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other causes. Buechner [2] recognized that a high level of tissue eosinophils is a prognostic factor for death in erythroderma, because there is a greater probability of it being associated with malignancy, mainly T-cell lymphoma. Similar findings on high serum levels of LDH were arrived at by Vonderheid.[3]

A gradual onset is the most frequent pattern of evolution, probably because of the relation with a preexisting dermatosis. Clinical features of the syndrome were almost identical, despite of etiology, with similar data found in other studies.[4]

Nail disease was recorded in all patients, onychodystrophy and Beau’s lines being the most frequent manifestations, probably due to the large number of cases associated with psoriasis. Skin biopsy is a helpful tool, but it always needs to be performed at more than one site to achieve diagnostic accuracy, especially in patients with gradual onset of erythroderma.

Psoriasis was the most common underlying cause of erythroderma, in accordance with previous studies.[1,4] In the follow-up, 6 patients died, mainly because of a malignant neoplasm, which suggests that erythroderma does not increase the risk of death; nevertheless, it is a significant cause of distress for patients. We recommend performing a complete medical history to identify the underlying cause so that this cutaneous disease can be treated.

Finally, we conclude that LDH is a useful tool when erythroderma is associated with neoplasms and may be considered as a prognostic factor for death, although in the majority of cases, it is associated with a favorable prognosis.

REFERENCES


Cell phone dermatitis

Sir,

Metal cases of mobile phone are newer sources of the growing list of conditions where nickel may cause contact dermatitis.

A 32-year-old man, software professional by occupation, presented to us with history of unilateral itchy red rash on left cheek for 6 weeks, which worsened in hot weather and with excessive sweating [Figure 1]. There was no history of similar lesions/atopy/metal allergies in the past. He gave history of using his mobile predominantly on the left side and often for long periods of time. He

Figure 1: Preauricular dermatitis corresponding to the area of mobile use

Figure 2: Mobile usage habit
was using the same mobile set for the past 3 months [Figure 2]. On examination there was a well-defined erythematous eczematous area with some scaling on preauricular area in a diagonal rectangular pattern with an area of mild erythema on auricle corresponding to the site of contact with mobile during its usage. He was advised to swap the other side and to report after a week. He developed erythema and itching on the other side of the cheek. He was patch tested on forearm for nickel, chromium, and cobalt and found to be ++ for nickel according to International Contact Dermatitis Research Group (ICDRG) criteria. He was advised to change his mobile phone and avoid long periods of contact with the phone. Free content of the nickel from the case could not be assessed as dimethylglyoxime was not available. However, during the subsequent follow-up of the patient, the improvement of the dermatitis without relapse, with avoidance of mobile usage indicated that its usage was causative.

The increased use of the cellular phone is associated with a wave of reports about the possible ill effects associated with it. The reported cutaneous effects of mobile usage are dysesthesiae of the scalp, angiosarcoma of the scalp, and aggravation of symptoms of atopic eczema/dermatitis syndrome, and the most convincing reports are of contact dermatitis.[1,2] The causes of dermatitis related to mobile phone are mainly related to nickel, chrome, and cobalt but may also be related to electromagnetic radiation.[3]

Nickel is among the most common allergens and can cause sensitization in up to 28% of adults. Mobile phone dermatitis has been commonly reported among females, predominantly involving the cheek, preauricular area, and homolateral auricle - corresponding to the habit of its usage.[1,2] Even though nickel sensitivity is more common among females because of the common practice of using imitation jewelry available in the market that releases free nickel on coming in contact with body sweat, it is not uncommon among males.[4] The severity of the clinical presentation is directly proportional to perspiration, friction, pressure, and the amount of nickel that a particular alloy releases.

This report is to highlight the fact that usage of mobile phone as an elicitor of contact dermatitis should not be overseen in unilateral facial dermatitis. The metal cases coming in prolonged contact with skin and releasing more than 0.5 µg/wk/cm² should be prohibited as per the European directive on nickel.[5] Mobile phone manufacturers need to be aware of nickel and other metals being liberated from the case as a source of allergies, so as to take appropriate action.