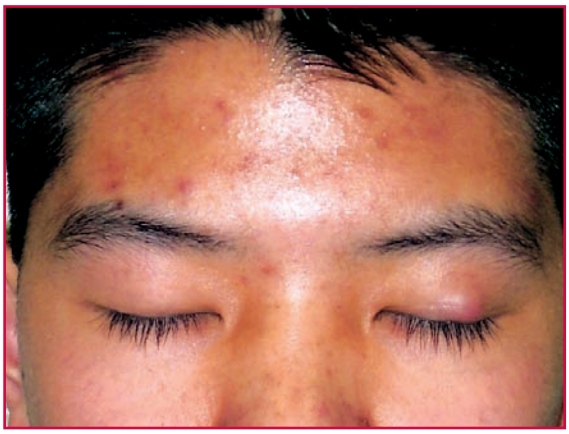
This month—6 cases:

1. ***"There's something on my eyelid!"***
2. ***"What are these streaks?"***
3. ***"What's wrong with my knees and elbows?"***
4. ***"What are these red spots on my cheeks?"***
5. ***"Doc... please help my hands!"***
6. ***A Case of White Spots***

Case 1

"There's something on my eyelid!"

A 14-year-old boy presents with a nontender mass on his left upper eyelid, which he has had for six months. He has a longstanding problem with acne.



What can it be?

a. Chalazion
b. External hordeolum
c. Blepharitis
d. Lymphangioma

Answer

Chalazion **(answer a)** is a lipogranuloma caused by the retention of secretions in a meibomian gland. Typically, a chalazion is a firm, nontender nodule in the upper or lower eyelid. The lesion might become secondarily infected. Some chalazions resolve spontaneously over several weeks or months. Large or symptomatic lesions that persist in spite of warm compresses and massage might require transconjunctival incision and drainage.

An external hordeolum results from infection of a ciliary follicle and the associated sebaceous glands of Zeis that are present along the margin of an eyelid. The infection is usually caused by *Staphylococcus aureus*. The lesion typically begins as a painful, circumscribed, erythematous, swelling at the lid margin and progresses to suppuration that points and ruptures to the outside.

Blepharitis is inflammation of the eyelid margins and is characterized by erythema, crusting, or scaling. The eyelids and eyelashes might be matted and adherent in the morning.

Lymphangioma of the eyelid presents as a firm or cystic mass that appears at or soon after birth and tends to enlarge slowly as the child grows.

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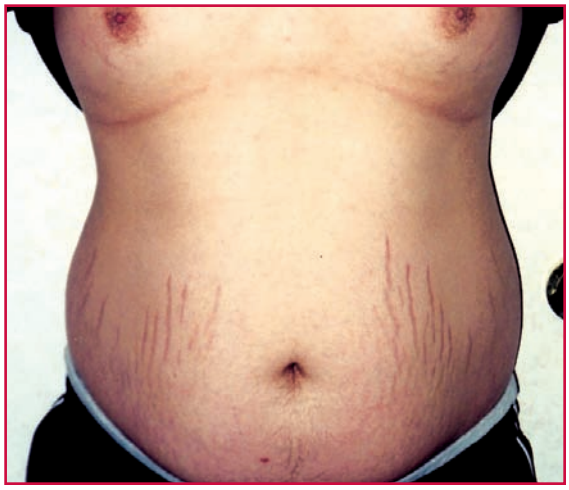
Case 2

"What are these streaks?"

A 22-year-old man was noted to have reddish streaks on the breasts, the abdomen and the buttocks.



What is it?

a. Linear focal elastosis
b. Striae cutis distensae
c. Incontinentia pigmenti
d. Hypomelanosis of Ito

Answer

Striae cutis distensae **(answer b)**, also known as stretch marks, are characterized by multiple, symmetric, well-defined, linear erythematous lesions that follow the lines of cleavage. The lesions occur most frequently in areas that are subject to distension, such as:

- the breasts,
- the lower abdomen,
- the lateral thighs and
- the buttocks.

These lesions are associated with:

- rapid growth,
- obesity,
- pregnancy,
- Cushing syndrome and
- prolonged corticosteroid therapy.

Over time, the color fades and the lesions become atrophic and appear silvery.

Linear focal elastosis is characterized by rows of striae-like bands on the lower back. The lesions are yellow and raised and occur mainly in older individuals.

Incontinentia pigmenti is a neurocutaneous genodermatosis, characterized by linear cutaneous lesions distributed along the lines of Blaschko. The cutaneous manifestations progress through four stages. The first stage presents with erythema, vesicles and pustules. The second stage presents with verrucous lesions. The third stage presents with hyperpigmented streaks or whorls and the fourth stage presents with hypopigmentation.

Hypomelanosis of Ito is characterized by seemingly bizarre macular hypopigmented streaks, stripes, whorls and patches that conform to the lines of Blaschko.

