

## Gottron's Papules

A 7 year-old male child presented with insidious onset of symmetric proximal muscle weakness over about 6 months and Gottron's papules (**Fig.1**). His serum aldolase was 9.8 units (normal 0–7.6 units). Other investigations including other muscle enzymes were essentially normal. His MRI showed hyperintensities in bilateral anterolateral, medial and posterior thigh and pelvic girdle muscles confirming the diagnosis of dermatomyositis (DM).

Gottron's papules, named after Heinrich Adolf Gottron (1890-1974), a German dermatologist, are a late manifestation of the disease but are considered pathognomonic of DM. These are symmetric, lacy, pink to violaceous, raised or macular areas typically found on the dorsal aspect of metacarpophalangeal and interphalangeal joints, elbows, patellae and medial malleoli. They represent cutaneous vasculitis and in severe cases may ulcerate. Approximately 60% to 80% of DM patients have Gottron's papules sometime during the course of the disease.



**FIG.1** Hands showing Gottron's Papules.

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## Nail Changes in Langerhans Cell Histiocytosis

A 3 year-old female patient presented with complaints of fever, nausea, vomiting and jaundice for 2 months. On examination, anemia, cholestatic jaundice, grade I clubbing, remarkable hepatosplenomegaly and generalized lymph node enlargement were observed. She developed progressive changes of nails of hands and feet over the next three weeks. Nail changes were characterized by subungual tissue proliferation, hyperkeratosis, erosions of nails and cheesy yellowish discharge from nail beds (**Fig. 1**). The discharge material was sterile in nature. Culture of nail clippings was negative for fungi. Langerhans



**FIG.1** Nail changes showing subungual cheesy collection, hyperkeratosis and onycholysis.

cell histiocytosis (LCH) was confirmed by lymph node biopsy.

Although the nail changes were very characteristic but not diagnostic, they were missed initially because of its rarity. The differential diagnosis includes pachyonychia congenital, dyskeratosis congenital, onychomycosis, psoriasis and chronic mucocutaneous candidiasis or Darier

disease. In these cases, however, the constellation of typical clinical findings is a clue for diagnosis.

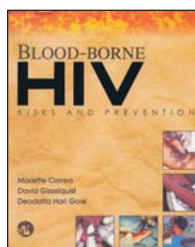
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**BOOK REVIEWS**

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**Blood Borne HIV: Risks and Prevention**

M CORREA,  
D GISSELQUIST AND DH GORE.  
*Orient Longman Private Limited;  
Chennai.*  
*Pages: 91; Price: Rs.95/-.*

It is a well written and thought provoking literary work that particularly highlights the non-sexual transmission of HIV especially through injections, blood tests, dental and operative procedures and even cosmetic services such as tattooing, shaving, piercing and pedicures!!

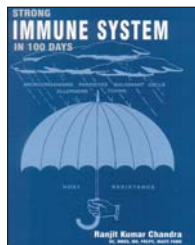
The book is well divided into 4 chapters with chapter one covering history and statistics of HIV transmission and spread of the epidemic. Chapter 2 covers the already known risk factors for HIV

transmission and transmission rate of each risk factor. Chapter 3 remains the main highlight of the book and covers various other means of transmission and how to prevent with safe practices. Practices such as skin piercing procedures, injection sterilization practices, dental care, blood transfusion safety, tattooing are especially well covered.

This book, on the whole, dispels lots of myths related to HIV and at the same time highlights the need to emphasize on non-sexual transmission of HIV, which also needs to be tackled to overcome this epidemic.

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**Strong Immune System in 100 Days**

RANJIT KUMAR CHANDRA  
*Kiran Publishers,  
Gurgaon.*  
*Pages: 173*

Dr Ranjit Kumar Chandra has put forward his views on a holistic approach to healthy living very succinctly. That he has vast experience in the field of

nutrition in general, and nutrition immunology in particular, needs no gainsaying. This expertise is clearly reflected in the lucid manner in which he has handled such a complex subject. This book is a 'must read' for the layman and professional alike.

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