Necrobiosis Lipoidica

A 13-year-old girl with type 1 diabetes mellitus presented with diabetic ketoacidosis. She was on regular insulin thrice a day with poorly controlled blood sugars. On examination, the girl had a well-defined, circular, indurated red plaque, measuring 5×5 cm, over the left leg (***Fig.*1**). The lesion started as painless, reddish papules that slowly enlarged to a plaque over a period of 3 years. Analysis of the biopsy specimen confirmed the diagnosis of necrobiosis lipoidica (NL) diabeticorum. Laboratory investigations revealed an elevated glycosylated hemoglobin (12.5%), normal thyroid function, normal complete blood count, unremarkable liver and renal functions, and normal serum cholesterol and triglycerides. She was able to achieve good glucose control and resume her normal life; however, the complication on skin persisted despite an intensive insulin treatment and topical steroids.

NL is an extremely rare finding in childhood diabetes and typically presents at 30-40 years of age. The most commonly affected site is the leg; 85% of cases affect that site exclusively. Differential diagnoses include granuloma annulare (typically found on the dorsa of hands, fingers and feet), sarcoidosis, necrobiotic xanthogranuloma, lichen sclerosus, and erythema induratum. First-line therapy for NL includes non-steroidal inflammatory agents, cryotherapy and potent topical glucocorticoid agents for early lesions, and intralesional corticosteroids injected into the active borders of established lesions. Systemic glucocorticoid therapy may also be effective, but can be associated with adverse effects in patients with diabetes.

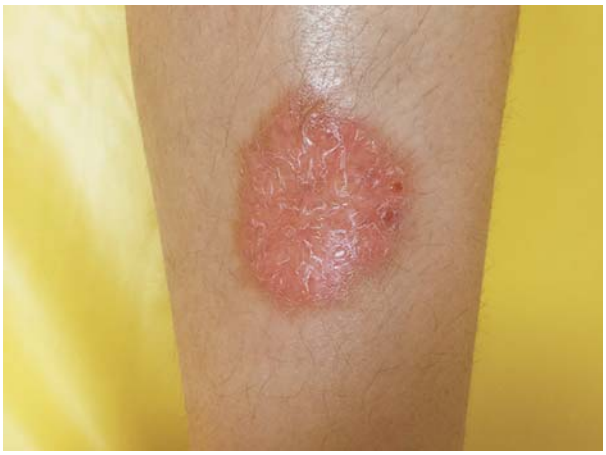
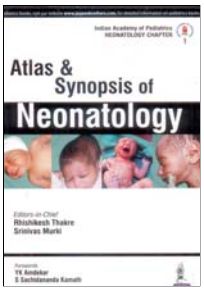


FIG. 1 *Necrobiosis lipoidica plaque with erythematous margins in the pretibial area.*

***SELIM DERECI AND OZGUR PIRGON**
Süleyman Demirel University, Faculty of Medicine, Department of Pediatrics, Isparta, Turkey.
**dereciselim@hotmail.co*

BOOK REVIEW



Atlas and Synopsis of Neonatology
RHISHIKESH THAKRE AND SRINIVAS MURKI
Jaypee Brothers Medical Publishers (P) Ltd.,
New Delhi 110 002, India.
Pages: 279; Price: 795/-.

Clinical practice fails us many a times in bedside practice getting us closer to the realization that there is more that we don't yet know than we know. Many a times we have read or heard about certain clinical phenomena or a condition, but not necessarily seen it. Also there may be reasons to believe some of these may be peculiar to Indian population or context.

With a collective contribution of over 50 experts in the field, the present publication is an illustrative compilation of 250 such clinical conditions / phenomena – normal or abnormal or / developmental peculiarities / syndromic associations / genetic disorders / malformations / skin conditions / iatrogenic mishaps. This atlas offers a reasonably good resource to complement day-to-day bedside learning of clinical neonatology. Additionally, the supporting text along with each photograph in a uniform format is a handy resource that will help the reader understand the condition in question.

It would have been useful to discuss problem-oriented conditions at some points rather than a specific diagnosis type *e.g.* to discuss a macrosomic baby, swelling on head, blue baby, facial asymmetry (mouth angle deviation), and then discuss common differential diagnoses of the same. Content validity and appropriateness for certain conditions, for example (prognosis and management of fresh still birth), need to be relooked at. While the idea of including a section on cultural practices is good, it needs to be built up content-wise.

This atlas and synopsis is a welcome tool that will aid anyone involved in bedside care of sick neonates.

ARTI MARIA
Professor and Head, Department of Neonatology, PGIMER & Dr RML Hospital, New Delhi, India.
artimaria@gmail.com