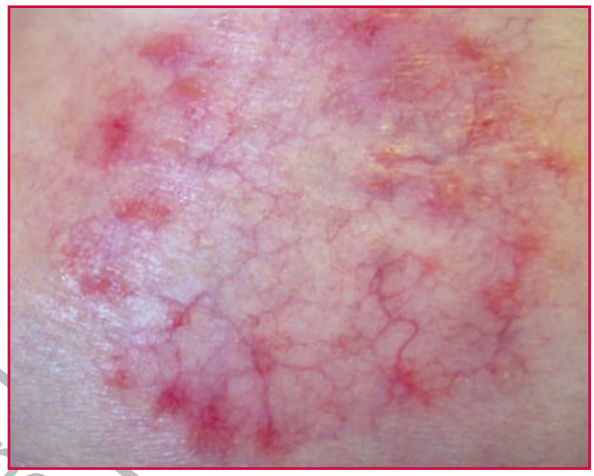
This month—5 cases:

1. *Not a plain eczema!*
2. *"What's on my baby's back?"*
3. *"Why do my thumb nails have ridges on them?"*
4. *A case of cold feet*
5. *"What is this spot?"*

Case 1

Not a plain eczema!

This 76-year-old female presents with a four year history of an eczematous plaque on her left breast that has been growing in size. It is now about three centimetres in length. The eczematous plaque has not responded to topical corticosteroids.



What can it be?

a. Nummular dermatitis
b. Tinea corporis
c. Bowen's disease
d. Superficial basal cell carcinoma
e. Psoriasis

Answer

Superficial basal cell carcinoma (BCC) **(answer d)** typically presents as an erythematous, minimally indurated, slow-growing plaque that is usually located on the trunk. It tends to have microscopic extensions beyond the clinically obvious margins. Definitive treatment is often delayed, as the tumor is commonly confused with nummular dermatitis, tinea corporis, psoriasis, or Bowen's disease. Diagnosis of BBC is confirmed by a biopsy.

Management options include:

- Electrodesiccation and curettage
- CO2 laser ablation
- Cryosurgery
- Photodynamic therapy (PDT) and
- Topical imiquimod (approved for this indication by Health Canada in 2004)

Wide excision and radiation, often used in more aggressive types of BCC, are not usually required.

Clinical follow-up is critical to ensure successful elimination of the tumor.

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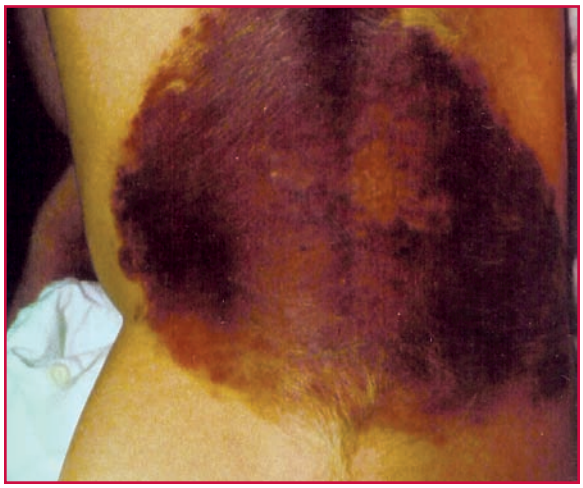
Case 2

"What's on my baby's back?"

This newborn infant has a dark-pigmented patch over most of his lower back. The patch is hairy in some areas.



What is it?

a. Giant congenital nevomelanocytic nevus
b. Mongolian spot
c. Café-au-lait spot
d. Nevus of Ito

Answer

Giant congenital nevomelanocytic nevus **(answer a)** has an incidence of less than one in 20,000 live births. The lesion occurs most commonly on the posterior trunk. The border of the nevus is usually smooth and regular. Initially, the nevus is often tan or light brown, with only soft vellus hair or no hair; however, the color will deepen and hair growth may increase with time. Some giant congenital nevomelanocytic nevi have very rugose or pebbly surfaces.

Giant congenital nevomelanocytic nevi are of special significance because of their predisposition to the development of melanoma. Furthermore, lesions located in the midline or in the head and neck may be associated with underlying leptomeningeal melanocytosis, particularly when associated with satellite melanocytic nevi.

Asymptomatic leptomeningeal melanocytosis on an MRI scan is seen in approximately 30% of affected individuals. Surgical removal of the nevus is indicated in the presence of leptomeningeal melanosis. In the absence of leptomeningeal melanosis, prophylactic removal of the lesion is controversial. An acceptable alternative to superficial excision is serial photography of the nevus and regular follow-up.

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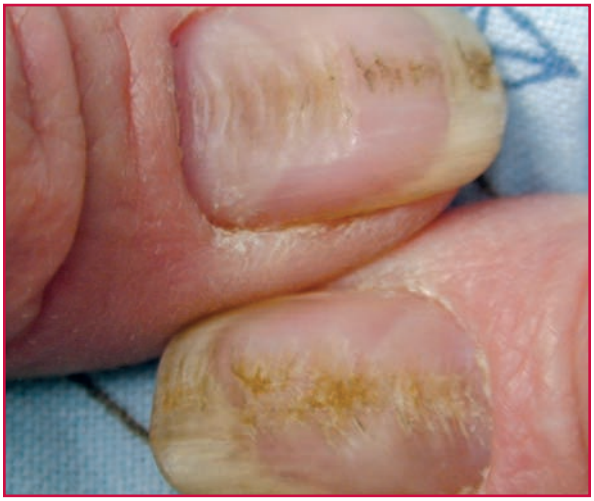
Case 3

"Why do my thumbnails have ridges on them?"

