EDITORIAL REPORT - 2007

IJDVL gets into the Science Citation Index Expanded!
Uday Khopkar

EDITORIAL

Registration and reporting of clinical trials
Uday Khopkar, Sushil Pande

SPECIALTY INTERFACE

Preventing steroid induced osteoporosis
Jyotsna Oak

REVIEW ARTICLE

Molecular diagnostics in genodermatoses - simplified
Ravi N. Hiremagalore, Nagendrachary Nizamabad, Vijayaraghavan Kamasamudram

ORIGINAL ARTICLES

A clinico-epidemiological study of polymorphic light eruption
Lata Sharma, A. Basnet

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
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
Viroj Wiwanitkit

SCORTEN: Does it need modification?
Col. S. S. Vaishampayan, Col. A. L. Das, Col. R. Verma

Universal acquired melanosis (Carbon baby)
P. K. Kaviarasan, P. V. S. Prasad, J. M. Joe, N. Nandana, P. Viswanathan

Adult onset, hypopigmented solitary mastocytoma:
Report of two cases
D. Pandhi, A. Singal, S. Aggarwal
Incidental finding of skin deposits of corticosteroids without associated granulomatous inflammation: Report of three cases
Rajiv Joshi ................................................................. 44

Erythromelanosis follicularis faciei et colli: Relationship with keratosis pilaris
M. Augustine, E. Jayaseelan ........................................ 47

Naxos disease: A rare occurrence of cardiomyopathy with woolly hair and palmoplantar keratoderma

Granular parakeratosis presenting with facial keratotic papules
R. Joshi, A. Taneja .......................................................... 53

Adult cutaneous myofibroma
V. Patel, V. Kharkar, U. Khopkar ........................................ 56

LETTERS TO THE EDITOR
Extragenital lichen sclerosus of childhood presenting as erythematous patches
N. G. Stavrianeas, A. C. Katoulis, A. I. Kanelleas, E. Bozi, E. Toumbis-Ioannou .... 59

Leukocytoclastic vasculitis during pegylated interferon and ribavirin treatment of hepatitis C virus infection
Esra Adisen, Murat Dizbay, Kenan Hize, Nilsel Ifter ........................................ 60
Poland's syndrome  
Saurabh Agarwal, Ajay Arya

Hereditary leiomyomatosis with renal cell carcinoma  
Sachin S. Soni, Swarnalata Gowrishankar, Gopal Kishan Adikey, Anuradha S. Raman

Infantile onset of Cockayne syndrome in two siblings  
Prerna Batra, Abhijeet Saha, Ashok Kumar

Multiple xanthogranulomas in an adult  
Surajit Nayak, Basanti Acharjya, Basanti Devi, Manoj Kumar Patra

Bullous pyoderma gangrenosum associated with ulcerative colitis  
Naik Chandra Lal, Singh Gurcharan, Kumar Lekshman, Lokenatha K

Sporotrichoid pattern of malignant melanoma  
Ranjan C. Rawal, Kanu Mangla

Acitretin for Papillon-Lefèvre syndrome in a five-year-old girl  
Didem Didar Balci, Gamze Serarslan, Ozlem Sangun, Seydo Homan

Bilateral Becker's nevi  
Ramesh Bansal, Rajeev Sen

Madarosis: A dermatological marker  
Silonie Sachdeva, Pawan Prasher
FOCUS

Botulinum toxin
Preeti Savardekar .................................................................................................................. 77

E-IJDVL

Net Studies
A study of oxidative stress in paucibacillary and multibacillary leprosy
P. Jyothi, Najeeba Riyaz, G. Nandakumar, M. P. Binitha .......................................................... 80
Clinical study of cutaneous drug eruptions in 200 patients
M. Patel Raksha, Y. S. Marfatia .............................................................................................. 80
Net case
Porokeratosis confined to the genital area: A report of three cases
Sujata Sengupta, Jayanta Kumar Das, Asok Gangopadhyay .................................................... 80
Net Letters
Camisa disease: A rare variant of Vohwinkel’s syndrome
T. S. Rajashekar, Gurcharan Singh, Chandra Naik, L. Rajendra Okade .................................... 81
Cross reaction between two azoles used for different indications
Arika Bansal, Rashmi Kumari, M. Ramam ............................................................................... 81
Net Quiz
Asymptomatic erythematous plaque on eyelid
Neeraj Srivastava, Lakhan Singh Solanki, Sanjay Singh .......................................................... 82

QUIZ

A bluish nodule on the arm
Ragunatha S., Arun C. Inamadar, Vamseedhar Annam, B. R. Yelikar ....................................... 83

REFEREE INDEX-2007

INSTRUCTIONS FOR AUTHORS
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 patient suffered from teeth problems for seven to 8 months. 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 ointments. On dermatologic examination, she had bilateral well-demarcated hyperkeratotic plaques with fissures on the palmoplantar region [Figure 1]. Oral examination revealed red and swollen gingivae associated with premature loss of deciduous teeth. Her weight was 15 kg with normal growth parameters. A pediatrician examined the patient, found no physical abnormality other than the above-mentioned. The patient was referred to a dentist who advised good dental care and bimonthly dental examination. Routine blood count, liver and kidney function tests, cholesterol, triglycerides and 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 diagnosis of PLS was made after dermatological, dental and histopathological examinations. The patient was given acitretin 10 mg PO every day, omitting the third day. The lesions improved with a marked reduction in the hyperkeratosis 2 weeks after the treatment [Figure 2]. The treatment was maintained for 5 months. The patient’s skin remained almost lesion-free following the therapy. Her gingivae also showed remarkable improvement. Her unstable deciduous teeth were extracted and replaced by 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 keratoderma within 2 weeks. Intermittent therapy is planned during exacerbations of the disease, especially in the winter months.

