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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
Viroj Wiwanitkit

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Bilateral Becker’s nevi

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.[1] 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.[2] 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.[3] Association of a variety of noncutaneous abnormalities has been described, especially unilateral hypoplasia of the breast in the females.[3] 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.[1] 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.,[4] in a 28-year-old male. However, bilateral involvement has not been reported in the literature so far.

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