



This month – 4 cases:

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Case 1

## A Firm Papule

This 58-year-old male presented with an 8 mm firm papule on his shoulder six months previously. It is now 2 cm in size and asymptomatic.

### What is your diagnosis?

- Dermatofibrosarcoma protuberans
- Dermatofibroma
- Hypertrophic scar
- Keloid
- Epidermoid cyst

### Answer

Dermatofibrosarcoma protuberans (**answer a**) is an uncommon neoplasm usually affecting middle-aged individuals. It appears most commonly on the torso and less so on the head and neck.

*It appears first as a firm, painless papule or lump either singly or grouped with a slow increase in size over several years.*



It appears first as a firm, painless papule or lump either singly or grouped with a slow increase in size over several years. With time it may become increasingly painful.

While there is little tendency to metastasize, there is a great probability it will occur if excision is too conservative. Moh's surgical excision is therefore preferred.

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Case 2

# Non-Itchy Rash



This patient presented with this non-itchy rash which he had for a year or so. He notices that it gets better in the summer time. He is fit and well and not on any regular medications.

### What is your diagnosis?

- a. Guttate psoriasis
- b. Pityriasis rosea
- c. Acne vulgaris
- d. Pityriasis lichenoides chronica

### Answer

Pityriasis lichenoides chronica (**answer d**) is probably quite common, but is rarely recognized by non-dermatologists. It consists of widespread, small, red-brown, scaly papules, from which the scale can be “picked off” in one piece.

It occurs mainly in children and young adults and lasts for several months. It often improves in the sun.

Diagnosis is clinical, but if there is doubt, a biopsy can be done to confirm.

This condition responds well to UV light. In the summer, the patient can get out into the sunshine and expose the affected skin for half an hour each day. Alternatively, UV three times a week for six to eight weeks clears it up. Rarely Psoralen UVA (PUVA) treatment needs to be given. Tetracycline 500 mg q.i.d. for three weeks may also be helpful in adults.

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## Case 3

## *Raised Plaque*

A 52-year-old female presents with a white, raised plaque, with surrounding red area, on her left inferior axilla. The lesion was asymptomatic and had been present for four months. There was no noted change to the lesion after one month of treatment with a topical antifungal

### *What is your diagnosis?*

- Lichen sclerosus et atrophicus
- Morphea
- Tinea versicolor
- Morpheaform basal cell carcinoma

### *Answer*

Morphea (**answer b**), also known as localized scleroderma, is an inflammatory condition of the connective tissue that can manifest on the skin as a firm, white sclerotic plaque. Scleroderma literally means “hard skin” and in localized scleroderma a single or a few plaques are present.

The condition is more commonly seen in women (2.6:1) and prevalence increases with age. Morphea is typically asymptomatic, does not affect other organ systems and is usually self-limited. Systemic scleroderma, a rarer and more severe connective tissue disease, differs from morphea in that the sclerotic plaques are widespread and can be accompanied by vascular obliteration and fibrosis of internal organs, such as the kidney.



A biopsy of the lesion can be performed to differentiate morphea from conditions that may mimic its presentation, such as lichen sclerosus et atrophicus. The etiology of morphea is unknown and it may resolve spontaneously in three to five years. Common treatments include topical calcipotriene or corticosteroids.

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Case 4

# Indurated Skin

A 55-year-old male presented with a 20 year history of problems with skin over his face. His forehead, cheeks and nose are severely indurated. He has a few small pustules and popular infiltrates, his nose is deformed, but has never underwent any treatment.

### What is your diagnosis?

- a. Severe seborrhoeic dermatitis
- b. Lupus erythematosus
- c. Rosacea with rhinophyma
- d. Photosensitive eruptions

### Answer

Rosacea with rhinophyma (**answer c**) is chronic inflammatory facial dermatosis characterized by erythemas and pustules. The cause of rosacea is unknown. Rosacea has an equal sex incidence, most common in the middle-aged. The earliest symptom is flushing. The disease is chronic. Erythema, telangiectasia, papules, pustules and occasionally lymphoedema involve the cheeks, nose, forehead and chin. Chronic deep inflammation of the nose leads to an irreversible hypertrophy called rhinophyma. It is hyperplasia of the sebaceous glands and connective tissue of the nose. A mild conjunctivitis with soreness, grittiness and lacrimation occurs in about 50% of cases. Conjunctival injection is sometimes prominent. Rosacea persists for years, but usually responds well to treatment. Rosacea lacks of comedones of acne and occurs in older age groups.



Both the skin and manifestations of rosacea respond well to oral tetracycline or erythromycin. Repeated treatment is often needed. Topically, metronidazole gel twice daily may be helpful. Patients with rhinophyma may benefit from specialized surgical procedures performed by plastic or dermatologic surgeons.

*cme*

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