A multidisciplinary approach including the dermatologist, pediatrician and dentist is important for the therapeutic management of PLS. Different therapeutic options have been used for the management of the PLS-associated palmoplantar keratoderma. Topical keratolytics containing salicylic acid and urea have been used. Especially in winter, palmoplantar hyperkeratosis can worsen with painful fissures limiting routine activities and necessitating systemic treatment.[3] Extraction of the primary teeth combined with oral antibiotics and professional oral hygiene care are measures to improve periodontitis.[6,7] On the other hand, these therapies do not frequently achieve protection of permanent teeth.[8] 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
The authors noted significant improvement after four to six weeks of this therapy. The dose of acitretin was gradually tapered in most of these reports. Lee et al., also reported improvement of periodontal disease after 12 months of therapy with acitretin. Nazzaro et al., reported satisfactory improving of palmoplantar keratoderma and periodontal disease in all three patients which was continued for 16 months of therapy.

According to the above mentioned reports, palmoplantar keratoderma usually recovers rapidly whereas periodontal disease tends to improve later. In our case, the palmoplantar keratoderma had markedly improved in the second week of the therapy. The patient’s skin remained almost lesion-free during the 5-month therapy. Her gingivae also showed remarkable improvement. However, a rapid recurrence of the palmoplantar keratoderma was observed when the acitretin therapy was discontinued.

Many authors have suggested that use of oral retinoids for prolonged periods is useful to prevent loss of permanent teeth in children with PLS. The safety of oral retinoids in children remains controversial due to their side-effects on skeletal development. However, a review of the use of acitretin (mean dosage of 0.47 mg/kg) in 46 children for a cumulative period of 472 months revealed that it is a safe and effective treatment in children with keratinization disorders.

In conclusion, the use of low-dose of acitretin in treatment of PLS-associated palmoplantar keratoderma is extremely useful but not curative. The current report suggests that low dosage of acitretin is safe and effective in the treatment of PLS.

REFERENCES

Sir,

Becker's nevus is a relatively common condition present in about 0.5% of young men. It is also known as pigmented hairy epidermal nevus. Classically, Becker's nevus often appear as a sharply demarcated, unilateral, hyperpigmented tan colored macule over the shoulder or pectoral area in a teenage male. Over time hypertrichosis develops within it. A variety of associated noncutaneous abnormalities have been described, but bilateral Becker's nevi have not been reported in the literature so far. Here, we are reporting occurrence of bilateral Becker's nevi in a young male without any underlying noncutaneous abnormality or smooth muscle proliferation.

An 18-year-old male with a palm-shaped brown colored patch on each side of the back having coarse dark hairs presented to us. His disease had started appearing three years before and had got stabilized two years after. It was surrounded by typical irregular macular pigmentation. Involvement on the right side was a little lower than on the left side [Figure 1]. Diagnosis of Becker's nevus was made. Histopathological examination confirmed the diagnosis and revealed no underlying smooth muscle proliferation. Routine investigation results like hemoglobin, leucocyte count, ESR and urine examination were normal. Other investigations revealed no noncutaneous abnormalities. He was reassured with the fact that it can persist indefinitely without any further untoward outcome.

Becker's nevus is one of the common developmental defects presenting to dermatologists. It is about five times more frequent in the male than in the female. Association of a variety of noncutaneous abnormalities has been described, especially unilateral hypoplasia of the breast in the females. Aplasia of the ipsilateral pectoralis major muscle, ipsilateral limb shortening, localized lipoatrophy, spina bifida, scoliosis, pectus carinatum, congenital adrenal hyperplasia and an accessory scrotum had also been found to be associated. In this patient, no such abnormalities were found in the presence of bilateral involvement of the nevus. Multiple Becker's nevi have been reported by Khaitan et al., in a 28-year-old male. However, bilateral involvement has not been reported in the literature so far.

Ramesh Bansal, Rajeev Sen*
Skin V. D. & Allergy Clinic, Jhajjar Road, Rohtak, Haryana, India,*Department of Pathology, P.G.I.M.S. Rohtak, Haryana, India

Address for correspondence: Dr. Ramesh Bansal, Skin V.D. and Allergy Clinic Jhajjar Road, Rohtak - 124001, Haryana, India.
E-mail: drbansalramesh@yahoo.com

REFERENCES