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Urticaria due to inhalant allergens

Sir,

The cause of urticaria often remains unknown. Rarely, inhalant allergens have been found to be responsible.¹ ³ Inhalation of the nicotine in tobacco⁴ or zinc fumes⁵ have been reported as the cause of the urticaria. We report a patient with urticaria whose lesions cleared completely in 72 hours whenever she wore a face mask or nasal filter.

A 33-year-old lady presented with urticarial lesions occurring since 6 months. The urticarial wheals used to occur daily, at any time and used to completely resolve within 12 hours. She denied any history of fasting or going out of the city. The urticaria used to clear with pheniramine maleate.

She was advised to wear the facial mask for 48 hours, which she continued wearing for 72 hours. All the urticarial lesions cleared during the next 3 days. She remained all right even without a face mask for another 2 days, when she again started getting similar wheals. At this juncture she was given a nasal filter, which led to the clearance of urticaria completely during the next 3-4 days.

Complete disappearance of urticarial lesions on wearing a facial mask or nasal filter in 3 days without any treatment suggests that the urticaria was due to inhalant antigens. Recurrence of urticaria within 2 days of removal of a facial mask further confirms that the urticaria was due to some inhalant antigen.

One should suspect inhalant allergens as a possible

cause of urticaria in a case of prolonged duration which recurs in particular seasons, improves on a change of place (especially on going to hill stations) and recurs on coming back. This can be confirmed if the urticaria disappears or improves if the patient wears a simple face mask for 46 hours. A nasal filter is the right device to be recommended in such situations since it is able to filter all inhalant antigens.

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Topical lincomycin gel in acne vulgaris

Sir,

I read with interest the article by Sharma et al on lincomycin gel.¹ I would like to offer some comments.

The study concludes that lincomycin gel is a safe and effective treatment option for mild to moderate acne vulgaris but it does not even touch upon a more important aspect, i.e. whether it is safer or more effective than other available and accepted treatments for acne vulgaris.

Clindamycin is a synthetic derivative of the antibiotic lincomycin which is isolated from *Streptomyces* species.² Clindamycin is accepted as a topical treatment for acne





the world over, and is recommended by most standard dermatology textbooks.³ Then is there any real need for a study of lincomycin, particularly when none of the standard dermatology textbooks even mention topical lincomycin in the list of treatment options?

The study gives a false sense of new research, which should not be allowed in major academic institutes.

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Response by the authors

Sir,

Lincomycin, belonging to the group of lincosamides, has been in use for the past 40 years.¹ The incidence of resistance associated with the use of lincomycin is lower than with some other antibiotics.² Earlier in vitro studies have demonstrated the effect of lincomycin against *Propionibacterium acnes*,³ the organism implicated in acne.

Recent reports have suggested that *P. acnes* has developed resistance to a number of commonly used topical anti-acne agents.⁴ The major aim of development of a topical formulation of lincomycin, the first of its kind, was to have a newer topical antibiotic to which the organism had not been earlier exposed. Lincomycin gel was therefore developed as a potent topical anti-acne agent. As it is an original formulation developed by Wallace Pharmaceuticals, acute and chronic toxicity studies were performed,⁵ followed by a multicentric clinical study⁶ to determine its efficacy. These have proved that the formulation was

effective and well tolerated. As a topical formulation is available only in India recently, this has not been mentioned in textbooks.

As regards its safety profile, the study compared lincomycin gel with the base used (placebo) and demonstrated that adverse effects with the active drug were no more than with the placebo. Further comparative studies with other available anti-acne agents should be useful in determining the comparative efficacy and tolerability of lincomycin gel.

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Innovative use of disposable syringe as a substitute for container of a dermajet

Sir,

The dermajet being used in our department is an imported one. When the container of the dermajet broke one day, it almost broke the hearts of the departmental doctors as well as those patients for

