Acromelanosis albo-punctata

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In a 4 ½-year-old girl with two normal sisters and no consanguinity of the parents, diffuse hyperpigmentation with pinpoint and pinhead-sized white spots on the hands and fingers, the flexural parts of the arms and to a lesser degree in the axillae and groins are present.

-Fig. 1 and 2. Leuko-melanoderma punctata congenitalis.

During the summer the pigmentation is much more pronounced than in the winter. The skin of the dorsal side of the hands, of the fingers and the feet shows a peculiar softness, is glossy and wrinkled, and appears to be somewhat atrophic. The symptoms of cutis laxa are present to a slight degree. Further symptoms: pla-tonychia and a broad eponychium; the hairs are short and very thin, feel like silk

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and are almost colourless, in spite of the dark pigmentation of the scalp. The child was bald for the first two years of her life. The back of the head reveals pili torti. Lower legs and knees show keratosis pilaris. Eyes: strabismus convergens.

A similar case has been described by Siemens in 1922 (Arch. Derm. Syph., Berlin 139: 87); that child, however, presented, in addition to the above mentioned symptoms, mechanically induced bullae, followed by warty keratoses. Both cases are reminiscent of the ephelid-like acropigmentatio reticularis of Kítamura and Dohí. They are, however, strictly different and

should, mostly because of their uncommon configuration and localisation, be regarded as separate, characteristic disorders.

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Skin Reactions to Phenergan cream®

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While in France contact eczemas due to phenergan cream are relatively common (Sídí et al., 1952, 1955), Dutch case reports on this subject are very scarce. In the dermatological department of the municipal hospital in The Hague (formerly head: Dr. M. K. Polano) the author examined over 2 years (1960–1962) 30 patients in which a contact dermatitis due to phenergan cream was diagnosed. All patients showed a positive skin test (patch test) to phenergan cream; moreover, their dermatitis had been developed or aggravated after the use of the cream. In 5 cases the clinical aspect and the course of the lesions were suggestive for a photodermatose. In 8 cases hospitalisation was necessary. Polyvalent hypersensitivity, which may be interpreted as cross-sensitization, was observed to paraphenylene diamine (3 cases), sulfadiazine (1 case), chlorpromazine (3 cases). The three last mentioned cases also showed positive skin tests to trimeprazine.

Besides these 30 patients, some cases were seen in which the pre-existent dermatitis was not aggravated during the application of phenergan cream, but in which patch tests to this cream were nevertheless positive. Positive reactions were also found in some other patients who claimed never to have used the cream.