termined the target site in our patient. A similar mechanism was postulated in patients with fixed drug eruptions due to tetracycline administered for non-gonococcal urethritis (9).

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Sutton's Summer Prurigo of the Elbows

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Abstract. Seasonal variations in skin diseases are most noticeable in those parts of the country with significant changes of seasons. For the past 5 years, I have noticed an unusual recurrent prurigo of the elbows which was originally described by Sutton. This disease, which I feel is related to atopic eczema, usually occurs on the elbows of children during the first few weeks of good spring weather. The disease appears as a papular eczematous dermatitis which is usually limited to the elbows but may also affect the knees, hands and chest. It responds well to topical corticosteroids but has a tendency to recur each spring for several years.

Key words: Seasonal dermatosis; Summer; Prurigo

Few skin diseases are exclusively seasonal. Many, such as acne, atopic eczema and psoriasis, are influenced by seasonal changes in temperature, humidity and intensity of ultraviolet irradiation, but can persist throughout the year. During the past 5 years at the Children's Hospital of Buffalo, I have seen 13 patients with a distinctive, pruritic dermatitis of the elbows that recurred yearly between April and June. This disease resolves spontaneously in 6 to 10 weeks and recurs every year at a time coinciding with the first prolonged spell of good spring weather. Since this disease is common

Table I

	No. of patients
Black	3
White	10
Male	8
Female	5
Age (mean)	6 (4-10)
Average no. of yearly recurrences	3
Atopic eczema	3
Distribution	
Elbows	13
Knees	5
Trunk	3
Face	1

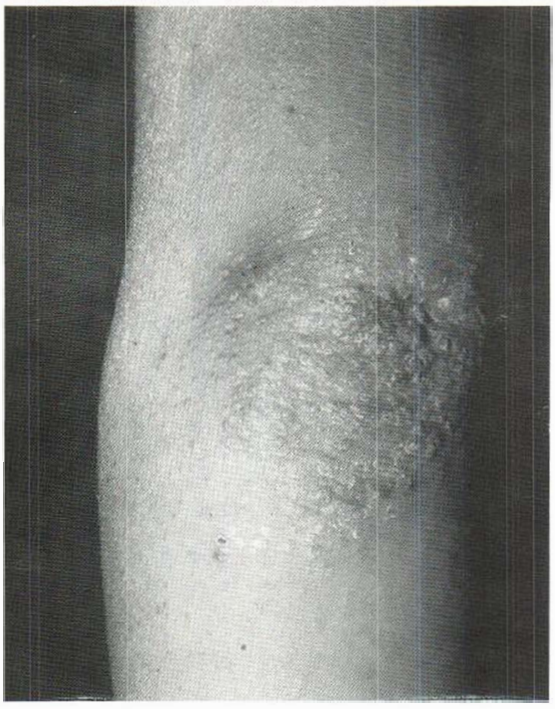

Fig. 1. Lichenoid papules, discrete and confluent on the elbow.

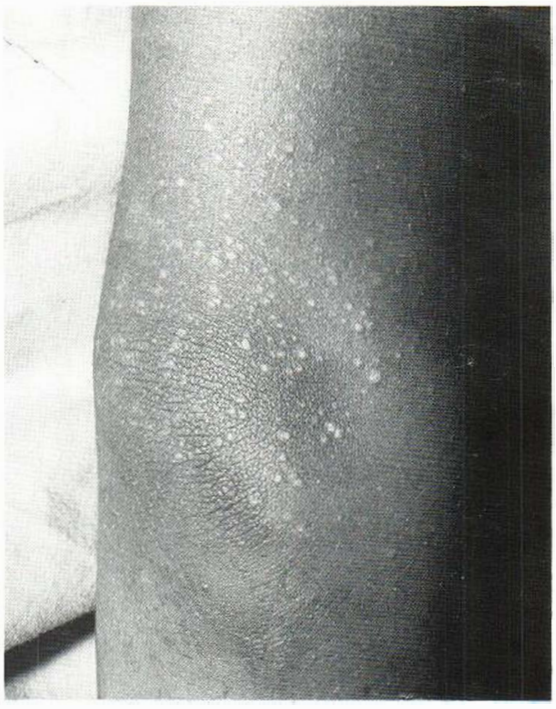

Fig. 2. Discrete lichenoid papules on the elbows. This patient also had a past history of flexural atopic dermatitis which was not evident at this time.

yet is given little attention in many texts on cutaneous disease, I will describe some typical examples in detail.

CASE HISTORIES

1. A 7-year-old white boy had a pruritic dermatitis on the elbows since mid-April 1975. For each of the past 3 years a similar problem began in April or May and resolved without treatment in about 8 weeks. He was in excellent general health and had no family history of asthma, hay fever, atopic eczema or a similar disorder in siblings, parents, grandparents, aunts or uncles.