This 79-year-old female presents with a six month history of ridging of the thumbnails on both hands.



What is your diagnosis?

a. Candidiasis of the nail
b. Beau's lines
c. Habit tic deformity
d. Lichen planus
e. Psoriasis vulgaris

Answer

The patient has *Habit tic deformity* **(answer c)**. This condition is the result of repeated picking or scratching of the proximal nail plate overlying the lunula. In most cases, it is the thumb that is scratched using the index or middle fingernails. This results in transverse grooves being formed across the nail plate.

The treatment would consist of making the patient aware of the habit and discouraging them to cause trauma to the nail plate. The application of tape, finger cots and cotton gloves have been tried with variable benefits. Selective serotonin reuptake inhibitors (i.e., fluoxetine) are reported in literature as being effective for this condition.

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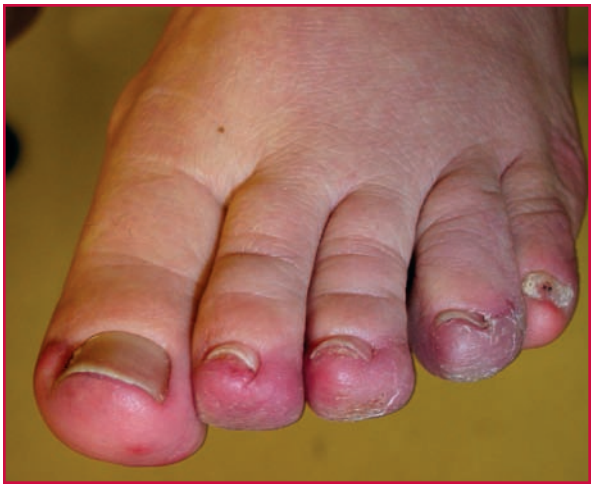
Case 4

A case of cold feet

A 35-year-old female presents with violaceous, sore and cold toes on her feet since the start of winter.



What do you think?

a. Raynaud's phenomenon
b. Polycythemia vera
c. Pernio
d. Antiphospholipid syndrome
e. Erythromelalgia

Answer

Pernio (*chilblains*) **(answer c)** is a recurrent, localized violaceous-to-erythematous soreness caused by exposure to cold. There is often some swelling and erosions and ulcerations can sometimes occur. The people who are most commonly affected by pernio have impaired peripheral circulation and live in damp climates. This condition is also associated with cryoglobulinemia and lupus erythematosus.

Patients are often unaware of this mild cold injury until later on when burning, itching and colour changes occur and their toes can become cold to palpation. Pernio can occur repeatedly once summer ends and temperatures begin to fall.

If a patient suffers from pernio, they need to keep the affected areas warm (*e.g.,* wearing wool socks at night, not walking bare-foot at home) and smoking should be discouraged. Also, various oral medications have been found to be beneficial and can be prescribed to the patient. These include: nifedipine, pentoxifylline and nicotinamide.

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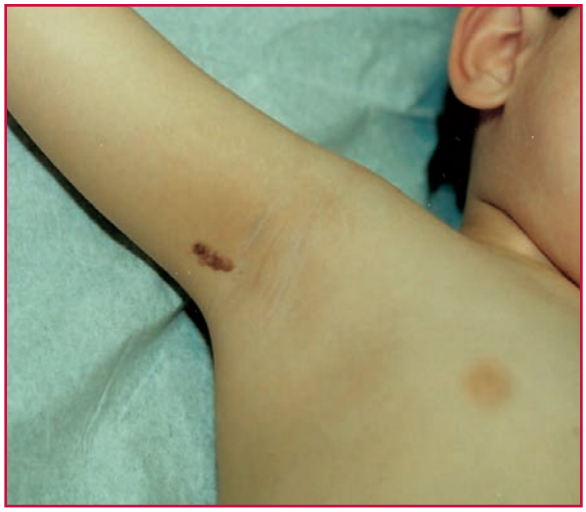
Case 5

"What is this spot?"

A two-year-old girl has a linear, black, wart-like lesion in the right axilla that has been present since birth.



What is the likely diagnosis?

a. Linear epidermal nevus
b. Nevus sebaceous of Jadassohn
c. Spitz nevus
d. Nevus spilus

Answer

Linear epidermal nevus **(answer a)** is a hamartoma of the epidermis that arises from an aberrant clone of keratinocytes. The lesion is hyperpigmented, linear and has a velvety or verrucous surface. The lesion is most commonly found on the neck or extremities. Both sexes are equally affected. The lesion is often present at birth but might arise during the first year of life and occasionally will appear later. The lesion has no malignant potential per se, but there are rare reports of the development of a basal cell carcinoma in some of these lesions.

Nevus sebaceous of Jadassohn is a hamartoma comprised of various tissues such as sebaceous or apocrine glands and hair follicles. The lesion is frequently flat and inconspicuous in early childhood but might become verrucose, raised and nodular at puberty. Approximately 10% to 15% of these nevi develop a secondary malignancy.

A Spitz nevus is a benign melanocytic tumor. It presents as a solitary, pink or red, smooth, firm, dome-shaped, papule or nodule. Nevus spilus, or speckled lentiginous nevus, is characterized by a circumscribed patch of hyperpigmentation with smaller, darker, pigmented macules or papules within the patch.

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