



This month – 7 cases:

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|----------------------------------|------|-----------------------------------|------|
| 1. Brown Spotted Eruption | p.33 | 5. Brown Blotch on the Leg | p.40 |
| 2. Enlarged Papule | p.34 | 6. Facial Rash | p.42 |
| 3. Spotty Face | p.36 | 7. Pink Nodules | p.43 |
| 4. Domed Papule | p.37 | | |

Case 1

Brown Spotted Eruption

A 35-year-old male presented with non-pruritic eruption of light brown spots sharply margined with fine scaling on his trunk for the last seven months.

What is your diagnosis?

- Pityriasis rosea
- Vitiligo
- Pityriasis versicolor
- Tinea corporis

Answer:

Pityriasis versicolor (**answer c**) is a chronic asymptomatic fungous infection of the trunk which is characterized by white or brown macules and caused by *Pityrosporum orbiculare* and is particularly common in humid or tropical conditions. In untanned white Caucasians, brown or pinkish, oval or round superficially scaly patches are seen, but in tanned or racially pigmented skin, hypopigmentation is found due to the release by the organism of carboxylic acids which inhibit melanogenesis.

Treatment involves either the topical application of one of the imidazole antifungals or the use of



2,5% selenium sulphide shampoo (applied to all affected areas at night and washed off the following morning—repeated twice at weekly intervals). Oral itraconazole, 200 mg q.d. for seven days, is effective for resistant cases. Recurrences are common.

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Case 2

Enlarged Papule

A 67-year-old male presents with a slowly enlarging papule at the edge of an old skin cancer (patient does not recall which type). It recently bled while washing his face, but is otherwise asymptomatic. He has a history of actinic keratoses and has cryotherapy treatment every six months.

What is your diagnosis?

- a. Inflamed acne pimple
- b. Merkel cell carcinoma
- c. Squamous cell carcinoma
- d. Keratoacanthoma
- e. Basal cell carcinoma (BCC)

Answer

BCC (answer e) is the most common malignancy and by far the most common skin cancer. It typically affects areas of the body that have received chronic sun exposure, especially on the face (the nose being the most common location).

BCC is a slow-growing malignancy, which is locally destructive, but rarely metastasizes or causes death. These lesions are often friable and can bleed and scab. Patients often complain of how the lesion will not heal. BCC is rare in dark-skinned individuals and is more common in men, particularly in the elderly.

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Different subtypes have been described, including:

- nodular,
- superficial,
- pigmented (especially in those with darker skin),
- cystic,
- micronodular and
- morpheaform.

Treatment options include:

- surgical excision,
- curettage/electrodesiccation and
- Mohs micrographic surgery.

Less commonly, aggressive cryotherapy can be employed as can radiotherapy. Superficial BCCs can also be treated with topical imiquimod or 5-fluorouracil with cure rates in the 80% range. Photodynamic therapy is occasionally employed by dermatologists as well.

Benjamin Barankin, MD, FRCPC, is a Dermatologist practicing in Toronto, Ontario.



Case 3

Spotty Face

A one-month-old baby boy presents with a one week history of new onset papules and pustules limited to his face and scalp. These lesions do not seem to bother him and he is otherwise well.

What is your diagnosis?

- a. Infantile acne
- b. Congenital candidiasis
- c. Angiofibroma
- d. Neonatal cephalic pustulosis
- e. Erythema toxicum

Answer

Neonatal cephalic pustulosis (NCP) (**answer d**) presents as inflammatory papules and pustules that erupt within the first weeks of life. They are associated with infections of the yeast, *Malassezia furfur* or *Malassezia sympodialis*. In distinction to infantile and adolescent acne, the lesions seen in NCP are not comedones. It generally responds well to 2% ketoconazole cream.

Infantile acne has a much later age of onset and usually presents at three- to six-months-of-age. Also, inflammatory lesions as well as open and closed comedones are seen.

Congenital candidiasis usually arises within the first six days after birth and is associated with a history of maternal candidal vulvovaginitis. It presents as multiple, widespread erythematous macules, papules and pustules.



Erythema toxicum is an idiopathic, asymptomatic, benign self-limiting cutaneous eruption of full-term newborns which presents as blotchy, macular erythema evolving into pale yellow or white papules and pustules. Unlike this case, erythema toxicum appears most frequently during the first three to four days of life.

Angiofibromas are benign dermal neoplasms associated with tuberous sclerosis and multiple endocrine neoplasia. They often present later in life and are not pustular.

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Case 4

Domed Papule

This 40-year-old man, over a period of several months, developed a lesion in the moustache area.

What is your diagnosis?

