



This month – 6 cases:

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Case 1

Dry Scales

A 20-year-old man presents with hyperpigmented lesions on his legs. His father and his 16-year-old brother have similar lesions on their legs.

xxx

What is your diagnosis?

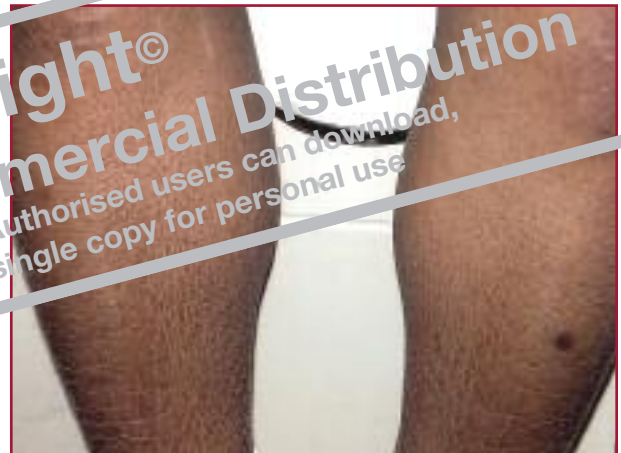
- Ichthyosis vulgaris
- Lamellar ichthyosis
- Bullous congenital ichthyosiform erythroderma
- X-linked recessive ichthyosis

Answer

Ichthyosis vulgaris (answer a) is an autosomal dominant disorder of cornification, characterized by the development of dry, rectangular or polygonal scales. Ichthyosis is caused by altered profilaggrin expression, which leads to scaling and desquamation.

The lesions are usually not present at birth, but appear in most patients during the first year of life and in the vast majority by five-years-of-age. The scaling is symmetrical and usually intensifies until puberty. Scaling is most prominent on the extensor aspects of the extremities, particularly the shins. In general, darker scales are seen in dark-skinned persons.

Treatment consists of hydration of the skin and prevention of evaporation. Preparations that contain



urea and α -hydroxy acids, such as lactic acid or pyruvic acid, are particularly effective hydration agents.

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Case 2

A Fleshy Nodule

A two-year-old boy presents with a preauricular, flesh-coloured papule that has been present since birth. His mother is worried that he will be teased about this and wants it removed.

What is your diagnosis?

- a. Skin tag (acrochordon)
- b. Branchial cleft cyst
- c. Bronchogenic cyst
- d. Thyroglossal duct cyst
- e. Accessory tragus

Answer

Accessory tragi (**answer e**) are developmental defects that present as fleshy papules. They may contain a cartilaginous component and this is important because the presence of cartilage may require a deeper excision. They may be seen anterior to the normal tragus, but also appear anywhere on the neck, in the line anterior to the sternocleidomastoid muscle.

They may contain a cartilaginous component and this is important because the presence of cartilage may require a deeper excision.

Although an accessory tragus is commonly an isolated anomaly, it may also be seen as a part of



Goldenhar syndrome (oculoauriculovertebral syndrome).

Unlike accessory tragi, bronchogenic cysts and thyroglossal duct cysts are midline lesions. Branchial cleft cysts are developmental anomalies formed by incomplete closure of the first and second branchial clefts. They are usually located on the lower third of the lateral aspect of the neck. There is a potential association between preauricular lesions and defects in hearing and the genitourinary systems. The association is much stronger for hearing impairment with studies both supporting and refuting the association with genitourinary defects.

Joseph M. Lam, MD, is a Pediatrician with two years of Pediatric Dermatology fellowship training. He currently practices in Vancouver, British Columbia.



Case 3

A Dark-Coloured Rash

A 12-year-old obese girl comes to your office complaining of an itchy skin rash on both her upper limbs for the last three months. The rash started as small pimples and left dark-coloured marks after scratching them. No family members have this similar rash.

What is your diagnosis?

- a. Scabies
- b. Bed bugs rash
- c. Allergic contact dermatitis
- d. Prurigo nodularis
- e. Papular urticaria

Answer

Prurigo nodularis (**answer d**) is a pruritic disorder that runs a chronic course and occurs more commonly in females. It was formerly felt to be almost pathognomonic of uremia, but it is also seen in atopic dermatitis and without obvious cause.

The lesions appear as dome-shaped nodules at a local site in which persistent picking and scratching occur. Lesions often have an eroded surface with scales and crusts. They range in size from several millimeters to 2 cm.

