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Reply

We are thankful to Kapasi et al for their kind letter commenting on our short communication entitled "Acrokeratodis Verruciformis of Hopf" published in IJDVL 1992; 58: 95-8.

Hereditary acrotokeratotic poikiloderma of Weary has been well described by Draznin et al.[1] Our patient had certain morphological similarities in presentation to consider the said deagnosis.

However, the late appearance of vesicular lesions at the age of 12, the absence of widespread eczematous dermatitis in infancy and the generalised nature of keratotic lesions were the reasons for not considering the diagnosis of Hereditary acrokeratotic poikiloderma of Weary. Moreover, the poikiloderma in our patient was a clinical diagnosis which could not be substantiated by histopathology, a major feature of Hereditary acrokeratotic poikiloderma of Weary.

The clinical similarity, between our case of acrokeratosis verruciformis of Hopf ; Weary-Kindler syndrome presented by Kapasi et al, and hereditary acrokeratotic poikiloderma of Weary and Kindler syndrome[2] makes us wonder if they could be variants of each other.

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FIXED DRUG ERUPTION TO LEVAMISOLE

To the Editor,

A 69-year-old man presented with multiple hyperpigmented patches over the trunk and limbs suggestive of a fixed drug eruption (FDE). On enquiry it turned out that he had been prescribed levamisole (Dewormis) for helminthiasis. A subsequent challenge with 1 tablet of levamisole produced erythema and itching over the lesions within 24 hours.

We could find only one case report of FDE to levamisole.[1] That patient had, in addition, mucosal lesions and constitutional symptoms. Levamisole should now also be added to the long list of drugs capable of inducing FDE.

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