Sir,

A 43-year-old lady presented with progressively increasing multiple swellings over the scalp for two years and increased frequency of micturition and increased water intake for 6 months. There was no evidence of other systemic involvement. Computerized tomography (CT) of the brain showed multiple geographic punched-out lesions with nonsclerotic margins and beveled edges, associated with well-defined nonenhancing hypodense cystic lesions. The pituitary stalk appeared normal. She underwent excision biopsy of the right frontal skull lesion which was consistent with histiocytosis X.

Hand Schuller Christian disease (HSC) is one of the three components included in histiocytosis X, the other two being eosinophilic granuloma and Letterer-Siwe disease. This disease is primarily seen in infants and children and is rarely seen in adults. The classical triad of HSC disease – exophthalmos, diabetes insipidus, and calvarial lytic lesions – is seen only in one-third of patients. CT scan is particularly helpful in detecting and defining the bony lesions and the soft tissue involvement. Both the outer and inner tables of the skull are involved with beveled edges and soft tissue masses. Coalescence of lytic lesions gives a morphological appearance which is termed as “Geographic Skull.” The bones involved are skull, ribs, pelvis, scapula, and mandible. Vertebrae and the appendages are less frequently involved. Optic atrophy, otitis media, and extrusion of teeth may occur as a result of adjacent bony involvement. Systemic involvement of this disease includes hepatosplenomegaly, lymphadenopathy, dermatological, gastrointestinal tract, renal and pulmonary involvement. Central nervous system involvement includes convulsions, increased intracranial pressure, focal neurological deficits, mental retardation, hearing disturbance, and tremors. Involvement of the pituitary and hypothalamus may result in delay in sexual maturity and bone development, which is often seen in the pediatric age group. The factors indicating the prognosis of this disease include the patient’s age at presentation, extent of the systemic involvement, and response to treatment.

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Serum lipid and oral cancer

Sir,

The recent report on serum lipid and oral cancer is very interesting. [1] Chawda et al. concluded that “An inverse relationship was found between the lipid levels and the occurrence of oral cancer.” [1] As Chawda et al. noted, the main problem of this work is the limitation in the number of subjects. However, there are also other additional concerns. The quality control of the blood lipid analysis in this report has to be mentioned. “Analysis on the same day” might be problematic if it is delayed for many hours. Nevertheless, the mentioned method for analysis seems very strange. “CHOD-PAP” is not the technique that can be used for analysis of all parameters. The triglyceride has to be measured by the glycerol-3-phosphate oxidase - phenol - aminophenazone (GPO-PAP) technique. Also, the analyzer, Erba chem, seems to be not feasible for analysis for very low density lipoprotein (VLDL). With many questions on the methodology, the value of the conclusion seems to be very limited.

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REFERENCE


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