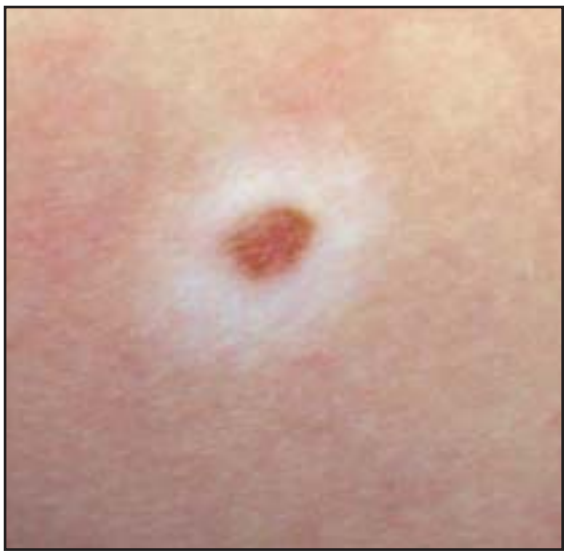
Case 1

"Get the white out!"

Over the past two months, a 12-year-old boy has developed a whitish change around a mole on his right deltoid. At the same time, sprouts of white hair have developed on his scalp.



What do you suspect?

a. Vitiligo
b. Early melanoma
c. Insect bite
d. Halo nevus
e. Congenital nevus

Answer

Depigmentation around either an acquired or congenital nevus is called a *halo nevus* **(Answer d)**. They most commonly occur before the age of 20 and may be single or multiple. In most cases, the central nevus disappears and repigmentation may follow. It is commonly associated with vitiligo and occasionally poliosis (white scalp hair). The cause is unknown and no treatment is needed.

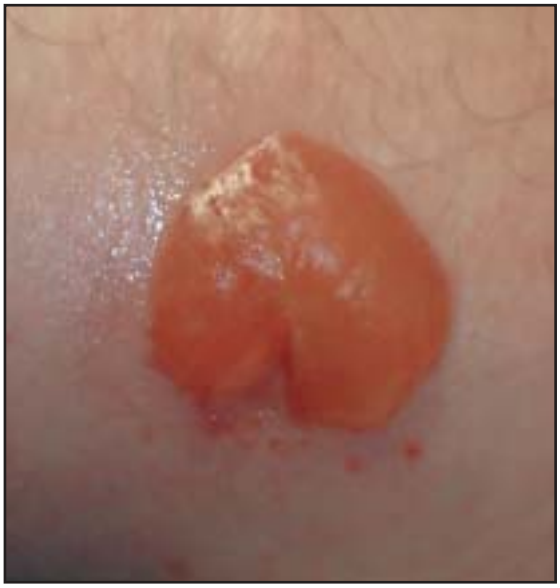
Stanley Wine, MD, FRCPC, is a dermatologist, Toronto, Ontario.

This month—6 cases:

Case 2

"I can't stop itching!"

An 82-year-old woman has been itchy since picnicking in the park one month ago. In the past 10 days, large blisters first appeared on her thighs, and then biceps.



What would you investigate for?

a. Insect bites
b. Bullous pemphigoid
c. Drug eruption
d. Poison ivy dermatitis
e. Pemphigus

Answer

Large, flaccid bullae are a typical presentation of *bullous pemphigoid* **(Answer b)**. They involve elderly patients who may be itchy for months prior to noting blisters. The blisters vary in size, usually first involving the thighs, before appearing elsewhere.

Prompt care is imperative as morbidity relates to age and secondary infection. Oral prednisone is required for this autoimmune disease. Steroid-sparing agents, such as a combination of tetracycline and nicotinamide, have limited success.

