



Fig. 1. Erythematous polycyclic lesions with trailing scale on left forearm.

reported a skin lesion resembling EAC in pregnant woman, but the histology showed mild leukocytoclastic vasculitis. So the diagnosis was consistent with annular vasculitis.

The exact mechanism of the association of pregnancy and EAC is unknown. However, during pregnancy, there are significant and complex physiological changes, especially protein and steroid hormones. These hormones may influence the immunology and inflammatory response of the skin. Furthermore, there have been previous reports of EAC which have also described following oestrogenic compounds (3) and menstrual cycle (2). We therefore believe that EAC in our patient is causally related to pregnancy. The eruptions dramatically resolved within a few days of delivery.

REFERENCES

1. White JW Jr. Gyrate erythema. *Dermatol Clin* 1985; 3: 129–139.
2. Tsuji T, Kadoya A. Erythema annulare centrifugum associated with liver disease. *Arch Dermatol* 1986; 122: 1239–1240.
3. Goette DK, Beatrice E. Erythema annulare centrifugum caused by hydrochlorothiazide-induced interstitial nephritis. *Int J Dermatol* 1988; 27: 129–130.
4. Summerly R. The figurate erythemas and neoplasia. *Br J Dermatol* 1964; 76: 370–373.
5. Yaniv R, Spielberg O, Shapiro D, Feinstein A, Ben-Bassat I. Erythema annulare centrifugum as the presenting sign of Hodgkin's disease. *Int J Dermatol* 1993; 32: 59–61.
6. Kelly RI, Cook MG, Marsden RA. Annular vasculitis associated with pregnancy. *Br J Dermatol* 1933; 129: 599–601.

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Becker's Naevus of the Lower Limb

Sir,

Becker's naevus (pigmented hairy epidermal naevus) is usually located on the shoulder, anterior chest and scapular region. The lesion appears during adolescence and usually hypertrichosis develops a few years later within the pigmented area, with an increase in size of lesion during this period. In the past year we have seen five Becker's naevi involving the lower limb, a site reported in only 3% of the patients (1).

CASE REPORTS

Case 1

An 18-year-old male who presented with a 4-year history of light brown pigmentation with a central large macule (8 × 6 cm) and scattered smaller macules at the periphery ("splash on" appearance) on the anterolateral aspect of the left thigh. He had noticed hypertrichosis on the pigmented area since 2 years.

Case 2

A 15-year-old boy who had developed an asymptomatic dark brown macule (6 × 5 cm) with peripheral scattered smaller light brown mac-

ules on the lateral aspect of the right knee since 8 years. Hypertrichosis was present in the central macule (Fig 1).

Case 3

Since 10 years of age, a 24-year-old labourer had had a large dark-brown macule with peripheral light-brown smaller macules extending from the upper border of the left iliac crest to the ankle, involving the lateral aspect of the lower limb. There was no induration or epidermal thickening. Hypertrichosis was conspicuous throughout the larger macule, mainly in the central part.

Case 4

A 26-year-old student who had noticed a gradually increasing asymptomatic brown macule extending from the lower third of his thigh to the calf area on the right lower limb since he was 15 years of age. He had noticed increased hair growth in the lesion for the last 5 years.

Case 5

A 16-year-old boy who had developed a brownish macule 10 cm in size on the right thigh at the age of 12 years. The lesion had a typical "splash on" appearance in the periphery and hypertrichosis in the central part.



Fig. 1. Becker's naevus on the right knee with hypertrichosis in the central macule.

There were no other naevi or cafe-au-lait spots elsewhere on the body in these patients. General physical and systemic examination revealed no abnormality except the presence of BT Hansen in one patient. Skin biopsies performed in four patients showed increased

basal layer pigment in all of them, while in two patients some melanophages and pigment incontinence was also seen. Complete haemogram, liver and kidney function tests, serum chemistry and routine urine analysis revealed no abnormalities.

COMMENTS

The belief that these naevi involve the lower limbs uncommonly may perhaps be related to the preponderance of the blemish in males, who may be relatively less concerned about the cosmetic appearance of the lower limbs than females. Moreover, lesions of the covered areas which are completely asymptomatic may not prompt the patient to seek medical advice. The finding of these naevi on the lower limbs has prompted us to believe that the involvement of the lower limb may not be very uncommon and that the legs do not seem to be preferentially spared, as emphasized in the literature.

REFERENCE

1. Tymen R, Forestier JF, Boutet B, Colomb D. Naevus tardif de Becker: a propos d'une serie de 100 observations. *Ann Dermatol Venereol* 1981; 108: 41-46.

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ERRATUM

Re: The paper by Biagioni PA and Lamey P-J. Acyclovir Cream Prevents Clinical and Thermographic Progression of Recrudescing Herpes Labialis beyond the Prodromal Stage. *Acta Derm Venereol* (Stockh) 1998; 78: 46-47. In the last paragraph before Discussion, an error has occurred. The "time before treatment values" should read "6.8h ± 6.3, 7.1h ± 6.4 and 7.8h ± 6.1, respectively." The correct paragraph is shown here.

"No difference was observed in the $\Delta t^{\circ}\text{C}$ values for the three outcome groups, i.e. prevented, clinically improved and

non-improved, and no relationship was observed between treatment outcome and the time elapsed before treatment began. They were 1.1 ± 0.3 , 1.0 ± 2.5 , and 1.1 ± 0.25 , respectively, and the time before treatment values was $6.8\text{h} \pm 6.3$, $7.1\text{h} \pm 6.4$ and $7.8\text{h} \pm 6.1$, respectively. Three patients reported adverse effects: one reported a dry flaking area, which affected the uninvolved skin to which the cream was applied, and 2 patients reported a stinging sensation on applying the cream."