL ARTICLES

A clinicoepidemiological study of polymorphic light eruption

Lata Sharma, A. Basnet 15

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.



23

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.

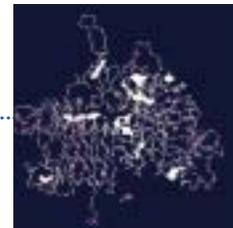


28

BRIEF REPORTS

Ligand-binding prediction for ErbB2, a key molecule in the pathogenesis of leprosy

Viroj Wiwanitkit.....



32

SCORTEN: Does it need modification?

Col. S. S. Vaishampayan, Col. A. L. Das, Col. R. Verma

35

CASE REPORTS

Universal acquired melanosis (Carbon baby)

P. K. Kaviarasan, P. V. S. Prasad, J. M. Joe, N. Nandana, P. Viswanathan



38

Adult onset, hypopigmented solitary mastocytoma: Report of two cases

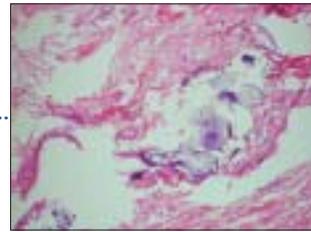
D. Pandhi, A. Singal, S. Aggarwal.....



41

Incidental finding of skin deposits of corticosteroids without associated granulomatous inflammation: Report of three cases

Rajiv Joshi



44

Erythromelanosis follicularis faciei *et* colli: Relationship with keratosis pilaris

M. Augustine, E. Jayaseelan



47

Naxos disease: A rare occurrence of cardiomyopathy with woolly hair and palmoplantar keratoderma

R. Rai, B. Ramachandran, V. S. Sundaram, G. Rajendren, C. R. Srinivas



50

Granular parakeratosis presenting with facial keratotic papules

R. Joshi, A. Taneja



53

Adult cutaneous myofibroma

V. Patel, V. Kharkar, U. Khopkar



56

LETTERS TO THE EDITOR

Extragenital lichen sclerosus of childhood presenting as erythematous patches

N. G. Stavrianeas, A. C. Katoulis, A. I. Kanelleas, E. Bozi, E. Toumbis-Ioannou



59

Leukocytoclastic vasculitis during pegylated interferon and ribavirin treatment of hepatitis C virus infection

Esra Adisen, Murat Dizbay, Kenan Hize, Nilsel İlter

60

Poland's syndrome

Saurabh Agarwal, Ajay Arya..... 62

Hereditary leiomyomatosis with renal cell carcinoma

Sachin S. Soni, Swarnalata Gowrishankar, Gopal Kishan Adikey,
Anuradha S. Raman 63

