Indian Journal of

Dermatology, Venereology & Leprology

Journal indexed with SCI-E, PubMed, and EMBASE

Val 74	Lacres 2	Mar-Apr	ാഗഗ
VOI /4	135UE /	i wai-adi	-/000

CONTENTS

EDITORIAL

Management of aut	oimmune urticaria
-------------------	-------------------

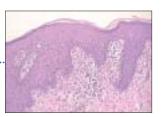
Arun C. Inamadar, Aparna Palit 89

VIEW POINT

REVIEW ARTICLE

Psoriasiform dermatoses

Virendra N. Sehgal, Sunil Dogra, Govind Srivastava, Ashok K. Aggarwal......



94

ORIGINAL ARTICLES

A study of allergen-specific IgE antibodies in Indian patients of atopic dermatitis

Chronic idiopathic urticaria: Comparison of clinical features with positive autologous serum skin test

George Mamatha, C. Balachandran, Prabhu Smitha.....



105

Autologous serum therapy in chronic urticaria: Old wine in a new bottle

Use of patch testing for identifying allergen causing chronic urticaria

Vitiligoid lichen sclerosus: A reappraisal

Venkat Ratnam Attili, Sasi Kiran Attili.....



118

BRIEF REPORTS

Activated charcoal and baking soda to reduce odor associated with extensive blistering disorders

Arun Chakravarthi, C. R. Srinivas, Anil C. Mathew.....



122

Nevus of Ota: A series of 15 cases

Shanmuga Sekar, Maria Kuruvila, Harsha S. Pai



125

CASE REPORTS

Hand, foot and mouth disease in Nagpur

Vikrant A. Saoji.....



133

Non-familial multiple keratoacanthomas in a 70 year-old long-term non-progressor HIV-seropositive man

Hemanta Kumar Kar, Sunil T. Sabhnani, R. K. Gautam, P. K. Sharma,
Kalpana Solanki, Meenakshi Bhardwaj......



136

Late onset isotretinoin resistant acne conglobata in a patient with acromegaly

Kapil Jain, V. K. Jain, Kamal Aggarwal, Anu Bansal.....



139

Familial dyskeratotic comedones

M. Sendhil Kumaran, Divya Appachu, Elizabeth Jayaseelan.....



142

158

159

Nasal NKT cell lymphoma presenting as a lethal midline granuloma Vandana Mehta, C. Balachandran, Sudha Bhat, V. Geetha, Donald Fernandes 145 Childhood sclerodermatomyositis with generalized morphea Girishkumar R. Ambade, Rachita S. Dhurat, Nitin Lade, Hemangi R. Jerajani...... 148 Subcutaneous panniculitis-like T-cell cutaneous lymphoma Avninder Singh, Joginder Kumar, Sujala Kapur, V. Ramesh..... 151 **LETTERS TO EDITOR** Using a submersible pump to clean large areas of the body with antiseptics C. R. Srinivas 154 **Peutz-Jeghers syndrome with prominent palmoplantar** pigmentation K. N. Shivaswamy, A. L. Shyamprasad, T. K. Sumathi, C. Ranganathan 154 Stratum corneum findings as clues to histological diagnosis of pityriasis lichenoides chronica Rajiv Joshi 156 **Author's reply** S. Pradeep Nair 157 Omalizumab in severe chronic urticaria Hypothesis: The potential utility of topical effornithine against cutaneous leishmaniasis

M. R. Namazi

A. Gnaneshwar Rao, Kamal K. Jhamnani, Chandana Konda

Nodular melanoma in a skin graft site scar

Palatal involvement in lepromatous leprosy A. Gnaneshwar Rao, Chandana Konda, Kamal Jhamnani	161
Unilateral nevoid telangiectasia with no estrogen and progesterone receptors in a pediatric patient E. Sule Afsar, Ragip Ortac, Gulden Diniz	163
Eruptive lichen planus in a child with celiac disease Dipankar De, Amrinder J. Kanwar	164
Xerosis and pityriasis alba-like changes associated with zonisamide Feroze Kaliyadan, Jayasree Manoj, S. Venkitakrishnan	165
Treatment of actinomycetoma with combination of rifampicin and co-trimoxazole Rajiv Joshi	166
Author's reply M. Ramam, Radhakrishna Bhat, Taru Garg, Vinod K. Sharma, R. Ray, M. K. Singh, U. Banerjee, C. Rajendran	
Vitiligo, psoriasis and imiquimod: Fitting all into the same pathway Bell Raj Eapen	
Author's reply Engin Şenel, Deniz Seçkin	
Multiple dermatofibromas on face treated with carbon dioxide laser: The importance of laser parameters Kabir Sardana, Vijay K. Garg	
Author's reply D. S. Krupa Shankar, A. Kushalappa, K. S. Uma, Anjay A. Pai	
Alopecia areata progressing to totalis/universalis in non-insulin dependent diabetes mellitus (type II): Failure of dexamethasone-cyclophosphamide pulse therapy Virendra N. Sehgal, Sambit N. Bhattacharya, Sonal Sharma, Govind Srivastava, Ashok K. Aggarwal	171
Subungual exostosis Kamal Aggarwal Sanjeey Gupta Vijay Kumar Jain Amit Mital Sunita Gupta	173

