

Human T Cell Lymphotropic Virus Type -1 and Infective Dermatitis***ABSTRACT***

Infective dermatitis in Jamaica was first described by RD Sweet in a "Letter from Jamaica" published in the British Journal of Dermatology in 1965. He described "infective dermatitis of scalp, ears and nose with generalization" as the commonest cause of admission in children. In 1967, Margaret Walshe went on to document the clinical and bacteriological features of this condition noting that the majority of affected children grew coagulase positive staphylococci or beta haemolytic streptococci from the anterior nares or the skin or both. In 1981, G Alabi and L LaGrenade went on to describe childhood eczemas as the commonest skin disorder seen in the clinics at the University Hospital of the West Indies, constituting 47% of all cases and noted that "infective seborrhoeic eczema" constituted a quarter of all eczemas.

However, it was not until after the Human T cell Lymphotropic Virus Type -1 (HTLV-1) was isolated in 1980 by Poiez, that an association was demonstrated between HTLV-1 and several diseases: adult T-cell lymphoma/leukaemia in 1981, tropical spastic paraparesis in 1985 and polymyositis in 1989. In 1990, La Grenade *et al* tested 14 children with typical infective dermatitis and showed HTLV-1 seropositivity in all. Eleven children of similar age with atopic eczema were all negative. The findings were later confirmed in a case controlled study.

Since then, HTLV-1 associated infective dermatitis has been reported from several HTLV-1 endemic areas including Trinidad and Tobago, Barbados, Brazil, Colombia, Japan and the United States of America (among Haitian immigrants).

*Dr A East-Innis
Section of Dermatology
Department of Medicine,
Faculty of Medical Sciences*