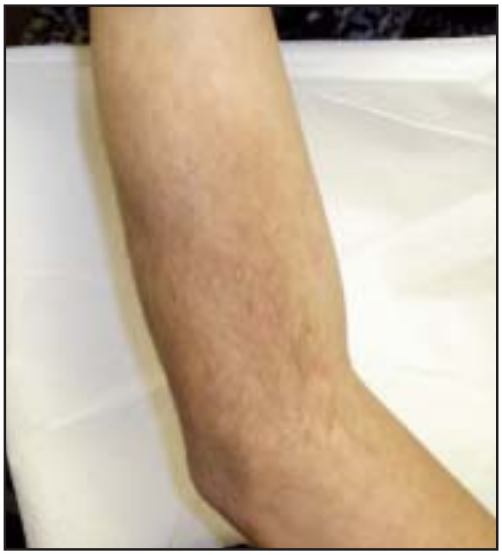
Case 1

A Pigmented Problem

This 14-year-old boy notes increasing pigmentation of his right arm that his parents associate with a winter vacation in Florida two years ago.



What is the diagnosis?

a. Becker's nevus
b. Congenital nevus
c. Persistent changes from a sunburn
d. *Café-au-lait* spot
e. Epidermal nevus

Answer

A *Becker's nevus* (melanosis) (**answer a**) occurs most commonly in males, usually in the second or third decade of life. It often follows intense sunbathing. The lesions are most commonly unilateral on the arms, shoulders, chest or back. They range in size from a few centimetres at the start extending outwards to a varying extent over the above areas. The degree of pigmentation varies from tan to brown. The surface, while initially macular, becomes thicker with the progressive development of visible hair. The lesion itself is benign.

While a congenital nevus may have similar features, it will normally present in the first few months of age. *Café-au-lait* spots similarly present at birth and are macular and not hairy. Epidermal nevi tend to be linear, less pigmented and less hairy.

Treatment is generally unsatisfactory, as excision and grafting of the lesion, if it is large, is impractical. While the colour can be reduced by laser, it most often returns. Waxing and electrolysis have been used to remove the hair.

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

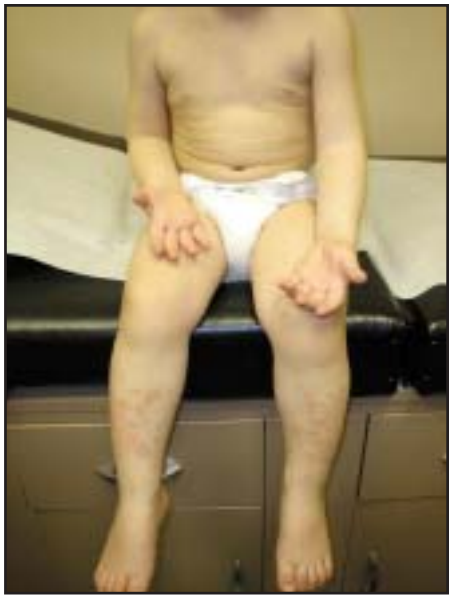
This month—5 cases:

1. *A Pigmented Problem*
2. *"Why am I so spotty?"*
3. *Backyard Burn*
4. *"My chin's breaking out!"*
5. *Armpit Woes*

Case 2

"Why am I so spotty?"

Five weeks ago, this three-year-old boy developed a fever, followed by a progressive papular-crusted eruption that has persisted since its onset.



What can it be?

a. Guttate Psoriasis
b. Erythema multiforme
c. Scabies
d. Impetigo
e. Gianotti-Crosti syndrome

Answer

Gianotti-Crosti syndrome (papular acrodermatitis of childhood) (**answer e**) is most commonly seen in young children with a mean age of two years.

It is a self-limited, usually viral-induced condition, with the most common causes being the Epstein-Barr virus or Hepatitis B.

There is often a preceeding upper-respiratory problem, followed by skin-coloured to pink-red papules symmetrically distributed on the face, buttocks and the extensor surfaces of the extremities. Some lesions may be vesicular, purpuric or crusted. There may also be a low-grade fever. Inguinal or axillary lymphadenopathy can persist for months.

The eruption clears over four weeks, but may last to some degree for up to eight weeks. Aside from checking for hepatosplenomegaly, further investigation in an otherwise well child is not necessary.

