

Mousing Callus

A 12-year-old boy presented with complaints of a progressively darkening black-colored circular lesion in right wrist since 8 weeks. He was using desktop computer for 4 to 5 hours/every day for the past two years during the coronavirus pandemic. Examination revealed single hyperpigmented hyperkeratotic plaque of size 2×1 cm in medial side of volar aspect of the wrist (**Fig. 1**). Reduced skin markings were noted over the plaque. A diagnosis of mousing callus was made, and the child was advised to reduce computer mouse usage.

Mousing callus occurs due to prolonged usage of computer mouse. It occurs in ulnar side of ventral wrist due to repeated friction of pisiform bony prominence against the table. The two differentials to be considered are wart and dermatofibroma. Wart has a verrucous surface with black dots, whereas dermatofibroma is characterized by dimpling of lesion upon pinching. Mousing callus gradually improves on reducing mouse use.

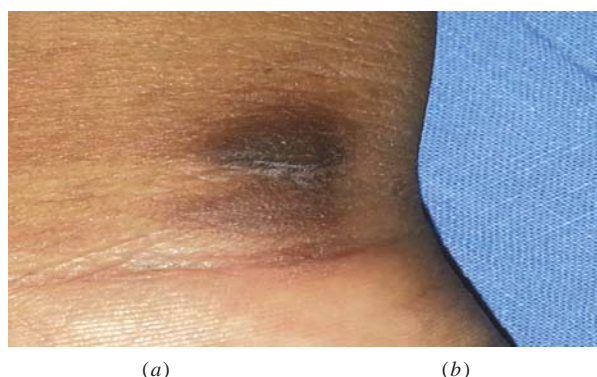


Fig. 1 a) Hyperpigmented hyperkeratotic plaque suggestive of mousing callus measuring 2x1 cm in medial side of volar aspect of the right wrist; b) Close up picture of the mousing callus.

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Lip-Licking Dermatitis

A 3-year-old boy was brought with complaints of dry chapped lips for two weeks. Examination revealed scaly plaques involving both lips and curvilinear scaly plaque below the lower lip (**Fig. 1**). There was history of repeated licking of lips. A diagnosis of lip-licking dermatitis was made. He was prescribed petrolatum jelly thrice a day and parents were advised to get him to stop licking his lips. The lesions improved over the next week.

Lip-licking dermatitis presents with dry, scaly, bleeding lips. It is triggered by dryness of lips due to harsh weather or underlying atopic dermatitis. Patients lick their lips to replenish the moisture, resulting in temporary relief of symptoms. However, it can further aggravate the condition due to dryness resulting from evaporation, and digestive enzymes present in saliva leading to breakdown of protective skin barrier. Regular application of bland, non-irritating lip balm can prevent development of lip-licking dermatitis. Mild topical steroids or topical calcineurin inhibitors such as tacrolimus or pimecrolimus may be required in some cases. Contact dermatitis, actinic cheilitis, granulomatous



Fig. 1 Scaly plaques involving both lips and curvilinear scaly plaque below the lower lip.

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