Clinicohistopathological correlation of leprosy Amrish N. Pandya, Hemali J. Tailor	174
RESIDENT'S PAGE	
Dermatographism Dipti Bhute, Bhavana Doshi, Sushil Pande, Sunanda Mahajan, Vidya Kharkar	177
FOCUS	
Mycophenolate mofetil Amar Surjushe, D. G. Saple	180
QUIZ	
Multiple papules on the vulva G. Raghu Rama Rao, R. Radha Rani, A. Amareswar, P. V. Krishnam Raju, P. Raja Kumari, Y. Hari Kishan Kumar	185
E-UDVL	
Net Study Oral isotretinoin is as effective as a combination of oral isotretinoin and topical anti-acne agents in nodulocystic acne Rajeev Dhir, Neetu P. Gehi, Reetu Agarwal, Yuvraj E. More	187
Net Case	
Cutaneous diphtheria masquerading as a sexually transmitted disease T. P. Vetrichevvel, Gajanan A. Pise, Kishan Kumar Agrawal, Devinder Mohan Thappa	187
Net Letters	•
Patch test in Behcet's disease Ülker Gül, Müzeyyen Gönül, Seray Külcü Çakmak, Arzu Kılıç	187
Cerebriform elephantiasis of the vulva following tuberculous lymphadenitis Surajit Nayak, Basanti Acharjya, Basanti Devi, Satyadarshi Pattnaik, Manoj Kumar Patra	188
Net Quiz Vesicles on the tongue Saurabh Agarwal, Krishna Gopal, Binay Kumar	188

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.

Hypothesis: The potential utility of topical effornithine against cutaneous leishmaniasis

Sir,

The trypanothione biosynthetic pathway is common to the trypanosomatid family of protozoa, which includes *Leishmania* and *Trypanosoma*, and is absent in the host systems. This pathway constitutes an important target for chemotherapy against leishmaniasis. The trypanothione pathway combines two metabolic pathways: the glutathione and the polyamine biosynthetic pathways, to produce trypanothione, a glutathione-spermidine conjugate.^[1]

The levels of trypanothione are increased in the Leishmania parasite selected for resistance to the heavy metal, arsenic. The levels of putrescine and spermidine were increased in resistant mutants. This increase is mediated by overexpression of ornithine decarboxylase, the rate-limiting enzyme in polyamine biosynthesis.^[2] Fluorinated analogues of L-ornithine are powerful inhibitors of ornithine decarboxylase and inhibit the cell growth of *L. infantum* promastigotes.^[3]

Eflornithine was originally used orally in the treatment of childhood hyperactivity.^[4] It was used as an anti-cancer drug in 1970^[5] and was later used intravenously in the treatment of African sleeping sickness.^[5,6] Interestingly, hair loss was observed as an adverse effect of this treatment.^[5,7] Eflornithine hydrochloride cream (13.9%) is the first topical preparation approved by the FDA in August 2000 for the reduction of facial hirsutism in women.^[5] It is a potent inhibitor of ornithine decarboxylase. A topical formulation of this agent has been used for treatment of hirsute women as inhibition of ornithine decarboxylase delays the initiation of anagen and keeps hair in telogen. Therefore, eflornithine does not remove the excess hair but it causes slowing of excessive hair growth.

Given the important role of ornithine decarboxylase in the trypanothione biosynthetic pathway, eflornithine could prove to be effective against leishmaniasis. Combining this agent with glucantime could potentiate the therapeutic response of the latter and break the resistance of the resistant strains against it. Clinical studies on this subject are warranted.

M. R. Namazi

Department of Dermatology, Shiraz University of Medical sciences, Shiraz, Iran

Address for correspondence: Dr. M. R. Namazi, Dermatology Department, Faghihi Hospital, Zand Street, Shiraz, Iran. E-mail: namazi_mr@yahoo.com

REFERENCES

1. Kapoor P, Sachdev M, Madhubala R. Inhibition of glutathione synthesis as a chemotherapeutic strategy for leishmaniasis. Trop Med Int Health 2000;5:438-42.

- 2. Haimeur A, Guimond C, Pilote S, Mukhopadhyay R, Rosen BP, Poulin R, *et al.* Elevated levels of polyamines and trypanothione resulting from overexpression of the ornithine decarboxylase gene in arsenite-resistant Leishmania. Mol Microbiol 1999;34:726-35.
- 3. Reguera RM, Fouce RB, Cubria JC, Bujidos ML, Ordonez D. Fluorinated analogues of L-ornithine are powerful inhibitors of ornithine decarboxylase and cell growth of Leishmania infantum promastigotes. Life Sci 1995;56:223-30.
- 4. De Berker DA, Messenger AG, Sinclair RD. Disorders of hair. *In*: Rook's Textbook of Dermatology, Burns T, Breathnach S, Cox N, Griffiths C, editors. 7th ed, Vol.4, London: Blackwell Science; Chapter 63, 2004. p. 63.106
- 5. Jobanputra KS, Rajpal AV, Nagpur NG. Eflornithine. Indian J Dermatol Venereol Leprol 2007;73:365-6.
- Powell P, Lucas K. Vaniqa (effornithine hydrochloride). New Drug Update 2002;8:3.
- 7. Coyne P. The effornithine story. J Am Acad Dermatol 2001;45:784-6.