This month—5 cases:

1. *"My baby has blue spots on his bum!"*
2. *"Why is my hair discoloured?"*
3. *"What is this bump?"*
4. *"What are these blisters?"*
5. *"My baby has red patches on her nape!"*

Case 1

"My baby has blue spots on his bum!"

A 20-month-old Chinese male presents with bluish patches on his lower back and buttocks. According to his mother, he has had the patches since birth. The lesions are not tender.

What is your diagnosis?

a. Mongolian spots
b. Bruising due to trauma
c. Nevi of Ota
d. Nevi of Ito

Answer

Mongolian spots **(answer a)** are congenital hyperpigmented macules of varying size and shape. The pigmentation results from an abnormally increased number of melanocytes in the lower half of the dermis. Mongolian spots are very common in children of Asian and African descent, but are rare in Caucasians. Both sexes are affected, with a slight male predominance.

Mongolian spots are most common in the sacrococcygeal area, followed by the gluteal and lumbar regions. Mongolian spots can be single or multiple, are typically gray or blue and are usually round or ovoid. They can, however, be triangular, heart-shaped, or horseshoe-shaped. The majority of Mongolian spots measure 1 cm to 4 cm in diameter, but the size is variable and some lesions can be extensive.

Mongolian spots usually fade during the first few years of life and are rarely observed in children older than the age of 10.

A Mongolian spot has a homogeneous colour that does not change, it is never tender and it can take months or years to disappear. In contrast, a bruise changes colour from a blue-black or purple to yellow-green, is often tender and resolves over several weeks.

A nevus of Ota is a benign melanosis in the areas of skin around the eye that are supplied by the ophthalmic and maxillary divisions of the trigeminal nerve. The pigmentation is usually unilateral. Ocular melanosis is a commonly associated finding.

A nevus of Ito is a variant of nevus of Ota. In nevus of Ito, the pigmentation occurs in the acromioclavicular region and is more diffused and less mottled. Unlike Mongolian spots, the nevi of Ota and Ito usually persist through adult life.

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Case 2

"Why is my hair discoloured?"

This 75-year-old female likes to keep physically fit by swimming daily at a recreation centre. Recently she noted a discolouration of her white hair.

What is it?

a. Tinea capitis
b. Poor dye job
c. Copper discolouration
d. Bacterial Infection
e. Contact dermatitis from her swimming cap

Answer

Blond or white hair is subject to discolouration from a variety of sources. Most common is prolonged contact to water in swimming pools where metallic copper is released from pipes under acidic conditions **(answer c)**. It may also be due to copper algiacides.

Damage to the hair cuticle by permanent wave treatment, frequent water exposure and sunlight, allows the copper to penetrate the hair more readily.

With time the colour will normalize if swimming at the offending pool is avoided. Using alkaline shampoos or commercial hair decolourizers may help.

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Case 3

"What is this bump?"

A 54-year-old male farmer presents with a hyperkeratotic papule that has been slowly growing over the past four years on his forearm.

What is the likely diagnosis?

a. Wart
b. Seborrheic keratosis
c. Squamous cell carcinoma
d. Keratoacanthoma
e. Basal cell carcinoma

Answer

The patient has Squamous cell carcinoma (SCC) **(answer c)**. SCC is a malignant tumour of keratinocyte and is the second most common form of skin cancer after basal cell carcinoma. It usually arises on the sun-exposed skin of older adults. Most SCCs arise from, or near, precancerous lesions known as actinic keratoses.

Unlike basal cell carcinoma, which tends to remain local, SCC can extend locally, but it can also spread to regional nodes that result in distant metastases (2% to 6% of cases). SCC on the lower lip, or arising in a scar has a high metastatic potential. Fair complexioned individuals and immunosuppressed patients are at highest risk for SCC. A punch biopsy for diagnosis is preferred.

Surgical excision is the treatment of choice, and Mohs micrographic surgery is beneficial in recurrent SCC and for tissue sparing on the face. Radiation therapy is effective in select cases.

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Case 4

"What are these blisters?"

This 88-year-old female presents with a two month history of pruritic "blisters" all over her body.

What do you think?

a. Bullous pemphigoid
b. Dermatitis herpetiformis
c. Scabies
d. Delusions of parasitosis
e. Drug eruption

Answer

The patient has Bullous pemphigoid **(answer a)**. A skin biopsy for histology showed subepidermal bulla and immunofluorescence, Immunoglobulin G (IgG) and C3 deposition along the basement membrane.

The treatment options include the use of oral prednisone and a steroid sparing agent such as azathioprine. The other therapeutic alternatives may include cyclophosphamide, methotrexate, mycophenolate mofetil and dapsone.

In the elderly, consideration may be given to a combination course of tetracycline/nicotinamide, which may be of benefit.

The general tendency for this condition is for gradual improvement over time. Symptomatic local care of bullae and erosions is important to prevent secondary infection.

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Case 5

"My baby has red patches on her nape!"

A four-month-old female presents with reddish patches on her forehead, glabella and nape of the neck. The lesions have been present since birth.

What can they be?

a. Salmon patches
b. Port-wine stains
c. Strawberry hemangiomas
d. Spider angiomas

Answer

Salmon patches **(answer a)** consist of ectatic dermal capillaries that represent the persistence of fetal circulatory patterns in the skin. The lesions are flat and can be totally blanched. The colour is scarlet to pink, but may deepen with vigorous activity or changes in ambient temperature.

Salmon patches are commonly seen on the eyelids, glabella and occipital areas of neonates. The lesions on the forehead are known colloquially as angel's kisses and the ones in the occipital area as stork-bite marks.

Approximately 40% to 50% of Caucasian infants have salmon patches in the neonatal period. The patches tend to fade with time and are rare after the age of six.

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