

## Case 1

## This month—5 cases:

1. A Gardening Rash
2. "It came back!"
3. Turned Down for Botulinum
4. "I've got a crusty sore!"
5. Swimming and Stinging

## A Gardening Rash

A 60-year-old female presents with a rapidly spreading, itchy, bullous rash on her forearms that appeared after gardening.

### What is the diagnosis?

- a. Drug reaction
- b. Sun burn
- c. Poison ivy
- d. Herpes zoster

### Answer

The patient has *poison ivy* (answer c). This plant is widespread throughout southern Ontario. It usually grows as a vine twining on tree trunks or straggling over the ground, but can form upright bushes if it has no support to climb on. The leaves can have either smooth or notched edges and are often clustered in groups of three.

Poison ivy produces an oil, urushiol, which can penetrate the skin very easily. The oil is not really poisonous, but if you come into contact with it you can develop an allergic reaction, usually in the form of a very itchy rash with bumps or blisters. The rash may appear in as short as four hours or as long as 10 days. The



rash is usually self-limited; it is at its worst after about five days and gradually improves within a week or two without treatment. If the rash is severe, medications to reduce the itching and inflammation, such as antihistamines and/or corticosteroids, may be prescribed.

Carla Trail is third-year medical student, McMaster University, Hamilton, Ontario.



## Case 2

### *“It came back!”*

This 35-year-old female has noted a progressive rash on her face for the past few months. She had a similar problem two years ago. It is occasionally itchy.

#### *What can it be?*

- a. Tinea faciei
- b. Seborrheic dermatitis
- c. Psoriasis
- d. Contact dermatitis
- e. Rosacea

#### *Answer*

*Seborrheic dermatitis* (**answer b**) of the face usually involves the medial cheeks, eyebrows or scalp margins as scaly symmetric patches. However, an annular presentation of the cheeks and neck is also common. Lesions are usually yellowish-red in colour with a prominent flaky or greasy scale. Despite the severity of presentation, symptoms are mild.

Mild topical steroids, emollients or ketoconazole cream are all useful in its control. Recurrences are expected and often cyclical in nature.



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



## Case 3

# Turned Down for Botulinum

This 40-year-old male decided to shave his head. He now wonders about botulinum toxin injections. We told him his condition prevents botulinum toxin injections from working.

### *What do you suspect?*

- a. Pilar cysts
- b. Lipomata
- c. Mycoses fungoides
- d. Cutis verticis gyrata
- e. Collegenoma



### *Answer*

This slight-to-deep furrowing of the scalp, *cutis verticis gyrata* (CVG) (**answer d**), is sometimes called bulldog scalp. The scalp may have a gyrate or cerebriform appearance. It may be primary or associated with other diseases.

Most cases have been reported in men and occur during or soon after puberty. While most cases are primary, a syndrome of CVG, mental retardation, cerebral palsy and epilepsy (only in males) is well-known.

CVG has been associated with acromegaly and a number of lesser diseases. The condition is usually asymptomatic, except when the deeper furrows accumulate cutaneous debris and secretions. Good hygiene is, therefore, necessary.

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## Case 4

### “I’ve got a crusty sore!”

As a child in Italy, this 54-year-old male explains he was treated by a “machine” for a fungus infection. He has had a bald spot on his scalp since that time, but a sore on his back has been present for only 15 years and it occasionally crusts.

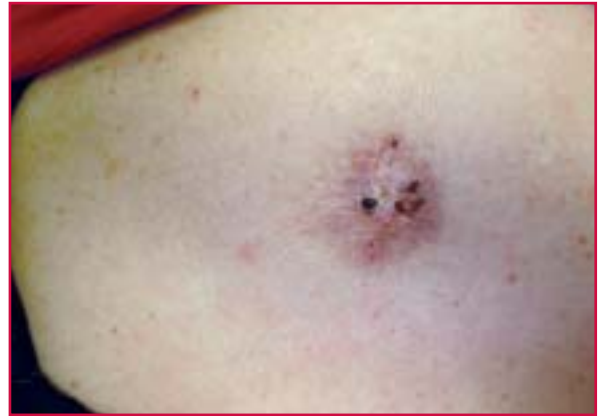
#### What do you think?

- a. Basal cell carcinoma
- b. Squamous cell carcinoma
- c. Radiation dysplasia
- d. Impetigo
- e. Recurrent fungus

#### Answer

The treatment of fungus infections in many countries, prior to the advent of griseofulvin in the 1960s, was ionizing radiation. Overzealous treatment causes permanent areas of hair loss on the scalp and also increases the risk of both *basal cell* and *squamous cell carcinoma* three-fold (**answer a and b**). The time delay to the development of such cancers may be 20 to 40 years. Squamous cell cancer developing in a radiation injury has a much greater risk of recurrence and metastasis.

A biopsy in this case only showed *radiation dysplasia* (**answer c**) and secondary eczema.



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## Case 5

# Swimming and Stinging

This 54-year-old female noted a stinging sensation on her legs and thighs after swimming off the coast of South Carolina. A linear eruption soon became evident.

### What would you diagnose?

- a. Sea bather's itch
- b. Jelly fish stings
- c. Poison sumac reaction
- d. A koebner phenomena
- e. Lichen planus

### Answer

Contact with the phylum Cnidaria (*jelly fish*, corals and sea anemones) (**answer b**), results in the “firing” of nematocysts and the injection of a toxin into the skin.

A sharp stinging pain is felt within minutes, due to a primary irritant reaction. An erythematous, oedematous to blistering eruption is noted along the lines of contact. The lesions resolve over several weeks with secondary pigmentation.

Rarely, a delayed type hypersensitivity reaction occurs that is much more pruritic and takes longer to resolve.



A weak vinegar solution should be applied as quickly as possible after exposure, as it will help to neutralize the toxin and wash away any remaining nematocysts. Plain water would cause the discharge of these cysts.

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