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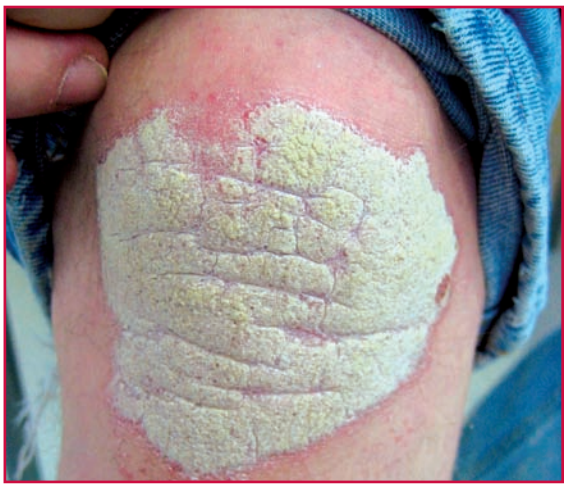
Case 3

"What's wrong with my knees and elbows?"

A 38-year-old male presents with very thick hyperkeratotic plaques on his elbows and his knees, with minimal pruritus. The scalp and the nails are not affected.



What is your diagnosis?

a. Psoriasis
b. Drug eruption
c. Nummular dermatitis
d. Pityriasis rubra pilaris
e. Lichen simplex chronicus

Answer

Psoriasis **(answer a)** is a common, chronic, inflammatory disease of the skin characterized by well-defined round scaling plaques of various size. Plaque-type psoriasis is the most common form of psoriasis and it has a strong genetic basis. Psoriatic plaques have a predilection for the following:

- extensor body surfaces,
- elbows,
- knees,
- intergluteal and
- umbilical regions.

Furthermore, the scalp is frequently involved and the nails can have characteristic features (*i.e.*, subungual hyperkeratosis, pitting, onycholysis, oil drop sign).

The extent and duration of the disease is highly variable and up to 10% of patients with plaque psoriasis also experience psoriatic arthritis. Uncommonly, acute flares of plaque psoriasis may evolve into more severe diseases, such as erythrodermic psoriasis or pustular psoriasis.

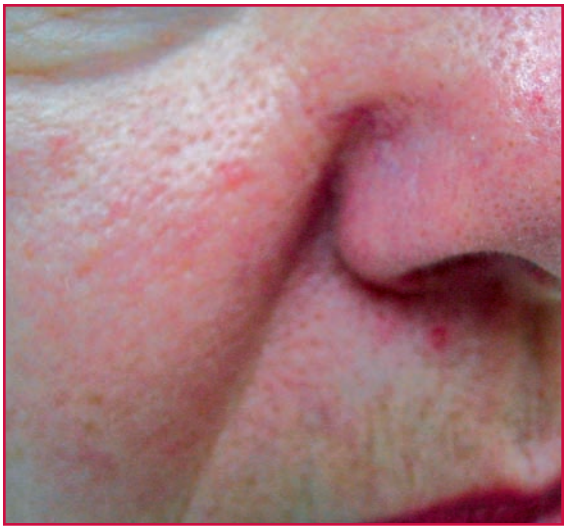
Mild psoriasis is treated with moderate to high potency topical steroids and calcipotriene. Less commonly used agents are tar-based products, salicylic acid, anthralin and tazarotene. If the disease is more widespread, it can be treated with phototherapy or systemic immunosuppressants such as methotrexate, acitretin and cyclosporine. As well, the new biologics such as efalizumab and etanercept have been wonderful additions to the systemic armamentarium.

Benjamin Barankin, MD, is a Dermatologist in Toronto, Ontario.

Case 4

"What are these red spots on my cheeks?"

A 53-year-old Caucasian female presents with erythema and telangiectasia on the cheeks. She develops occasional erythematous papules and flushes easily.



What is the likely diagnosis?

a. Acne
b. Rosacea
c. Seborrheic dermatitis
d. Subacute cutaneous lupus erythematosus
e. Perioral dermatitis

Answer

Rosacea **(answer b)** is a common condition characterized by some or all features of erythema, telangiectases, papules and pustules. Facial flushing and skin sensitivity are common and comedones are very uncommon. Ocular rosacea, periorbital lymphedema and seborrheic dermatitis are frequently noted.

Rosacea has a predilection for the cheeks, the nose, the forehead and the chin. It can be triggered by a number of dietary triggers, such as:

- hot drinks,
- alcohol and
- spicy foods.

It can also be aggravated by environmental factors, such as:

- sunlight and
- wind burn.

In this case, the patient's variant is known as erythematotelangiectatic rosacea. Unlike the other variants of rosacea, where topical metronidazole and/or systemic tetracyclines are beneficial, the predominant therapy for this form is pulse dye lasers or intense pulse light.