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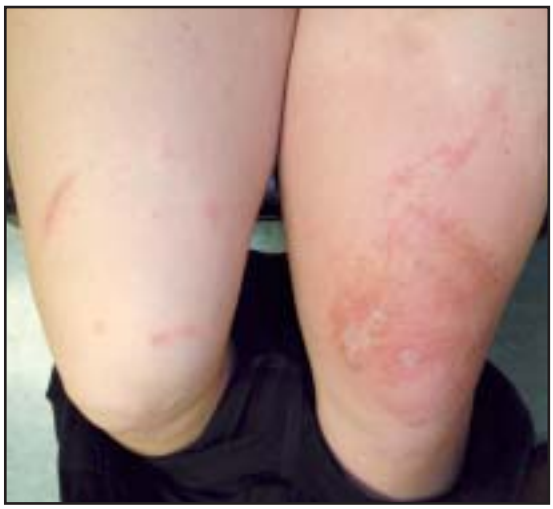
Case 3

Backyard Burn

Two days after gardening in the backyard of her new home, this forty-year-old woman developed a burning sensation of her arm, thighs and waist, followed by a rash.



What is your diagnosis?

a. Insect bites
b. Allergic reaction to lawn chemicals
c. Herpes zoster
d. Bullous staph infection
e. Poison ivy dermatitis

Answer

Poison ivy dermatitis (**answer e**) is a delayed, hypersensitivity-type reaction secondary to contact with a sensitizer, oleoresin urushiol.

The eruption in poison ivy dermatitis is classically erythematous, vesicular or edematous plaques in the area of contact. Often, a linear pattern is noted where a leaf or branch rubbed against the skin. The offending oleoresin can be secondarily spread to other areas, or even previously covered areas, by the hands.

Typically, new lesions appear over several days. A week or more of oral prednisone, along with topical steroids and drying compresses, is the treatment of choice. If oral steroids are withdrawn too quickly, flares often occur. Patient education to avoid subsequent contact is important.

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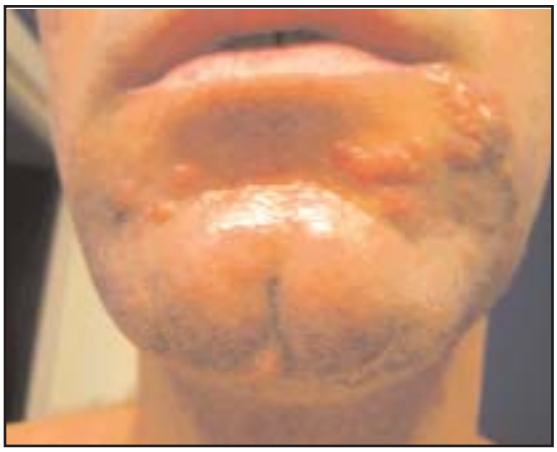
Case 4

"My chin's breaking out!"

This 26-year-old-man had a pustular eruption of his chin, which responded quickly to oral cloxacillin. The area remained sensitive and, after shaving, he developed another vesiculopustular eruption of the area, which persisted despite retreatment.



What do you think?

a. Penicillin resistant staph
b. Herpes simplex
c. Herpes zoster
d. Contact dermatitis
e. Secondary candidiasis

Answer

Herpes simplex (**answer b**) infections commonly involve the labial region of the mouth. Initially, lesions are painful vesicles on an erythematous base with progression to pustules and superficial erosions. Lesions are multiple and usually severe in primary attacks. At their onset, viral symptoms of malaise and low-grade fever may exist. Lesions may take several weeks to clear.

Primary and secondary episodes may be triggered by a minor injury to the area. Oral antiviral agents will shorten the course of a primary episode and may even abort or minimize the recurrence of secondary attacks if given at the first symptoms. Topical antiviral medications seldom live up to their claims.

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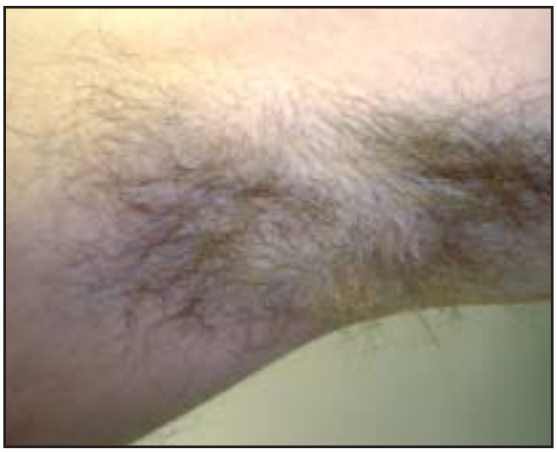
Case 5

Armpit Woes

This 30-year-old man has noted a coating on his axillary hair.



What do you think?

a. Seborrheic dermatitis
b. Pediculosis
c. Candidiasis
d. Trichomycosis axillaris
e. Erythrasma

Answer

A coating of the axillary hair, *trichomycosis axillaris* (**answer d**) is a superficial bacterial infection that may also involve the pubic hair. It is due to a corynebacteria. It is usually asymptomatic, but may be associated with axillary odour. It responds well to oral or topical antibiotics.

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