BOOK REVIEWS

Smile Baby Book
ALOK C BHARDWAJ AND ASHOK RAI
Smile Healthcare Pvt Ltd (India)
www.smilebabybok.com
First Edition, 2010, pages 99,
Price Rs. 495.00 USD 17.95

The arrival of a newborn baby brings unparalleled joys in the life of parents and relatives. Every action of the baby whether a tiny step or a big milestone, is keenly anticipated and cherished. The Smile Baby Book is a structured scrapbook to document and store such memories, with pictorial aids for parents on vaccination and monitoring of growth and development. A unique innovation is use of attractive animal theme. Information of complementary foods and development of good food habits could enhance the value of the book. The authors have shown considerable innovation in the design of the book by providing pockets for audio DVD, Video DVD, baby snaps DVD in the book. Smile Baby Book is highly recommended for all parents.

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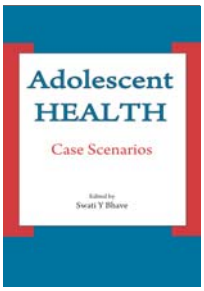

Adolescent Health: Case Scenarios
SWATI BHAVE
New Delhi: Byword Books Private Limited; 2011.
Page: 384. Price: Rs.995/-.

This excellent treatise on adolescent health speaks of volumes about the passion, zeal and knowledge of its editor, a renowned name in adolescent health. Dr Swati has used a pedagogical technique for learning that is very appropriate for busy practitioners; *i.e.* by discussing the problems of adolescents through case-studies. The case-studies span over a wide variety of topics related to ethics, growth, nutrition, sexuality, and mental and physical health. The book is hardbound and printed in a single color on good quality paper. The practical utility could have been enhanced by representative illustrations, and an Index for quickly locating the desired material. Overall, a must read for all pediatrics practitioners, postgraduate students and those involved in care of adolescents.

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IMAGES

Carbon Baby Syndrome (Universal Acquired Melanosis)

A 5-years-old girl born to non-consanguineous parents presented with progressive generalized hyperpigmentation since 3 months of age. The darkening of skin was first noticed over the feet and face at the age of 3 months and gradually progressed to involve the entire body. There was no history of prior drug intake or other skin lesions, no history of discoloration of urine or photosensitivity. On examination, baby had generalized dark-black hyperpigmentation, oral mucosa was involved; genitalia were spared. Face showed patchy areas of normal skin. [***Fig.*1**] The skin texture and sweat secretion were normal. Systemic and ophthalmological examination was normal. Her weight was 15 kg and blood pressure was 104/70 mm Hg. Liver function tests, electrolytes, thyroid profile, serum cortisol, and ferritin were within normal limits. Skin biopsy revealed excessive melanin pigmentation of the epidermis with few melanophages in the dermis. A diagnosis of universal acquired melanosis (carbon baby syndrome) was made.

Addison disease (low blood pressure, hyponatremia, hyperkalemia, low serum cortisol level), Cushing disease (obese patient, cushingoid habitus, hyperglycemia, hypokalemia, elevated serum cortisol level), hemochromatosis (high transferrin saturation and ferritin level, genetic tests for the C282Y and H63D), and lichen planus pigmentosus (usually macular lesions, rarely diffuse hyperpigmentation, characteristic histopathology findings-lichenoid infiltration, basal vacuolar change and prominent

melanin incontinence; usually mild as compared to classical lichen planus) were excluded based on their distinguishing features. Universal acquired melanosis is a diagnosis of exclusion. It is a progressive condition; long term prognosis and treatment is not established.

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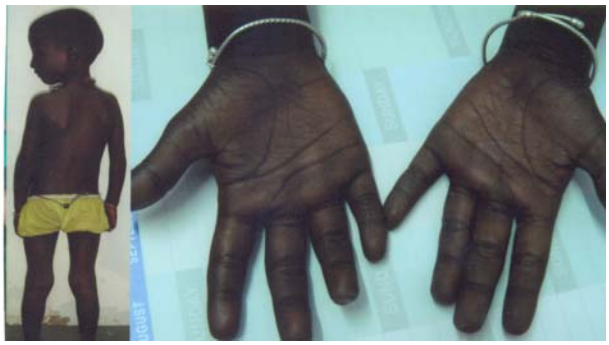

FIG. 1 *Generalized dark-black hyperpigmentation, mimicking negroid skin color. Note palm involvement.*

Bullous Congenital Ichthyosiform Erythroderma

An 8 years-old girl presented with intermittent bullous lesions and rough thick skin since birth. At birth, her skin was reddish in color and was notable for spontaneous peeling. Soon after birth, she developed a bulla over leg, which healed spontaneously in 2 weeks without any scarring or pigmentation. However, she kept developing bullae intermittently. At around 5 months of age, she developed gradual thickening of skin. On examination, skin was dry and scaly. "Corrugated cardboard" like thickened skin was noted around joints, involving both extensor and flexor surfaces. Single erosion was found on right shin (***Fig.* 1**). Systemic examination was non-contributory. Based on clinical presentation, she was diagnosed with bullous congenital ichthyosiform erythroderma (bullous CIE). Histopathology from the erosion showed marked hyperkeratosis, a thick granular layer, and vacuolar degeneration of the upper epidermis. These findings were consistent with the diagnosis of bullous CIE.

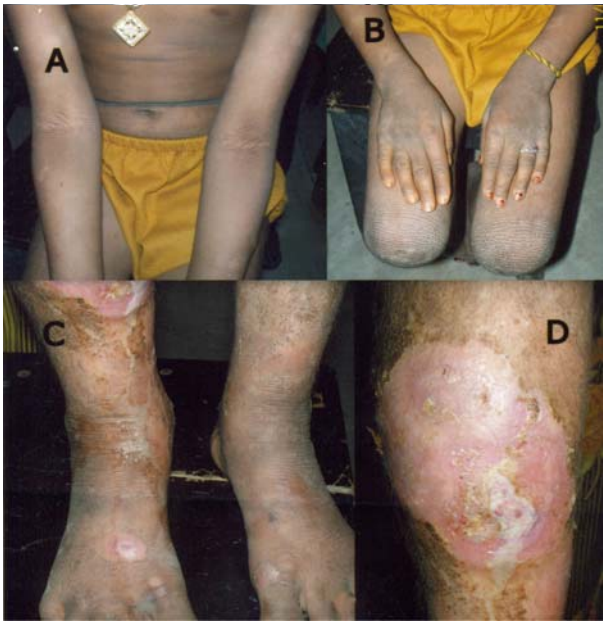

FIG. 1 *Note "Corrugated cardboard" like hyperkeratosis in popliteal fossa (A), wrist and knee (B), and cubital fossa (C). Erosion over right shin (D).*

Bullous CIE is a rare autosomal dominant genodermatosis caused by mutation in epidermal keratins 1 and 10. It presents as erythroderma (involvement of more than 90% of skin with erythema, scaling with/without edema) and blistering in newborns, followed by a lifelong ichthyotic condition. As patients age, the scaling becomes thicker and the propensity to blister decreases. Palms and soles may be involved. This condition should be differentiated from non-bullous CIE (absence of history of bullae, presence of erythroderma) and epidermolysis bullosa (bulla formation at trauma prone areas, variable scarring absence of scaling or hyperkeratosis). The diagnosis is usually clinical; histopathology findings help in making a diagnosis. The term "epidermolytic hyperkeratosis" is often used as synonym for bullous CIE. Treatment in early period is directed towards treating secondary complications of erosions (sepsis, electrolyte imbalance etc). Later in life, emollients, urea 10%, topical and systemic retinoids are helpful.

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