

pityriasis rosea, tinea corporis, nummular dermatitis and prurigo nodularis. Guttate psoriasis can spontaneously fade within several weeks or several months, phototherapy as a first-line treatment has a good effect, and antibiotics may be used if persisting infection is suspected. Overall, most patients have a good prognosis, just a few patients have a chronic course.

**ROUYU FANG AND QIUNING SUN\***

*Department of Dermatology  
Peking Union Medical College Hospital,  
Chinese Academy and Medical Sciences,  
Peking Union Medical College,  
Beijing, China.*

*\*doctorjenny1@126.com*

## Traumatic Anserine Folliculosis

A 10-year-old boy presented with asymptomatic roughness over the left cheek since 6 months. He acknowledged resting in a particular position, which led to prolonged localized pressure and friction, while watching television or studying. Examination revealed multiple tiny skin-coloured, discrete but grouped, follicular papules having a sandpaper-like feel (**Fig. 1**). Considering the site of affection and characteristic history, a diagnosis of traumatic anserine folliculosis was established. He was treated with topical tretinoin cream, and advised to avoid trauma and friction to the area.

Traumatic anserine folliculosis is an under-recognized condition characterized by multiple, closely set grouped follicular papules affecting the chin, jaws, and neck. This entity should be differentiated from keratosis pilaris (keratinous follicular plugs, usually surrounded by erythema), lichen spinulosus (pruritic symmetric plaques having thorny grouped follicular papules), trichostasis spinulosa (hair tufts through follicle, resembling comedones), and trichodysplasia spinulosa (viral infection



**FIG. 1** Skin-colored, discrete but grouped, follicular papules over left cheek.

in immunocompromised). Treatment includes topical keratolytics and removal of etiological factor.

**Abheek Sil<sup>1</sup>\* and Anupam Das<sup>2</sup>**

*Departments of Dermatology, Venereology, and Leprosy,  
<sup>1</sup>RG Kar Medical College and <sup>2</sup>KPC Medical College, Kolkata,  
West Bengal, India. \*abheek.sil@gmail.com*

## Becker Melanosis

A 12-year-old boy presented with a gradually progressive asymptomatic area of discoloration over right forearm since last 2 years. Examination revealed a unilateral, well-circumscribed 6cm x 8cm tan-brown patch on the right forearm, and having irregular border and blotchy pigmentation at the periphery (**Fig. 1**). Localized coarse hair and acneiform eruptions were observed, restricted to the patch. Darier sign was negative. No skeletal, soft tissue or neurological abnormalities were



**Fig. 1** Well-circumscribed tan-brown patch on the forearm, having irregular border and blotchy pigmentation at the periphery with localized coarse hair and acneiform eruption.

found on further examination. A diagnosis of Becker melanosis was made and the benign nature of the condition explained to the family.

Becker melanosis is typically characterized by unilateral circumscribed hyperpigmentation that usually begins at puberty and displays features of androgen sensitivity like hypertrichosis, and acneiform eruptions. Several skeletal or soft tissue anomalies can be associated with Becker melanosis (Becker nevus syndrome). The common mimickers of the condition are melanocytic nevus (usually congenital, lacks acneiform

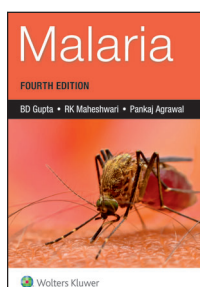
eruption), café au lait macules (present since birth, no hypertrichosis), and plexiform neurofibroma ('bag of worms' sign, presence of other features of neurofibromatosis). Topical flutamide or Q-switched ruby or Er: YAG laser can be used to treat the cosmetic concerns regarding the condition.

**AVIK PANIGRAHI\* AND ABHEEK SIL**

*Department of Dermatology, Venereology, and Leprosy,  
RG Kar Medical College,  
Kolkata, West Bengal, India.*

*\*avik843@gmail.com*

**E R R N# # U H Y L H Z V**



### **Malaria: Fourth Edition**

**BD GUPTA AND RK MAHESHWARI**

*Wolters Kluwer (India) Pvt. Ltd.*

*Pages: 374; Price: Not mentioned.*

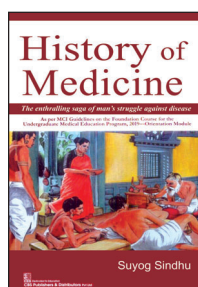
This concise book is a good ready reckoner for medical personnel dealing with malaria. Most of the recent advancements in the preventive and therapeutic strategies to control malaria have been incorporated into the book. The clinical features highlighted through case scenarios is a welcome addition, assisting easy grasp of the subject.

There are certain points that need to be taken care of in the next edition *e.g.*, the dated information on geographical distribution of malaria incidence in India, lack of alignment between tables on modes of administration of anti-malarials and on chemotherapy. There is a need to expand the section on chemoprophylaxis to include more drugs like chloroquine, proguanil and atovaquone, and provide information on the total duration of treatment.

On the whole, this book is a valuable addition to the armamentarium of the treating physician.

**SUNIL GOMBER,**

*Director-Professor Pediatrics  
University College of Medical Sciences & GTB Hospital,  
Delhi-110095  
sunilgomber@hotmail.com*



### **History of Medicine**

**DR SUYOG SINDHU**

*CBS Publishers & Distributors  
Pvt Ltd.*

*Pages: 86; Price: 175/-*

Since the adoption of foundation course for MBBS curriculum last year, there has been a wild search for resource materials for various new topics introduced, including History of Medicine. This compact and informative book comes as a ready reckoner – composite and interesting information on history of medicine delineated on four time lines- Prehistory, Middle ages, Period of renaissance and Modern medicine. The multitude of authentic photographs is surely the icing on the cake and along with the two-color printing makes the material visually appealing. The book is written in an easy narrative style that facilitates understanding. There is a chapter dedicated to famous Indian doctors (chapter 8) that should serve as an inspiration to our students, although the selection is not exhaustive and a bit idiosyncratic. Definitely recommended!

**SREENIVAS M,**

*Professor of Forensic Medicine  
Hon. Faculty,  
Department of Medical Education,  
Maulana Azad Medical College,  
Delhi-110002  
drsreenivas.mamc@gmail.com*