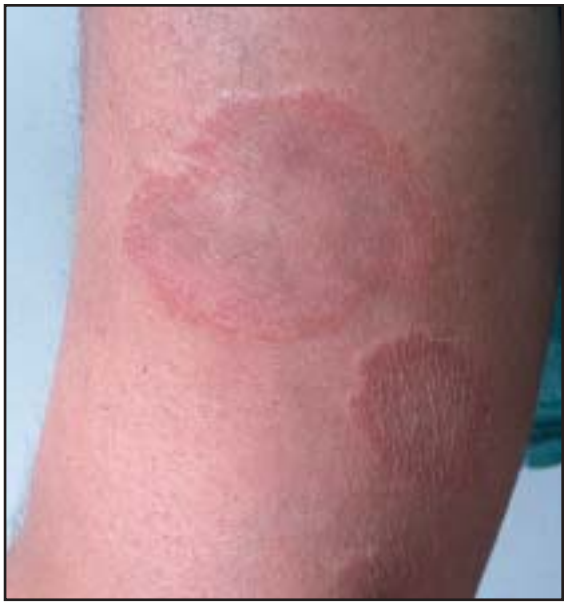
Case 1

"I can't wear short sleeves!"

A 60-year-old woman is frustrated with the long-standing nature of the resistant eruption on her arms.



What is your diagnosis?

a. Sarcoidosis
b. Lymphoma
c. Granuloma annulare
d. Tinea
e. Psoriasis

Answer

These lesions have a distinctive annular or ring-shaped morphology, with a slightly irregular or serpiginous margin. They grow peripherally and the margin is slightly raised and palpable. There is a paler central involution.

Biopsy confirmed the typical morphology of *granuloma annulare* **(Answer c)**. While the more common, small papular lesions of granuloma annulare usually clear within a few months, the larger annulare form may take several years.

Although treatment is disappointing, intralesional triamcinolone, 2.5 mg/cc, is extremely useful for visible lesions, such as those on the forearm.

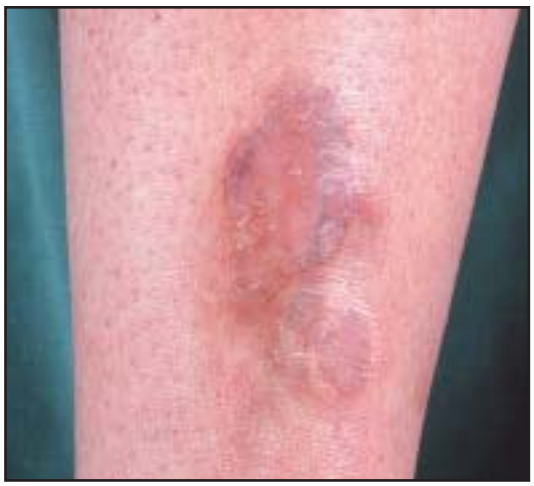
Robert N. Richards, MD, FRCPC, is a dermatologist, Toronto, Ontario.

This month—6 cases:

Case 2

Classic Morphology: What Is It?

A 36-year-old woman complains of an unsightly lesion on her shin that has been present for years. It is slowly growing.



Do you recognize it?

a. Stasis ulcer
b. Lupus erythematosus
c. Granuloma annulare
d. Sarcoidosis
e. Xanthoma
f. Necrobiosis lipoidica

Answer

The classic lesion of *necrobiosis lipoidica* **(Answer f)**, consisting of oval or irregular indurated plaques with central atrophy or sclerosis, is most commonly found on the shins. It begins as a dull, red papule or plaque, which extends, possibly joining other papules. While the lesion is brownish-red, or even violaceous in hue, the atrophic centre often shows waxy, yellowish areas with telangiectasia and a glazed appearance.

These lesions are usually painless, but can ulcerate with trauma. Since this patient is diabetic, the lesion could be called necrobiosis lipoidica diabeticorum. Patients should be carefully followed, as these lesions may precede the onset of diabetes. Roughly 25% of cases occur in individuals without diabetes.

Treatment is generally unsatisfactory. Prevention of trauma and support hose may be helpful. Corticosteroids under occlusion or intralesional steroid (triamcinolone, 2.5 mg/mL) may clear up some lesions. While some may spontaneously scar, most last for years. Biopsy is not required for lesions with classic morphology.

