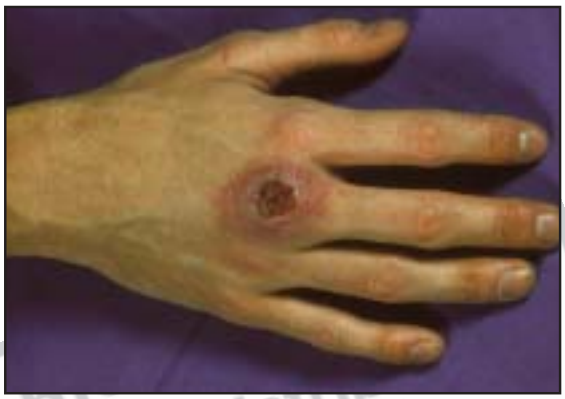
Case 1

"Heal my hand!"

A 33-year-old man presents with this 2.5 cm x 3.0 cm ulcerating, infiltrative lesion on the dorsum of his hand. It began as a papule seven weeks ago.

He complains of malaise with no fever or weight loss. There is no axillary lymphadenopathy. Interestingly, the patient reveals he had travelled in Central America three months ago.

Punch biopsy of the border and histologic examination reveals a dermal infiltrate consisting predominantly of large macrophages filled with great numbers of a non-encapsulated nucleated organism with some epithelioid cells and multinucleated giant cells.



What is the diagnosis?

a. Squamous cell carcinoma
b. Cutaneous tuberculosis
c. Sarcoidosis
d. Cutaneous leishmaniasis
e. Leprosy

Answer

Cutaneous leishmaniasis (**answer d**) and the causative protozoal leishmania species is identified. The spectrum of disease ranges from single, localized cutaneous ulcers, to mucosal disease, to diffuse forms.

American cutaneous leishmaniasis is endemic to many areas of Latin America and South America.

The patient can be reassured that, although troublesome (due to risk of secondary bacterial infection), it is not life-threatening. Treatment depends on the infecting leishmania species, the immunologic status of the host and the patient's clinical symptoms. Options include pentavalent antimony-containing drugs, pentamidine, amphotericin B and ketoconazole.

John Kraft, BSc, is a third-year medical student, University of Toronto; Carrie Lynde, Bsc, is a third-year law student, University of Western Ontario; and Charles Lynde, MD, FRCP(C), is a dermatologist, Toronto, Ontario.

This month—4 cases:

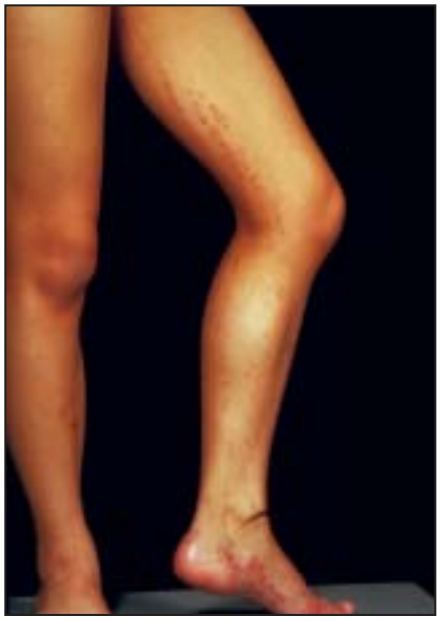
1. *"Heal my hand!"*
2. *A Papule Eruption!*
3. *"What's on my abdomen?"*
4. *"What's happened to my ear?"*

Case 2

A Papule Eruption!

A 10-year-old girl presents with a discontinuous, linear band of erythematous papules (some of which have a scaly surface) in a zosteriform distribution. The eruption appeared suddenly.

She does not complain of pruritus or tenderness.



What can it be?

a. Herpes zoster
b. Contact dermatitis
c. Lichen striatus
d. Lichen nitidus
e. Lichen planus

Answer

Lichen striatus (**answer c**) is a relatively uncommon eruption, predominantly occuring in children and, rarely, in adults. It usually manifests on the extremities as either a continuous or interrupted band of erythematous papules that may have a scaly surface with no itching. The lesions erupt suddenly and often involute within a year. It is not known why there tends to be a linear distribution along Blaschko's lines.

Lesions may be hypopigmented in patients with dark skin.

Involvement of the posterior nail fold and matrix can cause nail dystrophy.

Due to the low incidence of this disease and its self-limiting nature, there have been no thorough evaluations of treatment. Topical corticosteroids may be used and there are some reports suggesting topical tacrolimus may be helpful as well.

