

In addition, segmental vitiligo develops before the age of 30 and the trigeminal dermatomes are the most commonly involved [3]. Therefore, camouflaging segmental vitiligo of the face is inevitably required, however, it comes off easily and patients must apply it again and again. Here, we present makeup tips for camouflaging vitiligo of the face, using Cavilon™ 3M No Sting Barrier Film (3M, USA) as a spray [4].

An 11-year-old girl was referred to our department for therapy for segmental vitiligo in the right periorbital region in V1 and V2 of the trigeminal nerve distribution on the face. Narrow band UVB therapy had resulted in partial repigmentation of the vitiligo, however, a dot-like distribution of the pigmentation required camouflage (*figure 1*). Perfect Cover™ (Shiseido, Japan) was enough for camouflaging her vitiligo in daily school life. Perfect Cover™ is an easy-to-use liquid foundation, containing a special black particle, which reflects yellow light when it is lightened. In addition, a novel polymer, siliconized pullulan, makes it waterproof. It is only available in Japan at present. It enables patients to adjust their skin color, depending on the time of its application. For white hairs in her right eyebrow, she used a hair dye ready for quick use and it was also satisfactory. However, in summer, swimming classes annoyed her, because her camouflage came off easily after every class. Usually, she reapplied the cover in a sick room after every class. Therefore, she was very concerned about camouflaging in summer. So, we advised her to use Cavilon™ 3M No Sting Barrier Film (3M, USA) as a spray. First, she covered her vitiligo and eyebrow with Perfect Cover™ (Shiseido, Japan) and a hair dye, respectively. Second, she stabilized the cover with Cavilon™ as a spray (*figure 1*). We usually use it as a long-lasting, waterproof barrier for patients to protect damaged skin, such as skin around stoma sites or sore skin caused by incontinence of urine or feces. These tips enabled her to enjoy her swimming classes without reapplying the cover in a sick room until she scrubbed it with soap at night.

Waterproof camouflage for vitiligo as reported here is easy and quick. In addition, it is safe, because the manufacturers guarantee the safety when it is applied to the skin. We consider that it is very useful for patients with vitiligo of the face, especially for swimmers. ■



Figure 1. Before (left panel) and after (right panel) camouflaging vitiligo of the face and eyebrow. Cavilon™ had no effect on the color appearance. We could not tell where she had vitiligo after the camouflage. Narrow band UVB therapy resulted in many dot-like pigmented macules (left panel).

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Department of Dermatology, Graduate school of Medicine, Kyoto University
mtanioka@kuhp.kyoto-u.ac.jp

Miki TANIOKA
Yoshiki MIYACHI

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Atopy in patients with recurrent aphthous stomatitis

Recurrent aphthous stomatitis (RAS) is the most common oral mucosal disease. Though it is still unclear, immunological mechanisms have been implicated in the pathogenesis [1]. Since atopy can have a significant association with other immune mediated diseases, we aimed to investigate whether atopy has a role in the pathogenesis of RAS.

Methods

Twenty-five patients with RAS aged between 22 and 45 years (13 women, 12 men), who had no systemic or inflammatory diseases, were included in the study. The control group included 25 consecutive sex- and age-matched individuals who attended the Dermatology outpatient polyclinic with tinea pedis.

All attenders were questioned about any history of atopy for themselves and their families. Dermographism, including white dermographism, was evaluated in both groups. Skin prick test (SPT) was carried out with 28 allergens including inhalants (tree pollens, grasses, wild grasses, moulds, house dust/mites, venoms and animal allergens) and food allergens (Denmark, ALK kits). For a positive control, histamine was used. Serum specific IgEs (sS IgE) (Normal: 0-0.35 U/mL), and serum total IgE (sT IgE) (Normal: 0-150 KIU/L) were measured in both groups (Chemoluminescence technique, enzyme immune assay, Dr Focke, Germany). sS IgEs were investigated for grasses, wild grasses, animal allergens, tree pollens, moulds, house dust/mites, foods and venoms.