- Giant molluscum contagiosum
- Basal cell carcinoma
- Pyogenic granuloma
- Keratoacanthoma
- Juvenile xanthogranuloma

Answer

Juvenile xanthogranuloma (**answer e**), as its name suggests, is most commonly seen in children, 75% of which occur in the first year of life.

In young children the predominant sex is male but is equal in the sexes as adults. Most patients are Caucasians. In adults the lesions are solitary and are usually of a small nodular form, < 1 cm in size. The lesions most commonly appear on the head and neck region as a red-brown domed papule, which rapidly develops a yellowish colour as is seen in this case.

In adults the lesions are solitary and usually of a small nodular form, < 1 cm in size.



Xanthogranulomas are a histiocytic disorder without a specific cause but a traumatic or infectious stimulus is suspected.

The lesion itself is a self-limited disorder, although most patients elect to have it removed by curettage or surgery rather than waiting for involution over several years.

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



Case 5

Brown Blotch on the Leg

This gentleman is seeking a diagnosis for this long-standing brownish discolouration on his leg. He has had extensive varicose veins for a long period of time, for which he was offered surgery, but declined.

What is your diagnosis?

- a. Lipodermatosclerosis
- b. Eczema
- c. Superficial spreading melanoma
- d. Squamous cell carcinoma

Answer

Lipodermatosclerosis (LDS) (**answer a**) is a condition that affects the skin just above the ankle (usually on the inside surface) in patients with long-standing venous disease resulting in chronic venous insufficiency. LDS literally means “scarring of the skin and fat” and is a slow process that occurs over a number of years. Over time the skin becomes brown, smooth, tight and often painful.

The precise mechanism of LDS is not fully understood, but the root cause is known. LDS is caused by an excessively high venous pressure in the subcutaneous veins in the lower leg. This high venous pressure is the result of two things:

- The upright posture
- An inefficient calf muscle pump

Pain may be the first noticed symptom. People with LDS have tapering of their legs above the



ankles, forming a constricting band resembling an inverted coke bottle. In addition, there may be brownish-red pigmentation and induration.

The management of LDS may include treating venous insufficiency with leg elevation, elastic compression stockings and bed rest. In some difficult cases, the condition may be improved with the additional use of the fibrinolytic agent, Streptokinase. Fibrinolytic agents use an enzymatic action to help dissolve blood clots.

Hayder Kubba graduated from the University of Baghdad, where he initially trained as a Trauma Surgeon. He moved to Britain, where he received his FRCS and worked as an ER Physician before specializing in Family Medicine. He is currently a Family Practitioner in Mississauga, Ontario.



Case 6

Facial Rash

This 44-year-old male has a recurrent eruption on his face responding to a steroid cream. Despite treatment this time, papulopustules appeared over most of his face.

What is your diagnosis?

- a. Contact dermatitis
- b. Tinea barbae
- c. Perioral dermatitis
- d. Steroid-induced acne
- e. Bullous impetigo

Answer

Tinea barbae (**answer b**). Topical steroids can suppress many infections. Usually when a fungal infection is suppressed, an inflammatory papular eruption is noted with a recognizable border. In this case the eruption was primarily pustular.

Usually when a fungal infection is suppressed, an inflammatory papular eruption is noted with a recognizable border.



Treatment with topical antifungals would probably fail as the fungus is now deeply situated in the keratinized hair follicle. Oral antifungals are therefore recommended.

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



Case 7

Pink Nodules

A 54-year-old male complained of brownish macules and several soft pinkish, painless nodules on the trunk and arms, some of which had become pedunculated. The brownish macules first appeared in childhood and have gradually increased in number and size, while the pink nodules first appeared during his teens. He has a problem with mild hypertension but has no other physical or mental complaints and his family history is non-contributory.

What is your diagnosis?

- Multiple pedunculated fibromas
- Neurofibromatosis
- Tuberous sclerosis
- Acanthosis nigricans

Answer

Neurofibromatosis (NF) (**answer b**). Two forms of NF appear to exist:

- classical von Recklinghausen's NF and
- central or acoustic NF.

Both types may have *café-au-lait* macules and neurofibromas, but only central type has bilateral or unilateral acoustic neuromas. Another feature present in classical von Recklinghausen's NF but not present in the central or acoustic type are Lisch nodules (pigmented hamartomas in the iris), which occur in 94% of patients over six-years-of-age. The disease shows autosomal dominant inheritance,



although it is one of the most common mutations in humans, at least one-half of the cases represent new mutations. Classical von Recklinghausen's NF gene has been mapped to chromosome 17, but the central or acoustic NF gene is on chromosome 22.

Once the diagnosis has been made, genetic counselling and the exclusion of any complicating factors are important.

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