Infantile onset of Cockayne syndrome in two siblings

Prerna Batra, Abhijeet Saha, Ashok Kumar 65

Multiple xanthogranulomas in an adult

Surajit Nayak, Basanti Acharjya, Basanti Devi, Manoj Kumar Patra 67



Bullous pyoderma gangrenosum associated with ulcerative colitis

Naik Chandra Lal, Singh Gurcharan, Kumar Lekshman, Lokanatha K..... 68



Sporotrichoid pattern of malignant melanoma

Ranjan C. Rawal, Kanu Mangla..... 70



Acitretin for Papillon-Lefèvre syndrome in a five-year-old girl

Didem Didar Balci, Gamze Serarslan, Ozlem Sangun, Seydo Homan 71

Bilateral Becker's nevi

Ramesh Bansal, Rajeev Sen..... 73



RESIDENTS' PAGE

Madarosis: A dermatological marker

Silonie Sachdeva, Pawan Prasher 74

FOCUS

Botulinum toxin

Preeti Savardekar 77

E-IDVL

Net Studies

A study of oxidative stress in paucibacillary and multibacillary leprosy

P. Jyothi, Najeeba Riyaz, G. Nandakumar, M. P. Binitha 80

Clinical study of cutaneous drug eruptions in 200 patients

M. Patel Raksha, Y. S. Marfatia 80

Net case

Porokeratosis confined to the genital area: A report of three cases

Sujata Sengupta, Jayanta Kumar Das, Asok Gangopadhyay 80

Net Letters

Camisa disease: A rare variant of Vohwinkel's syndrome

T. S. Rajashekar, Gurcharan Singh, Chandra Naik, L. Rajendra Okade 81

Cross reaction between two azoles used for different indications

Arika Bansal, Rashmi Kumari, M. Ramam 81

Net Quiz

Asymptomatic erythematous plaque on eyelid

Neeraj Srivastava, Lakhan Singh Solanki, Sanjay Singh 82



QUIZ

A bluish nodule on the arm

Ragunatha S., Arun C. Inamadar, Vamseedhar Annam, B. R. Yelikar 83



REFEREE INDEX-2007

INSTRUCTIONS FOR AUTHORS

The copies of the journal to members of the association are sent by ordinary post. The editorial board, association or publisher will not be responsible for non-receipt of copies. If any of the members wish to receive the copies by registered post or courier, kindly contact the journal's / publisher's office. If a copy returns due to incomplete, incorrect or changed address of a member on two consecutive occasions, the names of such members will be deleted from the mailing list of the journal. Providing complete, correct and up-to-date address is the responsibility of the members. Copies are sent to subscribers and members directly from the publisher's address; it is illegal to acquire copies from any other source. If a copy is received for personal use as a member of the association/society, one cannot resale or give-away the copy for commercial or library use.

Bilateral Becker's nevi

Sir,

Becker's nevus is a relatively common condition present in about 0.5% of young men. It is also known as pigmented hairy epidermal nevus.^[1] Classically, Becker's nevus often appear as a sharply demarcated, unilateral, hyperpigmented tan colored macule over the shoulder or pectoral area in a teenage male. Over time hypertrichosis develops within it.^[2] A variety of associated noncutaneous abnormalities have been described, but bilateral Becker's nevi have not been reported in the literature so far. Here, we are reporting occurrence of bilateral Becker's nevi in a young male without any underlying noncutaneous abnormality or smooth muscle proliferation.

An 18-year-old male with a palm-shaped brown colored patch on each side of the back having coarse dark hairs presented to us. His disease had started appearing three years before and had got stabilized two years after. It was surrounded by typical irregular macular pigmentation. Involvement on the right side was a little lower than on the left side [Figure 1]. Diagnosis of Becker's nevus was made. Histopathological examination confirmed the diagnosis and revealed no underlying smooth muscle proliferation. Routine investigation results like hemoglobin, leucocyte count, ESR and urine examination were normal. Other investigations revealed no noncutaneous abnormalities. He was reassured with the fact that it can persist indefinitely without any further untoward outcome.

Becker's nevus is one of the common developmental defects presenting to dermatologists. It is about five times more frequent in the male than in the female.^[1] Association of a variety of noncutaneous abnormalities has been described, especially unilateral hypoplasia of the breast



Figure 1: Bilateral Becker's nevus

in the females.^[3] Aplasia of the ipsilateral pectoralis major muscle, ipsilateral limb shortening, localized lipoatrophy, spina bifida, scoliosis, pectus carinatum, congenital adrenal hyperplasia and an accessory scrotum had also been found to be associated.^[1] In this patient, no such abnormalities were found in the presence of bilateral involvement of the nevus. Multiple Becker's nevi have been reported by Khaitan *et al.*,^[4] in a 28-year-old male. However, bilateral involvement has not been reported in the literature so far.

Ramesh Bansal, Rajeev Sen*

Skin V. D. & Allergy Clinic, Jhajjar Road, Rohtak, Haryana, India,
*Department of Pathology, P.G.I.M.S. Rohtak, Haryana, India

**Address for correspondence: Dr. Ramesh Bansal, Skin V.D. and
Allergy Clinic Jhajjar Road, Rohtak - 124001, Haryana, India.
E-mail: drbansalramesh@yahoo.com**

REFERENCES

1. Atherton DJ. Naevi and other developmental defects. In: Champion RH, Burton JL, Burns DA, editors. Textbook of dermatology. 6th ed. Vol. I. Oxford: Blackwell Scientific; 1998. p. 521.
2. Dermal and subcutaneous tumors. In: Odom RB, James WD, Berger TG, editors. Andrew's Diseases of the skin. 9th ed. Philadelphia: W. B. Saunders Company; 2000. p. 793.
3. Glinick SE, Alper JC, Bogaars H, Brown JA. Becker's melanosis: Associated abnormalities. J Am Acad Dermatol 1983;9:509-14.
4. Khaitan BK, Manchanda Y, Mittal R, Singh MK. Multiple Becker's naevi: A rare presentation. Acta Derm Venereol 2001;81:374-5.