

Black Heel (Talon Noir) Associated with a Viral Exanthem

A 6-year-old child was referred for a suspected viral exanthem associated with URTI. On examination the trunk showed a maculopapular rash while the sole showed multiple black “spots” which were present for 7 days. A diagnosis of Talon noir was confirmed by paring the lesion with a No 15 blade which removed the superficial layer of the stratum corneum, and revealed puncta of black pigment of extravasated red cells.

This condition is normally seen as a post-traumatic intraepidermal hemorrhage seen most often in basketball players and is also known as “calcaneal petechiae”. The shearing forces rupture papillary dermal blood vessels, with subsequent leakage of blood into the epidermis. The major differentials include cutaneous melanoma, lentigines, traumatic tattoo, verruca vulgaris and corn. Melanoma, lentigines and traumatic tattoo cannot be removed by paring. Dermoscopy, if available can distinguish Talon noir from melanoma. Plantar warts are painful and bleed on paring while corn do not bleed. In our patient probably the viral infection predisposed to capillary fragility which in association with the normal shearing force on the sole led to the disorder. The child used to walk barefoot even before the viral exanthema without any history of a similar lesion in the past. Vitamin C 500 mg once a day lead to resolution within 7 days. The disorder can also resolve spontaneously.



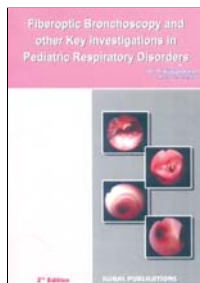
FIG. 1 Black macules with irregular margins on the sole

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BOOK REVIEW



Bronchoscopy and other Key investigations in Pediatric Respiratory Disorders: 2nd Edition

D VIJAYASEKARAN

Kural Publications, Chennai, India.

Pages: 222 Pages; Price: Rs. 1000/-

This book is a detailed manual on the methodology as well as indications and an atlas of the bronchoscopic findings, supplemented with 56 summaries of interesting and educative cases. The addition of chapters on chest CT and MRI, pulmonary functions, arterial blood gases would widen the learning

experience. The book is printed on good quality art paper and most pictures are very clear. Being a book of handy size it can be easily carried in the pocket. When I reviewed the first edition, my wish list for future included larger pictures and better editing. This continues to be on my list for the next edition too. Further, it would have been better if the author had put all the cases at the end after discussing the various investigations. This book is useful to both general pediatricians and pulmonary specialists working with children, in our settings.

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