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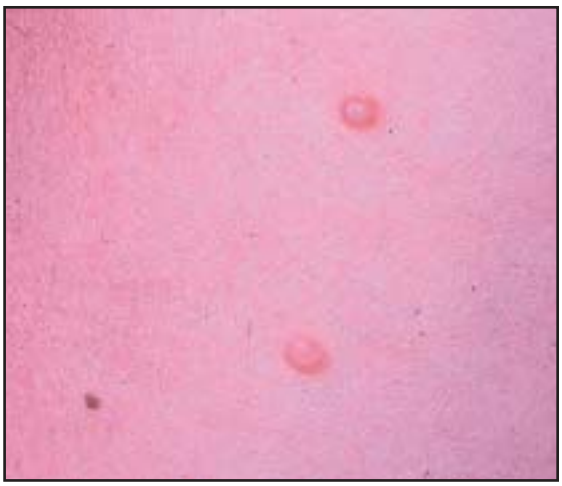
Case 3

"Why do I have pimples on my back?"

A 13-year-old girl with acne on her face stated she also had some pimples on her back.



What does she have?

a. Folliculitis
b. Acne
c. Warts
d. Molluscum contagiosum
e. Skin tags

Answer

Molluscum contagiosum **(Answer d)** are often mistaken for acne. They are discrete, skin-coloured, or pearly white, raised, waxy-appearing, firm papules measuring 1 mm to 5 mm in diameter, with a central punctate umbilication. The umbilication is amplified with the application of liquid nitrogen. Lesions are more common on the face and trunk in children and in the sexual areas of adults. While most molluscum are self-limited in duration (two to nine months), some can be persistent. They can be severe in AIDS patients.

Treatment depends on age, location on the body, and patient preference. Options include liquid nitrogen, curettage, light electrodesiccation, a vesicant, such as cantharidin (Cantharone®), and topical imiquimod (Aldara™).

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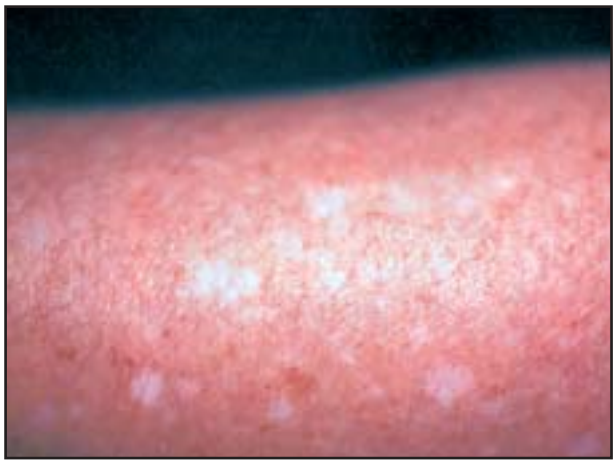
Case 4

"What's this discolouration?"

For several months, a 49-year-old woman has had asymptomatic loss of pigment on her shins. She has no history of injury to the area.



What is your clinical impression?

a. Vitiligo
b. Lichen planus
c. Post-traumatic hypopigmentation
d. Guttate hypomelanosis
e. Tinea versicolor

Answer

Guttate hypomelanosis **(Answer d)** is attributable to long-term sun exposure that results in hypopigmentation from loss of melanocytes. It is typically seen on the shins and forearms and is confined to sun-exposed surfaces. This distribution and appearance distinguish it from vitiligo. Lichen planus generally presents as flat-topped purple polygonal papules sometimes accompanied by sparse scale inthe skin lines (Wickham's striae). The patient has no history of trauma; moreover, the distribution and appearance do not suggest that the lesions were traumatically induced. Tinea versicolor is associated with scaling, which is absent here; it is typically distributed on the trunk.

Sunscreen is the first-line treatment for guttate hypomelanosis. Some success has been reported anecdotally with tretinoin and alpha hydroxyl acids.

