



### This month – 5 cases:

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## Case 1

# Round, Rose-Coloured Papules

This 52-year-old male presents with asymptomatic, round, firm, flat, rose-coloured papules, some in linear arrangement, ranging in size from 2 mm to 5 mm in diameter, disseminated over his forehead.

### What is your diagnosis?

- Molluscum contagiosum
- Acne vulgaris
- Verruca plana
- Psoriasis

### Answer

Verruca plana (flat warts) (**answer c**). There may be only a few, but generally they are numerous. Typical sites of involvement are the forehead, around the mouth, the backs of the hands and shaved areas such as the beard area in men and the lower legs in women. A line of flat warts may appear as a result of scratching these sites (Koebner's or isomorphic phenomenon).

They are usually multiple and resist treatment, but eventually resolve spontaneously, often after becoming inflamed.

Flat warts are a special therapeutic problem. In addition, they are generally located in cosmetically



important areas where aggressive scarring procedures are to be avoided.

There are some treatment options which include:

- Tretinoin cream between 0.05% to 0.1% (treatment may be required for weeks or months)
- Liquid nitrogen or electrocautery (for patients who desire quick results)
- 5-fluorouracil cream—it is worth it to attempt if other measures fail

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Case 2

# A Notch on the Tongue

A four-year-old child is noticed to have a notch at the tip of his tongue when he protrudes it. His speech is normal. There is no problem with feeding.

### What is your diagnosis?

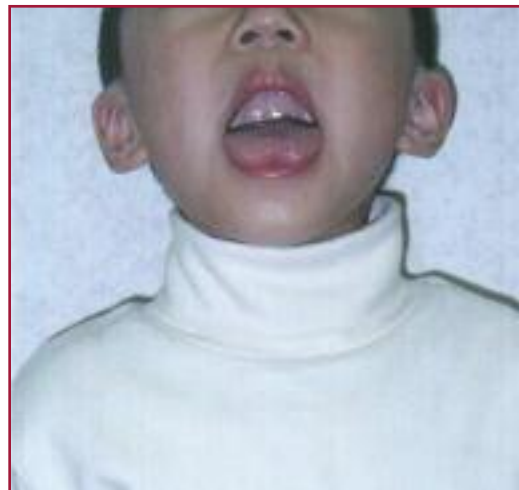
- a. Lingual ankyloglossia
- b. Macroglossia
- c. Scrotal tongue
- d. Geographical tongue

### Answer

Lingual ankyloglossia (tongue-tie) (**answer a**) is characterized by a short lingual frenulum, which hinders the movement of the tip of the tongue. With attempted protrusion of the tongue, there is frequently a notch or heart-shaped deformity at the tip of the tongue. Problems with feeding and speech are rare, but may occur when the ankyloglossia is severe.

*Problems with feeding and speech are rare, but may occur when the condition is severe.*

As the lingual frenulum lengthens spontaneously when the child gets older, treatment is usually not necessary. If the lingual ankyloglossia interferes with feeding or speech, frenulotomy may be indicated.



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## Case 3

## *An Asymptomatic Lesion*

This 25-year-old gentleman came to have this lesion checked as his friend advised him that all moles should be regularly checked. He has had this lesion for a few years—it is asymptomatic and does not show any recent increase in size.

### *What is your diagnosis?*

- a. Melanoma
- b. Dermatofibroma
- c. Post-inflammatory hyperpigmentation
- d. Angioma
- e. Melanocytic nevus

### *Answer*

Melanocytic nevus (**answer e**). Junctional, compound and intradermal nevi are benign lesions and should be asymptomatic. Symptoms such as itching or pain may indicate transformation to melanoma.

There are many benign, pigmented lesions to consider in the differential diagnosis of melanocytic nevi, including dermatofibroma, lentigo angioma, post-inflammatory hyperpigmentation, skin tag and others.

Any lesion with “ABCDE” features must be biopsied to rule out melanoma (ABCDE: asymmetry, border irregularity, colour variegation, diameter > 6 mm, enlargement over a one to two month period).

Most benign nevi appear before age 35. Pigmented lesions appearing in persons > 35-years-of-age should be suspected of having melanoma.



If the lesion is asymptomatic and there is no ABCDE changes, the differential diagnosis must be made by excisional biopsy.

Benign nevi are removed for cosmetic reasons. This can be accomplished by shave, punch, or elliptical technique.

Melanocytic nevi are benign lesions that may become melanomas. Patients should be taught the importance of self-examination and early signs of melanoma.

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Case 4

## Bluish Mottling

A 15-year-old female presents with bluish mottling of her skin that only appears in the wintertime or when she is exposed to cold. It makes her self-conscious in front of her friends and she wants to know what to do with this. She has not had any unexplained fevers, weight loss, trouble swallowing, photophobia, arthralgias, ulceration, alopecia or headaches. Initial blood work screening was unremarkable and included a complete blood count, liver enzymes, renal function tests, electrolytes, antinuclear antibodies, perinuclear anti-neutrophil cytoplasmic antibody (p-ANCA) and antiphospholipid antibodies.

### What is your diagnosis?

- a. Cutaneous polyarteritis nodosa
- b. Erythema ab igne
- c. Erythema nodosum
- d. Livedo reticularis
- e. Systemic lupus erythematosus

### Answer

Livedo reticularis (**answer d**) is a mottled, reticulate discolouration of the skin due to sluggish blood flow and decreased oxygen tension. Exposure to cold will typically exacerbate the blue-red discolouration. Commonly, the condition affects the lower limbs, as in our patient. However, the upper extremities and the trunk may also be affected.

There are a number of associations with systemic disorders that include coagulopathies, connective



tissue/autoimmune diseases, systemic vasculitides, arterial occlusive disease and antiphospholipid antibodies.

In idiopathic livedo reticularis, ulceration rarely occurs.

The treatment generally involves avoidance of cold temperatures. In severe cases with ulceration, anticoagulant therapy may be used.

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



## Case 5

## White Papules on the Scrotum

This 16-year-old male has developed asymptomatic, white papules on his scrotum over the past six months.

### What is your diagnosis?

- Furuncles
- Idiopathic scrotal calcinosis
- Milia
- Molluscum
- Epidermal cysts



### Answer

Idiopathic scrotal calcinosis (**answer b**) occurs in young to middle age males. They are:

- white to yellowish in colour,
- firm and
- may be millimetres to 1 cm in size.

They are usually multiple in number and their cause is unknown.

Similar lesions may occur on the labia majora in females.

If treatment is desired, simple excision or scoop removal followed by cautery can be offered to the patient.

*cme*

Stanley Wine, MD, FRCPC, is a Dermatologist in North York, Ontario.

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