evaluation of cold urticarial. This is positive only in generalized and localized cold contact variants and it is negative in systemic cold urticaria and secondary cold urticarias. In this test there is appearance of wheal on rewarming of the skin which has been exposed earlier to an ice cube for five minutes. In order to detect the threshold cold temperature, various devices like Temp test are present, but not easily available.

The pathogenesis of primary cold urticaria is exactly not known but it has been proposed that there is production of IgE antibodies following an unknown antigenic stimulation. At low temperature, interaction between these antigens and IgE antibodies attached to mast cells occurs which leads to the activation of mast cells and subsequent release of mast cell mediators like histamine, prostaglandin D2, platelet activating factor, leukotrienes.

Patients with cold urticaria present with wheals only in situations where there is exposure to cold. Our first patient presented with wheals only when sitting in air conditioned rooms whereas the second patient presented with wheals on walking in the fields only in the early hours of the morning. This stresses the most important fact that a proper history is the most important part in the management of urticaria, where avoidance of the trigger event can lead to subsidence of disease. Unless the cause is found the urticaria may become chronic leading to distress to the patient and the treating physician. We thus present 2 cases of cold urticaria from two different backgrounds- one from the urban setting and one from a rural area, where a proper history helped in diagnosis.

References


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Phobia from scarring: the invisible problem of cutaneous leishmaniasis in the endemic area

Sir, phobia (from the Greek: φόβος, Phobos, meaning "fear" or "morbid fear") is a type of anxiety disorder, usually defined as a persistent fear of an object or situation in which the sufferer commits to great lengths in avoiding despite the fear, typically disproportional to the actual danger posed, often being recognized as irrational. A patient may have phobia from skin diseases or the treatment used for them. Phobia from systemic or topical steroids is well known medical condition. Similarly skin diseases, like
hyperhidrosis, may generate social phobia. In addition a dermatologist may encounter a patient who has a trypanophobia which is an extreme fear of medical procedures involving injections or hypodermic needles.

In this brief letter, I want to share my observation of an 18 year-old-girl who had big ulcer in the nose, as an end result of her excessive fear from leishmaniasis scar.

The patient hailing from a village endemic for cutaneous leishmaniasis (CL), was thought to have an acne lesion in her nose. She was afraid of her face getting scarred as she was still not married. She was thinking that there was no effective medical treatment available for this disease and scarring was inevitable. She sought advice from a traditional therapist who did aggressive shaving of the lesion that ended by producing a large ulcer over the nose which eventually required skin grafting.

Leishmaniasis, as seen in Saudi Arabia, has been a major cause of scarring of the face which has given rise to a fear among the people. Indigenous practitioners by mismanagement add fuel to the fire by endorsing this misconception amongst the people. This case also highlights the importance of understanding the perceptions of the patients toward skin diseases, particularly in adolescents where cosmetic appearance is of paramount.

I believe that public health workers should reassure the community that effective treatment is available for CL. On the other hand patients’ education, in the media, about diseases like CL, should be properly disseminated to avoid both fear and improper advice leading to complications as exemplified.

References

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Angiolympoid hyperplasia with eosinophilia

Sir, a 19-year-old boy presented with multiple nodules over postauricular region on right side since last 3 years. Lesions were asymptomatic. On examination nodules were found to be of variable sizes and were skin coloured (Figure 1). Nodules were non-tender. No such other lesions are present anywhere on body. On systemic examination other systems were found to be normal including the reticuloendothelial system.