Cutaneous Bacillary Angiomatosis

subcutaneous nodules, present as one or more deep nodules with flesh colored erythematous overlying skin. It may erode through the skin surface. (c) hyper pigmented indurated plaques which appear as ovoid hyperkeratotic lesions with indistinctive margins. Differential diagnosis for cutaneous bacillary angiomatosis are Kaposi's sarcoma, pyogenic granuloma, angiosarcoma and verruca peruana.

Other forms of bacillary angiomatosis occur in lymph nodes, bones, spleen, liver, and gastro intestinal tract, respiratory tract, bone marrow and central nervous system. They can present as bacteremia. Some cases may present as FUO.

The drug of choice is erythromycin or doxycycline. If either antibiotic is not tolerated tetracycline, clarithromycin, or azithromycin can be used. The drug is to be used for prolonged period. For all forms of bacillary angiomatosis a minimum period of treatment is 3 months. In osseous and central nervous system infection, intravenous medication is desirable for the first 4 weeks followed by another 3 months of oral therapy. All penicillins, first and second generation cephalosporins have no activity against bartonella. Third generation cephalosporins may have some effect.

The illness is prone for relapse, especially when a shorter course of antibiotic therapy is administered. If relapse occurs, the treatment is prolonged for 3 to 6 months or even lifelong. Recurrence is also a possibility. Immunocompromised persons may better avoid the

contact with cat. When a cat scratch or bite occurs the wound should be washed thoroughly.

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CORRIGENDUM

Glederma India appeared inadvertently below the author's byline Gulrez Tyebkhan and 'Reprint requests' of the article "Skin Cleansing in Neonates and Infants-Basics of Cleansers" published in September 2002, Vol 69; Number 9 on pp 767-769 should be read as *Galderma India*. The error is highly regretted.

— Editor