



FIG. 1 Spindle shaped swelling of the finger.



FIG. 2 Lytic lesion evident on the radiograph.

pulmonary involvement. Tubercular infection involving the phalanges results in characteristic spindle shaped swelling of fingers, a condition known as spina ventosa. *Spina* is a latin word for “short bone” and *ventosa* is a latin word for “inflated with air”. The differential diagnosis of such a swelling includes syphilis and sickle cell dactylitis. Syphilis can involve the metaphysis or diaphysis. Syphilis, though rare now-a-days, can involve bone as a late manifestation of congenital syphilis or as

acquired secondary syphilis in cases of sexual abuse in children. On X-ray, a zone of sclerosis or periosteal reaction is seen. Sickle cell dactylitis leads to an acute painful swelling of fingers or toes. Most patients with sickle cell disease suffer from hemolytic anemia. Vaso-occlusion causes recurrent episodes of painful crisis. The X-ray shows periosteal new bone formation followed by medullary resorption, coarsening of trabeculae and cortical thinning.

Naproxen Induced Pustular Eruption

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A 10-year old girl diagnosed as polyarticular JIA (Juvenile Idiopathic Arthritis) was treated with Naproxen (15 mg/kg/day). Three days later, she developed multiple well circumscribed, painless,

mildly pruritic, pustular eruptions all over the body (**Fig. 1**). They appeared in crops, involving all parts of the body within a span of 6-8 hours, each pustule having diameter of 3-4 mm with few bigger ones. None of them had any sign of surrounding erythema



or inflammation. Review of history revealed that similar type of eruptions had occurred twice in the past, each time after starting Naproxen, and resolved after stoppage of the drug. Aspirated materials from lesions revealed large numbers of pus cells without any organism and culture was sterile. The offending drug was withdrawn and oral Cetrizine (antihistamine) started. The lesions subsided within next 5-7 days without leaving any scar or pigmentation.

Naproxen can induce adverse skin lesions such as pseudoporphyria, which is characterized by skin

fragility and vesiculation resulting in shallow scarring in sun exposed areas. These are identical to porphyria cutanea tarda but without any disturbance in heme metabolism. Usually they disappear within 3-5 wks of discontinuation of the drug but leave scars and pigmentations. Other adverse skin lesions to naproxen include exfoliative dermatitis, TEN, and Steven Johnson's Syndrome.

Acute generalized exanthematous pustulosis (infective, drug induced, toxins), erythema multiforme, and infective lesions like bullous impetigo were the differential diagnosis of this case.