

Topical Corticosteroid Abuse

A 5-year-old girl presented to us with an asymptomatic white lesion on her cheek since the last four months. There was a history of application of over-the-counter medications prior to appearance of the lesion, due to insect bite. Cutaneous examination revealed a hypopigmented circular patch of diameter 6 cms (**Fig. 1**). It was surmounted by fine scales and the center of the patch showed multiple erythematous papules. Telangiectatic changes were not appreciable. There was neither loss of sensation over the patch nor any nerve enlargement. There was no similar lesion elsewhere in the body. The patient did not give any history of atopy. Scalp, nails and mucosae were normal. On the basis of the clinical findings, a diagnosis of steroid abuse was made. She was prescribed emollients and asked to stop application of any other ointment. Gradual clearance of the lesion in the follow-up visits re-inforced our diagnosis.

Steroid is a crucial pharmacotherapy offered by dermatologists in a wide array of diseases. Topical and intralesional glucocorticosteroids can produce local effects, including telangiectasias, atrophy and hypopigmentation. The close clinical differentials in our

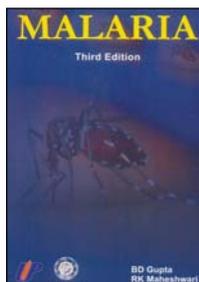


FIG. 1 Hypopigmented scaly patch surmounted by erythematous papules.

case were: pityriasis alba (ill defined hypopigmented patch and features of atopic dermatitis), pityriasis versicolor (perifollicular hypopigmented macules and patches, more prominent on sweating) and leprosy (loss of sensation, reduced sweating, nerve thickening).

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BOOK REVIEW



Malaria: Third Edition
BD GUPTA AND RK MAHESHWARI

Pages: 342: Rs. 295/-.

This book is a good compilation of every aspect of malaria in children and adults. The topic is discussed extensively in its 15 chapters. The chapter on malariometric indices and statistics is the highlight of the book. Two aspects in this book need some modifications: current epidemiology in India (though there is a drop in

overall malaria cases but *P. falciparum* to *P. Vivax* ratio is increasing), and management section needs updating. The authors have given the latest recommendations on management as per the guidelines for diagnosis and treatment of malaria in India, 2011, by National Vector Borne Disease Control Program but treatment from previous guidelines is retained at some places. This needs revision as all cases of falciparum malaria should be treated by Artemisinin- based combination therapy (ACT) only.

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