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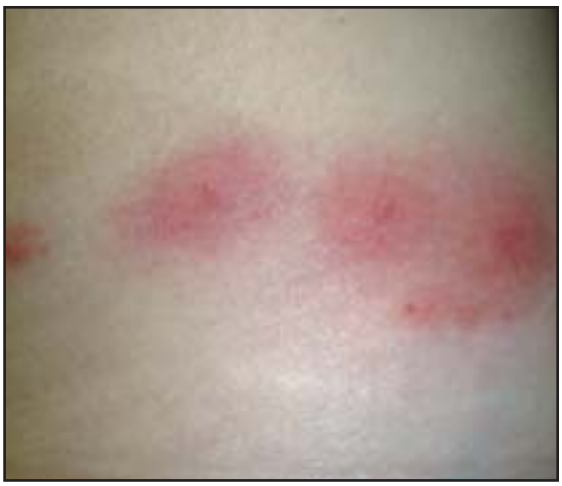
Case 3

Why Do Her Legs Itch?

A 52-year-old woman, who recently completed a course of chemotherapy, has developed itchy lesions on her legs over the past two weeks. She is especially concerned about itchy lesions along her lateral waist. She has a dog.



What is the likely cause?

a. Herpes zoster
b. Drug eruption
c. Flea bites
d. Pityriasis rosea
e. Metastases

Answer

Flea bites **(Answer c)** manifest as itchy papules to papulovesicular lesions often with central point redness (the site of the bite) and an erythetamous flare, which may be purpuric, especially on the lower legs.

While lesions are more common on the lower legs, they often involve the arms or waist if the offending pet is held. Lesions are usually grouped ("if it's in three's, it's fleas"), or linear, especially along the belt.

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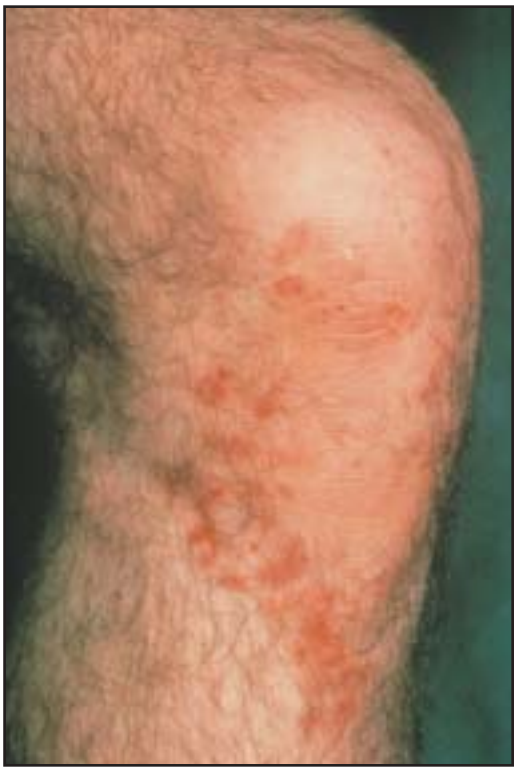
Case 4

"Doc, I 'k-need' an answer!"

A 22-year-old male presented complaining of severe pruritis of several weeks duration, especially at night. Excoriated, pink papules and plaques were noted on the scalp, elbows, sacrum, and knees. No other areas of skin were involved. Biopsy for histology and immunofluorescence revealed vesicle formation at the dermal-epidermal junction and granular IgA localized in dermal papillary tips.



What's causing the itch?

a. Lichen simplex
b. Scabies
c. Nodular prurigo
d. Endogenous eczema
e. Dermatitis herpetiformis

Answer

The biopsy for histology and immunofluorescence confirmed the patient did indeed have *dermatitis herpetiformis* **(Answer e)**. The presence of granular IgA deposits in perilesional skin is almost pathognomic.

Dermatitis herpetiformis is a life-long, recurrent, intensely pruritic eruption with a symmetrical distribution on the elbows, knees, sacrum, and scalp. Vesicles, papules, and urticarial plaques are arranged in clusters.

Since 90% of patients have an associated gluten enteropathy, adherence to a gluten-free diet is a key component of management. Dapsone, 25 mg/day, is the treatment of choice. A weekly complete blood count for the first month, followed by monthly tests for an additional five months, is essential to monitor for hemolysis, the most common side-effect of treatment with dapsone.

