

Congenital Anetoderma

A previously healthy 3-month-old preterm boy presented with guttering of skin over the left leg since birth. Examination revealed two well circumscribed, skin-colored, atrophic annular plaques (2-4 cm in diameter) with overlying wrinkled surface around the left knee joint (**Fig. 1**), with a distinct inward herniation on palpation. Antenatal history and family history were non-contributory. Screening for underlying immunodeficiency, connective tissue disease and thyroid profile were negative. Loss of dermal elastic fibers on histopathology confirmed the clinical impression of congenital anetoderma.

Anetoderma is rare cutaneous disorder characterized by circumscribed areas of atrophic lesions attributed to loss of dermal elastic tissue. It has been classified into following types: primary (no underlying associated disorder, lesions arise within clinically normal skin), secondary (associated with inflammatory dermatosis, cutaneous tumors, infections, drugs, and autoimmune diseases), familial, iatrogenic anetoderma of prematurity (over sites of monitoring leads, adhesives), and congenital. Differential diagnoses include morphea (sclerotic plaque with characteristic peripheral lilac rim), idiopathic atrophoderma of Pasini and Pierini (non-indurated depressed plaques with abrupt 'cliff-drop' border), localized lipoatrophy (inherited, acquired, idiopathic and iatrogenic due to injectables), and focal dermal hypoplasia (Goltz



Fig. 1 Two well-circumscribed skin-coloured, atrophic plaques with wrinkled surface around the knee joint of left leg.

syndrome). Ablative and non-ablative fractionated laser have been used with variable success.

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Fordyce Spots in a Neonate

A term male newborn was born by spontaneous vaginal delivery with a birth weight of 2780 g. At about 48 hours of life, this exclusively breastfed baby was noticed to have a few small fluids filled lesions on the inner aspect of the lower lip. Examination of the oral cavity revealed a few vesicles containing clear fluid in the oral mucosa, especially on the inner aspect of his lower lip (**Fig. 1**). The vesicles were around 2-4 mm in diameter with no surrounding erythema. A diagnosis of Fordyce spots (intraoral sebaceous gland hyperplasia) was made based on the characteristic clinical findings. The neonate's mother was counseled regarding the benign and self-limiting nature of these lesions, and discharged from hospital. At follow-up visit on day 7 of life, all the lesions had resolved completely.

Fordyce spots are heterotopic hyperplasia of the sebaceous glands in neonates. These are essentially benign and self-limiting lesions, but often are not evident in neonatal period. These are slightly different from the typical sebaceous glands as these are not associated with hair follicles and their ducts open directly on the skin or mucosal surface. When present, Fordyce spot are believed to develop under the effect of maternal androgens. It is



Fig. 1 Fordyce spots over mucosal surface of lower lip.

important to recognize this benign self-limiting mucosal condition to avoid unnecessary evaluation.

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Lipschutz Ulcer

An 8-years-old girl presented with complaints of acute onset, painful genital ulcer of 2 days' duration associated with high grade fever. There was no history oral ulceration, local trauma, prior drug intake or history suggestive of sexual abuse. Examination revealed febrile patient with axial temperature of 101⁰F and round ulcer measuring 15X15mm, covered with pseudo-membrane over medial aspect of labia majora (**Fig. 1**). Complete blood count showed leukocytosis (14000/mm³); with rest of the investigations including urine examination, pus swab and culture, ELISA for human immunodeficiency virus, VDRL, and IgM and IgG for herpes simplex virus 1 and 2 were negative. Patient was treated symptomatically with paracetamol, potassium permanganate soaks and topical mupirocin ointment twice a day. The pain reduced in 3 days and ulcer healed within a week.

Lipschutz ulcer, also known as *ulcus vulvae acutum*, is an acute painful ulcer that presents most commonly in adolescent girls, in absence of sexual contact and immunodeficiency. The exact etiology is not known but may be associated with viral infection such as Epstein- Barr virus and cytomegalovirus. It presents as acute painful ulcer involving labia minora or majora, introitus, fourchette and vestibule. The ulcer can be single or multiple, with sharply demarcated borders and overlying gray exudate (pseudo-membrane). Kissing ulcers over opposite surfaces are common. There may be associated systemic symptoms like fever, oral aphthae and diarrhea. The differential diagnosis includes sexually transmitted infections such as syphilis, chancroid, herpes simplex infection; Behcet disease, Crohn disease and trauma. Clinicians should be aware of this



Fig. 1 Solitary, 15X 15 mm ulcer over medial aspect of labia majora covered with gray exudate (pseudo-membrane).

