LETTERS TO THE EDITOR

DESENSOL PATCH TEST BATTERY

Desensol patch test battery containing 30 antigens (Table 1), obtained from E. Merck (India) Ltd, was used in 38 patients with different types of allergic contact dermatitis. There were twenty one males and seventeen females with an age range of 19-68 years. Sixteen patients had air-borne contact dermatitis, 18 had contact dermatitis of hands and the rest 4 had contact dermatitis of feet. Indigenous patch test unit resembling Finn chamber designed at our department was used for putting the antigens.

Vaseline control was positive in 22 (58%) patients including 11 cases of air-borne contact dermatitis, 10 patients with contact dermatitis of hands, one with contact dermatitis of feet. The positivity was 1+in 9 patients and to 2+ in 13 patients. These 22 patients were excluded from the analysis.

The 16 patients who were not positive to vaseline included 6 cases of air-borne contact dermatitis, 9 of contact dermatitis of the hands and one of the feet. Results of patch tests in this group are shown in table I. The findings reveal that colophony, epoxy resins, framycetin were the most frequently positive (9 each), followed closely by benzocaine, mercaptobenzothiazole and parthenium (8 each); ethylenediamine, tetramethyl-thiuramdisulphide and neomycin sulphate (7 each), and paraphenylene diamine, paraben mixtures, ammoniated mercury, nitrofurazone, malathion (6 each).

This patch test battery is not suitable since there is high (58%) incidence of vaseline control positivity compared to 5.0% with hospital petrolatum. It is possible that this particular batch of vaseline was contaminated or there is high incidence of vaseline sensitivity in India as reported by Bajaj and Chatterjee.[1] In the

Table I. Results with Densensol patch test battery in 16 patients of allergic contact dermatitis.

Antigen	Number of patients with a positive patch test
1. Vaseline (100%)	0
2. Lanolin (Wool)	3
3. Eucerine (100%)	2
4. Benzocaine (5%)	8
5. Peru balsam (10%)	5
6. Formaldehyde (2%) aq	0
7. Turpentine (10%) oil	1
8. Colophony (20%)	9
9. Epoxy resins (1%)	9
10. Nickel sulphate (5%) aq	0
11. Potassium dichromate (0.5%)	3
12. Cobalt sulphate (5%) aq	2
13. Ethylenediamine (1%)	7
14. Paraphenylenediamine (1%)	6
15. Parabens mixture	6
16. Wood oil (9%)	4
17. Mercaptobenzothiazole (1%)	8
18. Tetramethylthiuramdisulphide (1%)	7
19. Thimerosal (Merthiolate) (0.1%)	4
20. Ammoniated mercury (1%)	6
21. Methylsalicylate (2%)	2
22. Hexachlorophene (1%)	3
23. Iodochlorohydroxyquinoline (5%)	5
24. Neomycin sulphate (20%)	7
25. Framycetin sulphate (5%)	9
26. Nitrofurazone (1%)	6
27. DDT (1%)	4
28. Malathion (0.5%)	6
29. Parthenium (15%)	8
30. Garlic (100%)	2

patients where vasceline control was negative, the number of positive tests were too high and the reaction obtained were rather acute compared to the standard patch test results which again suggests element of irritant dermatitis.

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Reference

1. Bajaj AK and Chatterjee A : The ideal base for patch testing, Ind J Dermatol Venereol Leprol, 1984; 50 : 155-157.

SUBCUTANEOUS PHYCOMYCOSIS

I wish to express one of my doubts regarding the article, "Clinicopathological study of subcutaneous phycomycosis" by Dr. Sardari Lal *et al* published in the IJDVL, 1984. In that paper, the authors gave the photographic description of a case showing a plaque with multiple sinuses on the right buttock and upper part of the postero-lateral aspect of right thigh. According to the text books, as well as our clinical experience, sinus formation is extremely rare in subcutaneous phycomycosis, and that too multiple sinuses. The authors made a mention as to the rarity of itching, lymph-node involvement and fever. But they did not make any mention about this feature. Does that mean that in the author's experience, it is so common a feature ? In fact was that presentation reported at all before ? If so, how common is that.

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REPLY

In this connection I have to state that ulceration is infrequent in subcutaneous phycomycosis, but not extremely rare. Regarding not making mention about the ulceration, it was not thought to be an unusual feature. The patient had first presented to the Surgical OPD, where the initial diagnosis was cronic osteomyelitis which was ruled out by radiological examination. Subsequent biopsies and incision of the abscesses caused the additional sinuses; there was only one sinus in the beginning. In a case report of subcutaneous phycomycosis, Kamalam *et al*[1] described multiple ulcers which were said to be caused by multiple biopsies.

Sardari Lal

Reference

1. Kamalam A, Yesudian P and Thambiah AS : Basidiobolomycosis : A case report, Aust J Dermatol, 1973; 15 : 136-139.