EDITORIAL

Management of autoimmune urticaria
Arun C. Inamadar, Aparna Palit ................................................................. 89

VIEWPOINT

Cosmetic dermatology versus cosmetology: A misnomer in need of urgent correction
Shyam B. Verma, Zoe D. Draelos ................................................................. 92

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
V. K. Somani .................................................................................................. 100

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
A. K. Bajaj, Abir Saraswat, Amitabh Upadhyay, Rajetha Damisetty, Sandipan Dhar ......................................................... 109

Use of patch testing for identifying allergen causing chronic urticaria
Ashimav Deb Sharma .................................................................................. 114

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

**Premature ovarian failure due to cyclophosphamide: A report of four cases in dermatology practice**  
Vikrant A. Saoji ...................................................................................................................... 128

### 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**  

**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
<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal NK/T cell lymphoma presenting as a lethal midline granuloma</td>
<td>Vandana Mehta, C. Balachandran, Sudha Bhat, V. Geetha, Donald Fernandes</td>
<td>145</td>
</tr>
<tr>
<td>Childhood sclerodermatomyositis with generalized morphea</td>
<td>Girishkumar R. Ambade, Rachita S. Dhurat, Nitin Lade, Hemangi R. Jerajani</td>
<td>148</td>
</tr>
<tr>
<td>Subcutaneous panniculitis-like T-cell cutaneous lymphoma</td>
<td>Avninder Singh, Joginder Kumar, Sujala Kapur, V. Ramesh</td>
<td>151</td>
</tr>
<tr>
<td>Using a submersible pump to clean large areas of the body with antiseptics</td>
<td>C. R. Srinivas</td>
<td>154</td>
</tr>
<tr>
<td>Stratum corneum findings as clues to histological diagnosis of pityriasis lichenoides chronica</td>
<td>Rajiv Joshi</td>
<td>156</td>
</tr>
<tr>
<td>Author's reply</td>
<td>S. Pradeep Nair</td>
<td>157</td>
</tr>
<tr>
<td>Omalizumab in severe chronic urticaria</td>
<td>K. V. Godse</td>
<td>157</td>
</tr>
<tr>
<td>Hypothesis: The potential utility of topical eflornithine against cutaneous leishmaniasis</td>
<td>M. R. Namazi</td>
<td>158</td>
</tr>
<tr>
<td>Nodular melanoma in a skin graft site scar</td>
<td>A. Gnaneshwar Rao, Kamal K. Jhamnani, Chandana Konda</td>
<td>159</td>
</tr>
</tbody>
</table>
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
F. 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

Vitiligo, psoriasis and imiquimod: Fitting all into the same pathway
Bell Raj Eapen ......................................................................................................................................... 169

Author’s reply
Engin Şenel, Deniz Seçkin .................................................................................................................... 169

Multiple dermatofibromas on face treated with carbon dioxide laser: The importance of laser parameters
Kabir Sardana, Vijay K. Garg ................................................................................................................. 170

Author’s reply

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, Sanjeev 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-IJDVL

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 Külçü 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
Multiple papules on the vulva

A 26 year-old married woman presented with a two-year history of asymptomatic, multiple papular lesions on the vulva. There was no history of premarital or extramarital exposure. On clinical examination, there were multiple, small, firm, skin-colored papules on the vulva [Figure 1]. The lesions were nontender and there was no lymphadenopathy. Systemic examination including per vaginal and per rectum examinations, revealed no abnormality. Routine investigations were normal. Test for HBsAg, HIV I and II, VDRL were non-reactive. A 3 mm punch biopsy was done for the lesion. Histopathology showed a normal epidermis and the dermis showed a number of small cysts and ducts lined by two rows of cells. Some of the cysts were filled with keratin material. Walls of some of the ducts had epithelial extensions [Figure 2].

WHAT IS YOUR DIAGNOSIS?
**DIAGNOSIS: SYRINGOMA OF THE VULVA**

**DISCUSSION**

Syringoma is a benign tumor of eccrine sweat ducts characterized by single or multiple, small, firm, skin-colored or yellowish papules. These papules have rounded or flat-topped surfaces and may or may not be pruritic. The most common site is the periorbital region (lower eyelid); other areas are cheeks, axillae, abdomen and genitals.

Vulvar syringomas are rare with only a few cases reported in literature. They occur in young women after puberty. The most common presentation is that of multiple flesh-colored or brownish papules on the labia majora. These lesions are clinically difficult to differentiate from epidermal cysts, sebaceous cysts, condyloma, Fox-Fordyce disease, cherry hemangiomas, angiofibromas, soft fibromas and lymphangiomas circumscripta. They are one of the causes for vulvar pruritus. Some patients have exacerbation of pruritus and increase in the size of lesions during the summer or during menstruation. A diagnosis of vulvar syringomas should be considered if a patient with lichen simplex chronicus of the labia majora responds poorly to oral antihistamines and topical steroids. Similarly, in men, syringomas can occur albeit rarely on the penis. A skin biopsy is necessary to confirm the diagnosis.

No effective treatment modality has been documented. Treatment options include excision, cryotherapy, electrocautery and carbon dioxide laser treatment. Topical steroids and oral antihistamines were not effective in controlling pruritus in our patient. Topical atropine and topical tretinoin may be tried. Carbon dioxide laser is an effective therapeutic modality in patients with intractable pruritus.

**REFERENCES**