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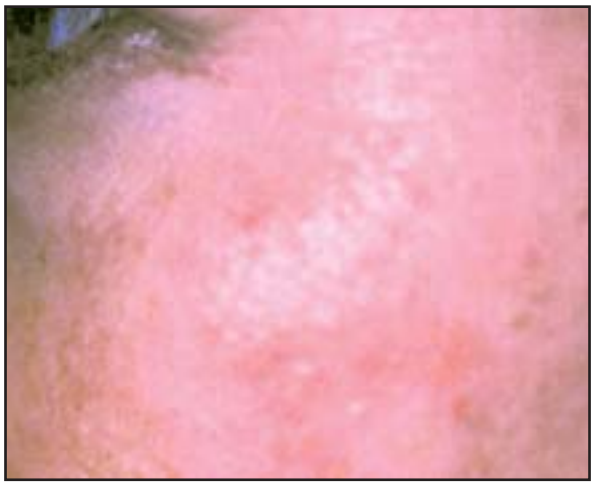
Case 5

"These bumps won't go away!"

A 45-year-old woman complains that she has had asymptomatic white "bumps" on her cheeks for the past few months.



What does this eruption look like to you?

a. Acne
b. Keratosis pilaris
c. Milia
d. Rosacea
e. Sebaceous hyperplasia

Which treatments would you consider?

a. Adapalene
b. Tretinoin
c. Tazarotene
d. Azelaic acid
e. Salicyclic acid

Answer

The papules are *milia* **(Answer c)**, small occlusion cysts that can erupt at any age. Acne usually presents with a combination of open and closed comedones, as well as papules. Keratosis pilaris generally occurs in infants and children, not adults. Rosacea typically presents with erythema and small inflammatory papules and pustules. Sebaceous hyperplasia manifests with yellowish papules that have a central punctum.

Adapalene, *tretinoin*, *tazarotene*, *azelaic acid*, and *salicyclic acid* have all been used to treat milia; however, the lesions may be slow to respond. Milia can also be extracted manually or lightly electrodessicated with a cautery unit.

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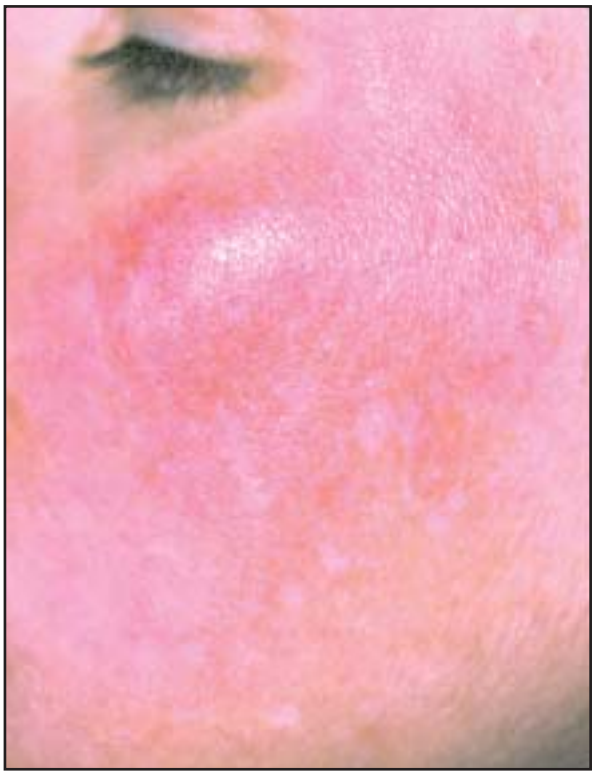
Case 6

"Doctor, my face!"

Hyperpigmentation developed on the face of a 35-year-old woman during her last pregnancy, but it did not resolve following childbirth.

You advise the patient to avoid excessive sun exposure and to use a sunscreen with an SPF of at least 15.



Which ingredients should she look for in a sunscreen?

a. Homosalate
b. Zinc oxide
c. Methoxycinnamate
e. Oxybenzone
f. Butyl methoxydibenzoylmethane
g. Titanium dioxide

Which medications aggravate this condition?

Answer

The patient has melasma, hyperpigmented patches that occur on the face of some pregnant women. Melasma is aggravated by UV-A light. *Zinc oxide*, *butyl methoxydibenzoylmethane*, and *titanium dioxide* (**Answers b, e, and g**) are efficient blockers of UV-A; the others are much weaker.

In answer to the second question, oral contraceptives can aggravate melasma in some patients.

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