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A clinicoepidemiological study of polymorphic light eruption
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A clinico-epidemiological study of PLE was done for a period of one year to include 220 cases of PLE of skin type between IV and VI. The manifestation of PLE was most common in house wives on sun exposed areas. Most of the patients of PLE presented with mild symptoms and rash around neck, lower forearms and arms which was aggravated on exposure to sunlight. PLE was more prevalent in the months of March and September and the disease was recurrent in 31.36% of cases.

Comparative study of efficacy and safety of hydroxychloroquine and chloroquine in polymorphic light eruption: A randomized, double-blind, multicentric study
Anil Pareek, Uday Khopkar, S. Sacchidanand, Nitin Chandurkar, Geeta S. Naik ............................................................... 18

In a double-blind randomized, comparative multicentric study evaluating efficacy of antimalarials in polymorphic light eruption, a total of 117 patients of PLE were randomized to receive hydroxychloroquine and chloroquine tablets for a period of 2 months (initial twice daily dose was reduced to once daily after 1 month). A significant reduction in severity scores for burning, itching, and erythema was observed in patients treated with hydroxychloroquine as compared to chloroquine. Hydroxychloroquine was found to be a safe antimalarial in the dosage studied with lesser risk of ocular toxicity.
Many faces of cutaneous leishmaniasis
Arfan Ul Bari, Simeen Ber Rahman

Symptomatic cutaneous leishmaniasis is diverse in its presentation and outcome in a tropical country like Pakistan where the disease is endemic. The study describes the clinical profile and atypical presentations in 41 cases among 718 patients of cutaneous leishmaniasis. Extremity was the most common site of involvement and lupoid cutaneous leishmaniasis was the most common atypical form observed. Authors suggest that clustering of atypical cases in a geographically restricted region could possibly be due to emergence of a new parasite strain.

Forehead plaque: A cutaneous marker of CNS involvement in tuberous sclerosis
G. Raghu Rama Rao, P. V. Krishna Rao, K. V. T. Gopal, Y. Hari Kishan Kumar, B. V. Ramachandra

In a retrospective study of 15 patients of tuberous sclerosis, eight patients had central nervous system involvement. Among these 8 cases, 7 cases had forehead plaque. This small study suggests that presence of forehead plaque is significantly associated with CNS involvement.

Ligand-binding prediction for ErbB2, a key molecule in the pathogenesis of leprosy
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Sporotrichoid pattern of malignant melanoma

Sir,
Malignant melanoma is a highly invasive neoplasm of skin, strongly influenced by environmental factors that develop in a genetically susceptible host. Incidence of melanoma is rising in Caucasians although it is a rare presentation in India.[1]

A 28-year-old female presented with multiple painful lesions over her right leg of eight months duration. She was a farmer and claimed that the lesions started as a single painful nodule on the heel following a thorn prick. She ignored it then and subsequently the size and number of the lesions increased to involve the whole right lower limb as linearly arranged nodules. Cutaneous examination revealed multiple tender nodulo-ulcerative lesions with discharge, arranged in linear fashion from heel to thigh, present over the right leg [Figure 1]. Other findings included edema of the feet, thickened lymphatic channels between nodules along with bilateral stony hard, tender inguinal lymph nodes. The patient was previously diagnosed as sporotrichosis and treated with antifungal (itraconazole) drugs for six months in another healthcare facility without any clinical response. A differential diagnosis of sporotrichosis and malignant melanoma was considered. Limb X-ray, KOH smear, gram stained smear and fungal culture were negative. Skin biopsy revealed atypical melanocytes in the epidermis and dermis in nests. General examination revealed multiple generalized lymphadenopathy (axillary, cervical and submandibular lymph nodes). Abdominal sonography showed liver metastasis. Chest X-ray was normal. A diagnosis of malignant melanoma was established and the patient was referred to the oncology department for further management.

The incidence of melanoma continues to rise at an epidemic rate as evidenced by a 101.5% increase from the 1970s to the 1990s.[2,3] Melanoma represents the fifth most common type of cancer, the most common type in women 25-29 years of age and the most common type in Caucasian men 25-44 years of age. But it is rare in Indian patients. Nodular melanoma and melanoma d’emblee are rare types of primary cutaneous malignant melanoma that are invasive and lack intraepidermal component.[4] These lesions when first noted clinically are always palpable, convex in shape, of varying shades, rapidly increasing in size; neglected tumors may be several centimeters in diameter. Ulceration occurs fairly early. They can occur in any portion of the skin/mucosa.[4]

Our patient presented with history of trauma with multiple nodular ulcerative lesions arranged in a linear fashion along the lymphatics over the lower limb which clinically simulated lymphocutaneous sporotrichosis. However, histopathology helped us to reach the correct diagnosis.

Ranjan C. Rawal, Kanu Mangla
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A five-year-old girl presented with palmoplantar lesions that started at the age of 5 months. She also had periodontal problems with loss of multiple incisor and premolar teeth. The parents were first cousins. She had no family history of similar disease. She had no response to previous therapy with topical corticoid, urea and salicylic acid.

A diagnosis of PLS was made after dermatological, dental, and histopathological examinations. The patient was referred to a pediatrician and dentist who advised good dental care and bimonthly dental examination. Routine blood count, urinalyses were within normal limits. No abnormality was found on abdominal ultrasound examination and cranial tomography. X-ray of left hand was compatible with the chronological age of the patient. A skin biopsy specimen from the plantar region revealed hyperkeratosis, irregular acanthosis, dilated vessels within the papillary dermis and perivascular lymphocytic infiltrates.

A multidisciplinary approach including the dermatologist, pediatrician and dentist is important for the therapeutic measures to improve periodontitis. On the other hand, these therapies do not frequently achieve protection of permanent teeth. Extraction of the primary teeth combined with oral antibiotics and professional oral hygiene care are planned during exacerbations of the disease, especially in the winter months.

A number of authors used systemic acitretin in the treatment of palmoplantar keratoderma and, reported that this therapy is effective at a dose of ranging between 0.4 and 0.5 mg/kg/day. Systemic acitretin was used in the treatment of PLS for 5 months. The patient's skin remained almost lesion-free following the therapy. The permanent teeth were extracted and replaced by dental prosthesis. The biochemical tests were performed every month. X-ray of the left hand was repeated at the end of the treatment. Neither skeletal nor biochemical side-effects were seen. The acitretin therapy was discontinued, followed by the rapid recurrence of the palmoplantar hyperkeratosis 2 weeks after the treatment [Figure 2]. The patient was run through a dental prosthesis. The biochemical tests were performed every month. X-ray of the left hand was repeated at the end of the treatment. Neither skeletal nor biochemical side-effects were seen. The acitretin therapy was discontinued, followed by the rapid recurrence of the palmoplantar hyperkeratosis 2 weeks after the treatment [Figure 2]. The patient was run through a dental prosthesis.

Acitretin for Papillon-Lefèvre Syndrome

We present experience of acitretin therapy in a case of PLS, previously reported that acitretin treatment is effective. [1-5]

REFERENCES


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