

was added in this base. The preparation adheres to the oral mucosa for a long time and can be applied twice daily.

We treated 20 patients with oral LP of varying severity with this preparation applied topically twice a day. A remarkable improvement in 16 (80%) patients was noticed after 4 weeks of use. Ten out of 20 (50%) patients showed complete clearance after 3 to 4 months. They are on regular follow up to detect any signs of recurrence. No side effects have been noticed. We propose topical triamcinolone acetonide in indigenous orabase as the treatment of choice due to its cost effectiveness, safety and excellent therapeutic efficacy.

*Vijay Gandhi, R K Pandhi
New Delhi*

References

1. Scully C. The oral cavity. In : Champion RH, Burton JL, Ebling FJG, eds. Textbook of dermatology. 5th edn. London : Blackwell Scientific Publications, 1991: 2721-3.
2. Scully C. Treatment of oral lichen planus. Lancet 1990; 336: 913-4.
3. Eisen D, Ellis CN, Duell EA, et al. Effects of topical cyclosporine rinse on oral lichen planus. N Engl J Med 1990; 323: 290-4.
4. Bollay W. Treatment of lichen planus with temarotene. Lancet 1989; ii: 974.
5. Wilkinson JD. Formulary of topical applications. In : Champion RH, Burton JL, Ebling FJG, eds. Textbook of dermatology. London : Blackwell Scientific Publications, 1991: 3121-8.

ALOPECIA AREATA AND XEROSIS IN DOWN'S SYNDROME

To the Editor,

A 4 years 9 months old girl reported with the history of repeated respiratory tract infection. On examination she had typical Mongol face and congenital heart disease

(VSD) with left to right shunt. Skin examination showed dry skin all over the body with loss of hair on four places of scalp. Diagnosis of Down's syndrome was established by clinical finding and karyotyping chromosomal analysis. Alopecia areata occurs in Down's syndrome in older children.¹ In our patient alopecia areata started when child was 11 months old .

*K C Khare, S Khare, K C Jindal
Indore*

Reference

1. Carter DM Jagosthosy BV Alopecia areata and Down's syndrome. Dermatol 1976; 112: 1397-9.

AIDS RELATED KAPOSI'S SARCOMA-LIKE LESION

To the Editor,

Kaposi's sarcoma (KS) is the commonest neoplasm in persons infected with HIV. India has the largest number (68%) of HIV infected individuals among the countries of South-East Asia. The major mode of transmission of HIV in India is through sex (75%)¹ but in Manipur the major route is through injection (52%).² HIV associated KS is thought to be rare in this part of the World but this may not remain so in future. No proved case of KS has been reported so far from Manipur.

We have suspected a 22-year-old male suffering from AIDS related KS. The patient presented with occasional cough, haemoptysis, fever, loss of appetite and darkening of complexion for approximately 6 months. Macules and papules started to appear 2 months later in the trunk and gradually became generalized. They were reddish in colour to start with and later became dark brown, there was no associated pain or itching. There was also a history of difficulty in swallowing food for 1 month. He slowly