His skin was normal except for the extensor surfaces of the arms for a radius of about 7 cm around his elbow (Fig. 1). At the periphery, discrete, scaling, flesh-coloured or hypopigmented papules were present which increased centrally to form confluent areas 1 to 2 cm in diameter. There was no significant erythema or crusting.

A 4 mm punch biopsy specimen from a solitary papule demonstrated spongiosis, parakeratosis, a lymphocytic infiltrate of the superficial perivascular areas and slight exocytosis.

The dermatitis responded within 7 days to 0.1% triamcinolone cream but the dermatitis recurred in May 1976 and April 1977.

This patient is representative of 10 of 13 of our series.

The second case history characterizes the minority with overt atopic dermatitis.

2. A 7-year-old white boy developed flexural atopic eczema at age 2. With therapy and the passing of time, his eczema resolved completely but would recur each winter and resolve in the spring. Two years after the spring clearing of his atopic eczema, his elbows erupted with a large number of scaling pruritic papules similar to those described in Patient 1 (Fig. 2). A 3 mm punch biopsy specimen revealed parakeratosis, spongiosis and acanthosis. Lymphocytes surrounded many of the upper dermal vessels and invaded the overlying epidermis.

Triamcinolone cream 0.1% helped the eruption resolve in 10 days but the dermatitis recurred each spring (April–May) during the subsequent 2 years.

DISCUSSION

The first description of summer prurigo of the elbows can probably be ascribed to Sutton (1956). His patients were children, aged 4 to 12, affected by a seasonally recurrent pruritic papular dermatitis of the elbows. The knees were occasionally involved, as also were the chest and back, but flexural atopic eczema was never observed. This "summer-time pityriasis" resolved promptly after therapy with X-rays and 1% hydrocortisone cream.

Waisman & Sutton (1966) and Goldman et al. (1974) have also described a similar group of patients, aged 4 to 17, with a recurrent pruritic papular dermatitis of the knees and elbows. Waisman & Sutton (1966) felt that friction (sand, wool rugs) was the cause, as these lesions occurred in the summer when short-sleeved shirts and pants are worn. Both authors noted recurrences in the summer but did not believe that atopy (asthma, hay fever or eczema) was related.

The group of patients reported here (Table I) share the characteristics of Sutton's summer prurigo---youth, seasonal recurrences and pruritis. The number of patients indicates that the disorder is not uncommon and is perhaps even more common in areas with a longer spring season. It is not likely that Sutton's summer prurigo is a direct photoallergic or photo-toxic reaction, since long-sleeved shirts are customary in Buffalo at the time the dermatitis appears. The unusual distribution also speaks against light as a significant agent.

Friction, as indicated by Waisman & Sutton (1966) is a nebulous factor common to all elbows. None of our patients gave a history indicating increased frictional trauma to the elbows and although we did not ask about the quality of our patients' rugs, none had exposure to sand.

Several of these patients are overt atopics and it is this author's speculation that the remainder are latent atopics. Why the elbows should represent such an unusual target site, however, is not known.

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A Pustular Eruption of the Chin (a Variant of Pyoderma Faciale?)

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Abstract. Two cases are reported of patients who developed a dramatic pustulo-nodular rash on the chin. The onset was explosively sudden and cosmetically disabling. Ultimately, resolution occurred with minimal scarring.

In 1940 O'Leary & Kierland described an entity termed pyoderma faciale (2). This was characterised by a fulminating pustular eruption localised to the face. The rash was almost exclusively confined to young women. This problem has recently been reviewed by Plewig & Kligman (3), and deserves to be more widely recognized. We report two cases of a striking variant of this disease.

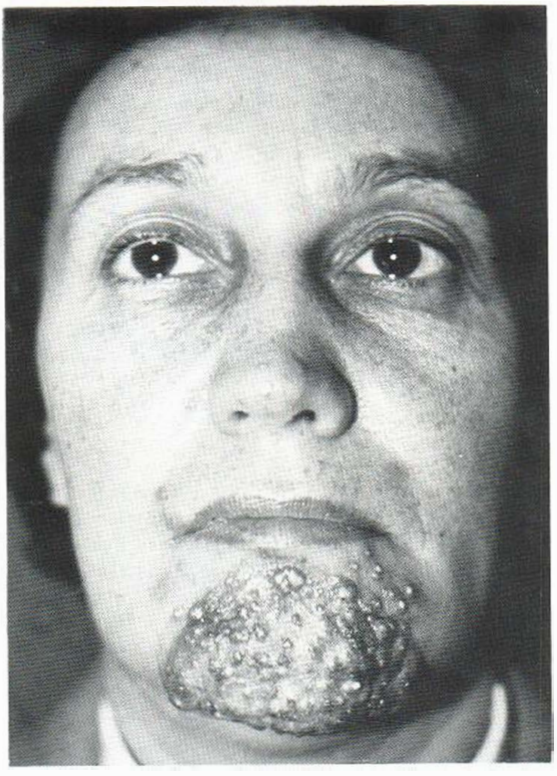

Fig. 1. Eruption on chin of Case 1.