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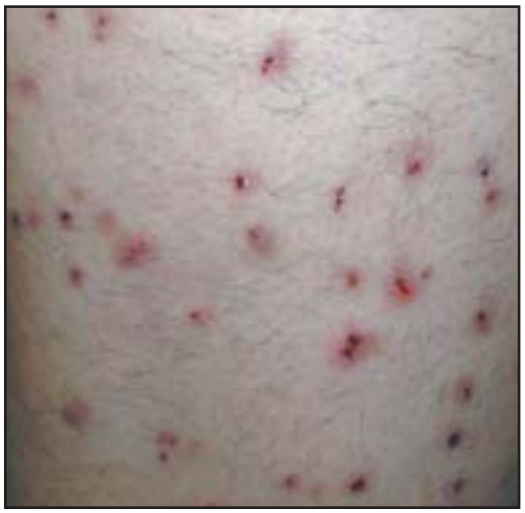
Case 5

Is it in Her Head?

A 40-year-old woman developed pus-filled sores on her midriff and thighs one month after swimming at the local YMCA. She describes how she squeezes the lesions to remove the infection. Several courses of antibiotics have failed to help.



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What is your diagnosis?

a. Pyoderma
b. Insect bites
c. Hot tub folliculitis
d. Neurotic prurigo
e. Psoriasis

Answer

Neurotic prurigo **(Answer d)** most commonly affects middle-aged women involving easily reachable sites of the body. The patient often describes an identifiable source, such as an ingrown hair, pimple, or insect bite, which she habitually excoriates until multiple sores are produced.

Treatment is difficult as this disorder may be an expression of an anxiety disorder, depression, or obsessive compulsive disorder.

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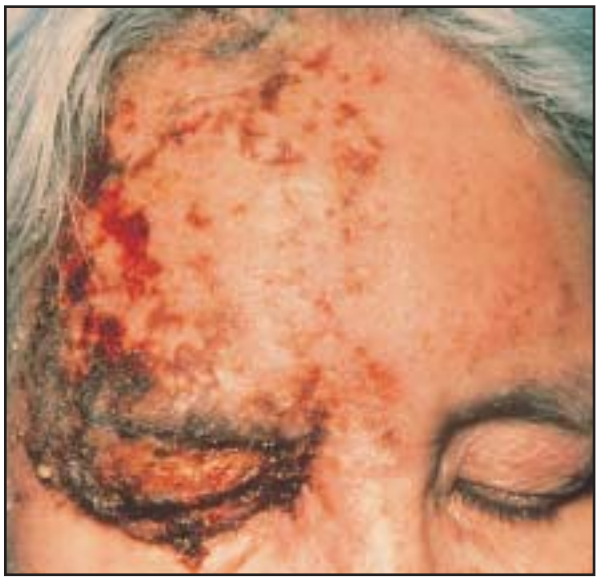
Case 6

Pinpoint the Complication

A 67-year-old woman presents with an extensive maculopapular, erythematous area containing some vesicles. The lesions have been spreading distally for the past week. She reported a stabbing pain in the affected area even before the lesions appeared.



The most likely complication will be:

a. Myocarditis
b. Dissemination
c. Bacterial superinfection
d. Postherpetic neuralgia
e. Transverse myelitis

Signs and symptoms of this complication include:

f. Paresthesia (numbness, burning, pricking)
g. Constant, unrelenting pain
h. Paroxysmal lancinating pain
i. Allodynia (rain, wind, touch of clothes, *etc.*)
j. All of the above

Answer

Complications of herpes zoster can be minimized with prompt, aggressive treatment. While all the above options are potential complications of herpes zoster, the most common complication is *postherpetic neuralgia* (PHN) **(Answer d)**.

More than 70% of untreated patients over age 70 will be affected, and close to one-third of those patients will have PHN for > one year.

The signs and symptoms of PHN are given in Question 2 **(Answer j)**. Therapies include low-dose amitriptyline, gabapentin, and capsaicin, or EMLA cream.

We recommended an oral analgesic (ASA) to the patient help alleviate pruritis and acute pain. Oral antiviral agents should be given immediately (*i.e.*, valacyclovir, 1 g orally, three times/day for one week, or famcyclovir, 500 mg orally, every eight hours for one week). CME

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