

urogenital system, cardiovascular system, central nervous system and neural tube defects.

Terminology in literature is confusing, as multiple names have been used for similar clinical syndromes. However, patients with multiple vertebral segmentation defects can be classified into three distinct entities based on radiographic and clinical findings: Jarcho-Levin syndrome, a lethal autosomal recessive form, characterized by a symmetric crab-chest and death due to respiratory failure in infancy; spondylocostal dysostosis, a benign autosomal dominant condition; and spondylothoracic dysostosis, which shows considerable clinical and radiographic overlap with spondylocostal dysostosis and has an autosomal recessive mode of inheritance. It has been shown in some autosomal recessive

SCD families that the defective locus is on chromosome 19q13. Subsequent mutation analysis has determined that mutations in the human somitogenesis gene, delta-like 3 (DLL 3), which encodes a ligand for the Notch signalling pathway causes autosomal recessive SCD.

Prenatal ultrasound diagnosis is possible and characteristically shows the presence of fanned out ribs from fused thoracic vertebral bodies. Reconstructive surgery of the chest including titanium rib implants has been described in the treatment of this disorder.

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Tinea Faciei

A two-week-old female infant presented with a rash first noted for two days (*Fig. 1*). The rash was on the face and scalp. There were multiple lesions with an annular, raised, scaly margin that was erythematous and pustular in part, central depigmentation was also noted. The mother had a similar rash two years earlier. In the subsequent two years several members of the extended family had developed a similar rash. The differential diagnosis considered were Neonatal Lupus or Tinea Faciei. Fungal scrapings taken from the baby were negative on direct examination



Fig. 1. Tricophyllum tonsurans lesions over the face.

with potassium hydroxide but was positive for *Tricophytum tonsurans* in culture. Treatment with oral Griseofulvin and topical Clotrimazole for two weeks resulted in clinical clearance of the rash.

Tricophytum tonsurans is an anthropophilic endothrix dermatophyte infection. There is an equal sex incidence in children; in adults it is more common in women. Transmission is from person to person and there is no other known host. It may persist into adulthood. Clinically it may be difficult to diagnose from other erythematous skin lesions. Diagnosis is made by mycology; endothrix dermatophytes do not fluoresce under wood's light. Potassium hydroxide examinations for hyphae may be negative.

It is difficult to diagnose on clinical examination. Tropical antifungals are usually ineffective in treating *Tinea capitis* and *Tinea faciei*. Systemic griseofulvin, for six weeks, is the treatment of choice in children. Erroneous treatment with steroid results in *Tinea incognito*, a less clearly defined pustular folliculitis.

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Lichen Planus

An eight-year-old boy presented with moderately itchy, violaceous papules on both legs and forearms of 2 months duration. There was no mucosal, nail or hair involvement. Koebner's phenomenon, defined as appearance of new lesions along the line of trauma or scratch was positive (*Fig. 1*). Lesional biopsy revealed hyperkeratosis, focal hypergranulosis, irregular acanthosis and diffuse basal cell degeneration with dense upper dermal lymphocytic infiltrate, characteristic of Lichen planus. Topical application of a potent topical steroid, clobetasol propionate (0.05%) twice daily with systemic antihistamine led to marked decrease in itching and subsequent resolution of lesion with residual hyperpigmentation in 6 weeks period.



Fig. 1. Violaceous papules both legs with positive Koebner's phenomenon (arrow).