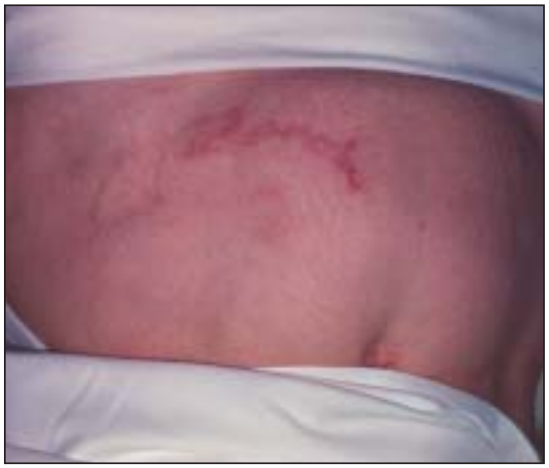
John Kraft, BSc, is a third-year medical student, University of Toronto; Carrie Lynde, Bsc, is a third-year law student, University of Western Ontario; and Charles Lynde, MD, FRCP(C), is a dermatologist, Toronto, Ontario.

Case 3

"What's on my abdomen?"

A 62-year-old woman with psoriatic arthritis presents with an erythematous, irregular, serpiginous lesion in the left lower quadrant of her abdomen. The lesion erupted 10 days ago as a red papule with worsening pruritus. She has an occasional cough.

She enjoys spending time at a public beach and has no pets.



What do you suspect?

a. Ancylostoma brasiliense
b. Toxoplasma gondii
c. Trypanosoma cruzi
d. Leishmania mexicana
e. Schistosoma mansoni

Answer

This patient has cutaneous larva migrans (creeping eruption). This is an infection of the skin caused by the larvae of the cat and dog hookworm, Ancylostoma brasiliense (**answer a**).

This hookworm reaches maturity in dogs and cats and their eggs are shed in feces where, under the right conditions (*i.e.*, a warm, moist environment), larvae hatch. The larvae are capable of penetrating human skin and remain in the skin and migrate, producing the serpiginous lesion seen in the photo.

Beaches and other moist sandy soils are common sources of ancylostoma brasiliense, especially in areas where dogs and cats frequently defecate.

The treatment of choice is topical thiabendazole.

John Kraft, BSc, is a third-year medical student, University of Toronto; Carrie Lynde, Bsc, is a third-year law student, University of Western Ontario; and Charles Lynde, MD, FRCP(C), is a dermatologist, Toronto, Ontario.

Case 4

"What's happened to my ear?"

A 17-year-old girl presents with multiple discrete, follicular papules on her left ear. She claims the eruption has worsened with cooler temperatures. The lesions are rough on palpation.

What do you think?

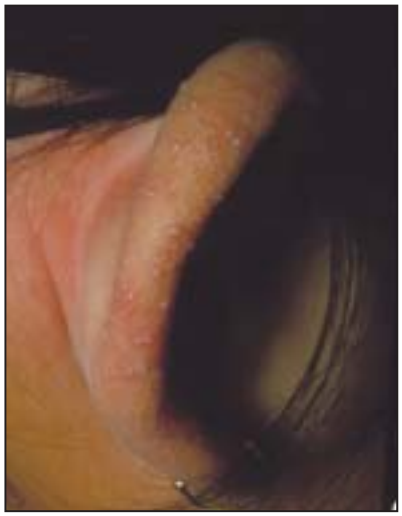
a. Milia
b. Keratosis pilaris
c. Lichen spinulosus
d. Acne vulgaris
e. Darier-White disease (Keratosis follicularis)

Answer

Keratosis pilaris (**answer b**) is a common condition, especially in children and adolescents, that frequently presents with lesions on the lateral aspects of the upper arms, thighs and buttocks.

Individual lesions are typically discrete, keratotic, follicular papules, sometimes containing a coiled hair that may be surrounded by erythema. Lesions feel rough when palpated. Eruptions are often exacerbated by cold temperatures.

Keratosis pilaris is often familial and may be associated with atopic dermatitis or ichthyosis vulgaris.



The patient's keratosis pilaris was treated with a keratolytic gel containing salicylic acid and an emollient cream to help alleviate the rough surface.

cme

John Kraft, BSc, is a third-year medical student, University of Toronto; Carrie Lynde, Bsc, is a third-year law student, University of Western Ontario; and Charles Lynde, MD, FRCP(C), is a dermatologist, Toronto, Ontario.

For prescribing information see page 110