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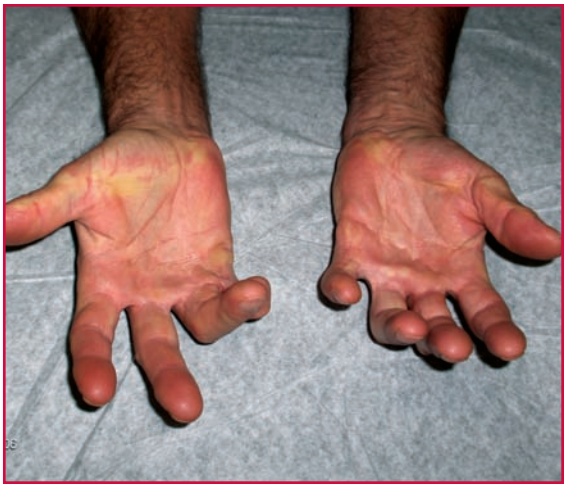
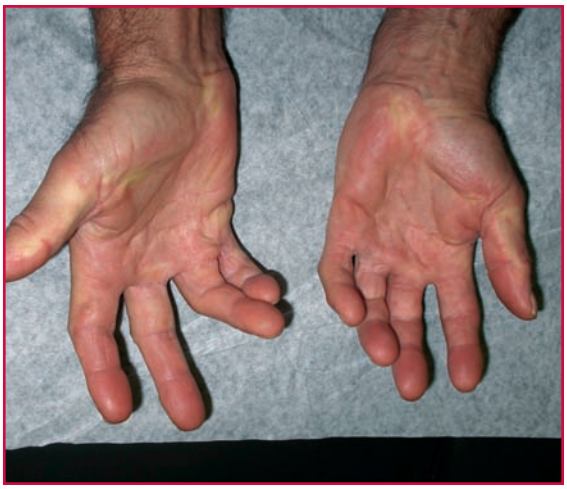
Case 5

"Doc... please help my hands!"

A 62-year-old insulin-dependent diabetic man, presents seeking a solution for his hand deformity.





What's wrong with his hands and what can you do to help?

Answer

The condition is *Dupuytren's contracture*, which is a painless, progressive, thickening and fibrosis of the palmar fascia (aponeurosis) with skin puckering and tethering.

This condition is associated with:

- familial (autosomal dominant),
- diabetes,
- alcoholism,
- anti-epileptics,
- Peyronie's disease and
- knuckle pads.

Dupuytren contracture is commonly bilateral and symmetrical and can affect the palmar fascia. As thickening occurs, there may be flexion at the metacarpal phalangeal joints. If the interphalangeal joints are also affected, the hand may be quite disabled.

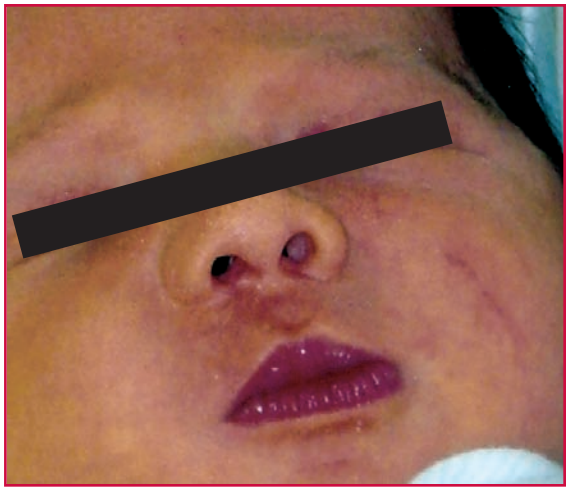
Treatment of this disease includes surgery that aims to remove the affected palmar fascia to prevent progression. Usually, if a patient cannot place his or her palm flat on a flat surface, referral to a surgeon is appropriate. There is a tendency for recurrence and severely affected little fingers may need to be amputated.

Dr. Kubba graduated from the University of Baghdad, where he initially trained as a Trauma Surgeon. He moved to Britain, where he received his FRCS and worked as an Emergency Room Physician before specializing in Family Medicine. He is currently a Family Practitioner in rural Fort McMurray, Alberta.

Case 6

A Case of White Spots

A 5-day-old male was noted to have multiple whitish papules on his nose.



What do you think?

a. Miliaria crystallina
b. Miliaria rubra
c. Transient neonatal pustular melanosis
d. Sebaceous gland hyperplasia

Answer

Sebaceous gland hyperplasia **(answer d)** presents as tiny multiple, yellow-white papules on the nose, especially at the tip. The hyperplasia is consequent to the effect of maternal androgens on pilosebaceous follicles. No treatment is necessary because the lesions spontaneous resolve within the first few months of life.

Miliaria is a dermatologic disorder characterized by obstruction of the eccrine ducts and by sweat retention. The mildest form, miliaria crystallina, produces tiny droplets trapped just beneath the upper layer of the epidermis. The droplets look so superficial that they might easily be mistaken for beads of sweat. Miliaria rubra or prickly heat, is a slightly more severe form of miliaria that presents as minute erythematous papules or papulovesicles that might impart a prickling sensation.

Transient neonatal pustular melanosis is more common in black infants. The lesion is characterized by evanescent superficial pustules, collarettes of fine scales and hyperpigmented macules.

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