The patient group was compared with the control group according to the history of family and personal atopy, presence of dermographism, SPT positivities, sS IgE and sT IgE levels, using Fischer's exact test and Chi-square tests.

Results

Positive atopy parameters in RAS patients and controls are seen in *table 1*. In the patient group, positivities were mostly to house dust/mites in SPT and high levels of sS IgEs, mostly to venoms and house dust/mites, were observed. There were no positivities in SPT in the control group. High levels of sS IgEs, most frequently to venoms, were observed in the control group.

Table 1. Positive atopy parameters in RAS patients and controls

	Personal atopy		Family atopy		Dermographism		sT Ig E		sS Ig E		SPT	
	n	%	n	%	n	%	n	%	n	%	n	%
RAS n: 25	5	20	2	8	13	52	2	8	7	28	4	16
Control n: 25	3	12	2	8	8	32	4	16	6	24	0	0

The atopy parameters including personal and family atopy history, dermatographism and SPT positivity, sS Ig E and sT IgE levels were not statistically different between patient and control groups ($p > 0.05$) (table 1). The positivities for each allergen in SPT could not be compared statistically between the patient and control groups as the positivities in the control group was 0.

Conclusion

The etiology of RAS is still unknown. Many local and systemic factors such as viral or bacterial infections, food hypersensitivity, genetic factors, and systemic diseases have been implied in the pathogenesis. Recent studies have suggested that immunological abnormalities could play a role in the etiology and pathophysiology of RAS. The immunopathogenesis of RAS probably involves cell-mediated responses, involving T cells and tumour necrosis factor alpha (TNF- α) production with possible activation of Th 1 lymphocyte profile of cytokine production [1-4]. Atopy can have a significant association with other immune mediated diseases [5]. An association between atopy parameters and RAS has been reported. Serum IgE levels were found to be increased in RAS patients by several investigators. Scully *et al* reported that increased IgE concentrations might be related to cell-mediated phenomena in the immunopathogenesis of RAS. Veller-Fornasa *et al* studied 46 patients with RAS for atopy parameters and reported that atopy parameters were significantly associated with RAS [6]. In our study, atopy parameters, including sS and sT IgE levels, atopy history and dermatographism, did not differ significantly between patient and control groups, in contrast with Veller-Fornasa's study. This might be related to different genetic and environmental factors. We suggest that atopy or mediators responsible for atopy do not play a role in the pathogenesis of RAS, but further enlarged studies are needed to determine the exact relationship between RAS and atopy. ■

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Ankara Numune Education and Research Hospital, 2nd Dermatology Clinic, Ankara, Turkey.
muzeyyengonul@yahoo.com

Müzeyyen GÖNÜL
Ülker GÜL
Seray KÜLCÜ
ÇAKMAK
Arzu KILIÇ

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Folie à deux, diagnosed by delusional parasitosis

Delusional parasitosis (DP) is a psychotic condition in which a person has the unshakeable and mistaken belief and/or aberrant perception of being infested with parasites. Folie à deux is a rare disturbance that occurs in two individuals who have a close relationship [1, 2]. We present two cases of folie à deux, who were diagnosed with DP. A 62-year-old man attended with pruritus. The patient did not have any other disease, alcohol or drug abuse. When questioned, his wife had first seen insects on her husband's hair and clothes 6 months previously. Then the man began to see these insects. The wife (56 years-old) was eventually convinced to consult a doctor. She separated her bed and individual objects from her husband's, repeatedly washed herself, boiled their clothes. No pathological findings were revealed on the physical examinations of both patients. The patients were told to bring the insects which they saw. The materials they brought were hair, string, carpet fluff and a fragment of bread (figure 1).

The laboratory tests and neurological consultations were normal in both patients. Cranial magnetic resonance imaging of the male patient showed cortical atrophy. However, the female patient refused scanning tests. The patients



Figure 1. The imaginary insects in the jar filled with water in order to kill them.