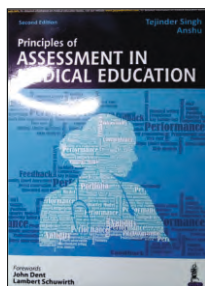
condition and should differentiate it from sexual abuse, so as to avoid unnecessary investigations and parental anxiety.

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BOOK REVIEW



Principles of Assessment in Medical Education: Second Edition 2022

Tejinder Singh, Anshu
M/s. Jaypee Brothers Medical Publishers New Delhi, India.
Pages: 391; Price: Rs. 1295/-.

Of all the teaching and learning activities, assessment remains the most poorly understood and utilized tool to promote learning. This has led to the unfortunate consequence of reducing assessment to subjectivity based: Pass-Fail binary.

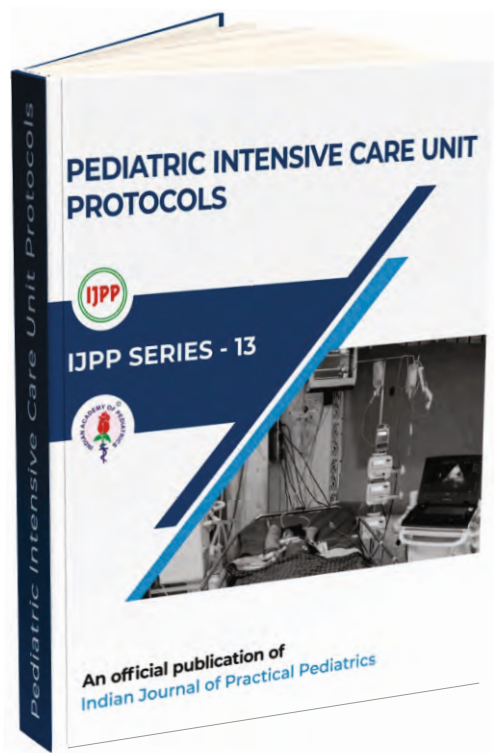
This book, a multi-author endeavor led by Prof T Singh, appearing at a time of great transformative change in the role of assessment to drive learning, provides up-to-date evidence based approaches across the entire spectrum of assessment

from the very basic to the very practical.

The second edition of the book marks a much needed move away from mono-focal approach to a more differentiated, multi-view framework approach to by interrogating each domain and level within the Blooms and the Millers models, and beyond to even newer hybrid models.

It will, without doubt, serve as a very useful practice guide for anyone involved in healthcare professionals' education, including: Senior Residents, Medical Teachers, Clinicians involved with the DNB, Nurse Teachers, and education policy makers as well.

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- This book “Pediatric Intensive Care Unit Protocols” is the latest publication from the Editorial Board of Indian Journal of Practical Pediatrics (IJPP). It contains a brilliant collection of protocols contributed by a mix of senior teachers & young faculty from Pediatrics and Pediatric Intensive Care across the subcontinent of India and abroad.

Senior faculty: Sunit C Singhi, Marraro GA, Krishan Chugh, Bala Ramachandran, Suchitra Ranjit, Bakul Jayant Parekh, Shekhar Venkataraman, Piyush Gupta, Basavaraja GV, Jayashree M, Santosh Soans, Prasad VSV, Remesh Kumar R, Mahadevan S, Praveen Khilnani, Anil Sachdev, Soonu Udani, Rajiv Uttam, Dhiren Gupta, Arun Bansal, Mahesh A. Mohite, Ramachandran P, Indumathy Santhanam, Indira Jayakumar, Ebor Jacob G James, Shuba S, Nedunchelian K, Thangavelu S

Highlights

- Hard cover and 727 pages.
- Useful as the desk top reference manual for General Pediatricians, Pediatric Intensivists, Pediatric Emergency Physicians and Residents.
- Price: Rs.1500 and postal charges Rs.150 only.

Payment to be made by Cheque / DD in favour of “Indian Journal of Practical Pediatrics”.

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