Multiple lesions may be distributed on the extremities. Surrounding skin may be normal or show changes, such as:

- erythema,
- scales,
- excoriations,
- lichenification,
- post-inflammatory pigmentary changes and
- scars.



Diagnosis of prurigo nodularis requires exclusion of primary dermatologic causes of pruritus and the search for underlying medical disorders. It must be differentiated from hypertrophic lichen planus, perforating disorders and keratoacanthomas.

Treatment includes use of potent topical steroids, with or without occlusion, or intralesional injection of steroids. Sedating oral antihistamines may be given at bedtime.

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Case 4

Burning Buttocks

A 45-year-old female has been told she has recurrent shingles on her buttocks. Every few months she develops tingling, burning and erosions and is quite frustrated with topical antiviral therapy.

What is your diagnosis?

- Shingles
- Chicken pox
- Herpes simplex
- Hand, foot and mouth disease
- Herpangina

Answer

Herpes simplex virus (HSV) (**answer c**) is a DNA virus presenting as grouped vesicles on an erythematous base. Typically, infections will be recurrent in the same location. While oral herpes labialis is usually caused by HSV-1, genital involvement is more commonly due to HSV-2.

Transmission occurs when an actively shedding individual contacts mucous membranes which may be open or abraded.

Transmission occurs when an actively shedding individual (with clinical lesions or not) contacts mucous membranes which may be open or abraded. The virus then travels to sensory dorsal



root ganglion where latency is established. Various stimuli can elicit outbreaks, including:

- trauma,
- stress,
- hormonal fluctuations and
- immunosuppression (e.g., from UV radiation).

HSV-2 typically affects the lumbosacral ganglia resulting in lesions on the hips, buttocks, genitalia and thighs. In North America, approximately 25% of individuals are seropositive for HSV-2. The most common complication of an HSV-2 infection is bacterial superinfection. Rarely, disseminated infection and encephalitis can occur. In this individual, better long-term management would likely involve daily maintenance therapy with an oral antiviral medication.

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Case 5

Pearly Papules

A four-month-old boy presents with discrete, pearly, flesh-coloured, dome-shaped papules in the coccygeal area. The papules are asymptomatic.

What is your diagnosis?

- a. Dyskeratoma
- b. Molluscum contagiosum
- c. Trichoepithelioma
- d. Keratoacanthoma

Answer

Molluscum contagiosum (**answer b**) is caused by a poxvirus, a double-stranded DNA virus that replicates in the cytoplasm of host epithelial cells. Molluscum contagiosum presents as discrete, pearly, skin-coloured papules, which are often multiple. Their size may vary from 1 mm to 8 mm in diameter. Large lesions have central umbilication from which a plug of cheesy material (*i.e.*, molluscum body) can be expressed. The papules may occur anywhere on the body, but are most common in areas of skin rubbing or moist areas. Spread by autoinoculation is common. Immunocompromised individuals often have lesions that are large and profuse.

Complications are rare but may include:

- secondary bacterial infection,
- chronic conjunctivitis and
- superficial punctate keratitis.

Molluscum contagiosum is self-limited. However, lesions can last for months to years. Liquid nitrogen



is the treatment of choice. Other alternatives include:

- topical cantharidin,
- salicylic acid,
- α -hydroxyl acid,
- lactic acid and
- imiquimod cream.

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Case 6

A Lip Sore

This 41-year-old man has developed a sore on his lower lip. He finds that it is quite tender at times and has persisted for one year.

What is your diagnosis?

- Lichen planus
- Leukoplakia
- Squamous cell carcinoma
- Discoid lupus
- Chronic herpes simplex infection

Answer

While lichen planus (**answer a**) is most recognized as a widespread eruption, it can at times involve only a single area of the skin, scalp, mucous membranes, or nails. The condition is felt to be a T cell mediated autoimmune disorder.

When mucous membranes are involved, the eruption may be asymptomatic or tender. When skin is involved, varying degrees of itch ensue.

Characteristically, the lesions are violaceous, polygonal-shaped and flat-topped. The surface may be shiny or have fine white lines called “wickham’s striae.”


This case on the lip is an annular variant with central atrophy and a palpable border where characteristic features are noted.

Treatment is often symptomatic using topical steroids. More widespread involvement might include oral steroids or metronidazole. Lichen planus may be self-limited with time, often leaving some degree of post-inflammatory hyperpigmentation.

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