



This month – 4 cases:

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Case 1

Red Papule

A 38-year-old female with HIV presents with an asymptomatic, red papule on her neck which showed up very quickly. She is otherwise healthy.

What is your diagnosis?

- Cherry angioma
- Lichen planus
- Amelanotic melanoma
- Kaposi sarcoma
- Pyogenic granuloma

Answer

Pyogenic granuloma (**answer e**) is a misnomer given to a benign and relatively common vascular proliferation that develops quickly and can appear almost anywhere on the body. It is more common during pregnancy (especially in the oral mucosa), in children and in those taking isotretinoin. The true etiology is unknown, though trauma and hormonal influences appear to play a role. Lesions are a cosmetic nuisance and can cause bleeding and occasional discomfort. A pyogenic granuloma is typically bright red and fragile, measuring usually anywhere between 0.3 cm to 3 cm.



Diagnosis is usually clinical, although a biopsy is warranted if the diagnosis is uncertain. Management involves most commonly excision, electrodesiccation and curettage and sometimes liquid nitrogen cryotherapy. Lesions developing during pregnancy may resolve on their own after delivery.

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

**Case 2**

Erythematous Pustules and Papules

A 38-year-old male presents with erythematous papules and pustules on his cheeks, chin and forehead. He also has crusting on his upper eyelids.

What is your diagnosis?

- a. Perioral dermatitis
- b. Rosacea with blepharitis
- c. *Staphylococcus aureus* folliculitis
- d. *Demodex folliculorum* infestation

Answer

Rosacea with blepharitis (**answer b**). Rosacea, or adult acne, is a chronic inflammatory acneiform disorder that is common in 30- to 50-year-olds and more commonly seen in females. Rosacea can be classified by three stages:

- Stage I is a persistent erythema and appearance of telangiectasia
- Stage II shows the development of tiny pustules and papules
- Stage III is characterized by a deep erythema with dense telangiectasia, papules, pustules, nodules and edema of the central face

Enlargement of the nose can occur and is termed rhinophyma. Eye involvement, or blepharitis, can accompany rosacea, causing pain, discomfort and red conjunctiva. Exacerbating factors can include:

- sun exposure,
- spicy food and
- alcohol.



Rosacea can be managed with topical creams such as metronidazole, sulfur lotions and topical antibiotics, although oral antibiotics are often more effective and needed in more severe cases. Oral isotretinoin may be required in more severe cases, not responding to the above measures.

Amanda N. Webb, BScH, is a Research Assistant, Division of Dermatology, Department of Medicine, Dalhousie University, Halifax, Nova Scotia.

Richard G. B. Langley, MD, FRCPC, is a Dermatologist, Professor and Director of Research, Division of Dermatology, Department of Medicine, Dalhousie University, Halifax, Nova Scotia.



Case 3

Back Bump

This 55-year-old lady is requesting an opinion about this painless lump which she has had for 15 years or so. She is wondering whether she should have it removed or not and what the chances are that it may turn out to be cancer.

What is your diagnosis?

- a. Lipoma
- b. Liposarcoma
- c. Deep-seated epidermal inclusion cyst
- d. Acne vulgaris

Answer

Lipomas (**answer a**) are asymptomatic in most cases, although larger lesions that impinge on nerves are sometimes painful. A lipoma presents as a palpable, ill-defined, sometimes lobulated, soft or doughy mass, a miniature pillow beneath the skin.

Lipomas are mobile and not fixed to the overlying skin. They are common and usually make their initial appearance in early middle-age. Size varies, but most are as small as 2 cm or 3 cm in diameter, although lesions of long duration can grow many centimeters in diameter.

Growth is slow, with the neck, shoulders and back being the most common sites involved, but no area is exempt. Skin overlying the lesion is normal in appearance, occasionally slightly pigmented. Lipomas are usually solitary or few in number, although they occur in large numbers in familial multiple lipomatosis, an autosomal dominant condition. This condition usually begins in early adulthood.



Location, mobility and consistency point to the proper diagnosis. Needle aspiration biopsy confirms the diagnosis in doubtful cases.

Total excision is curative, although not necessary, for these benign lesions. Large lipomas associated with deeper anatomic structures may be difficult to excise. Liposuction has been successful in the eradication of smaller lesions. Lipomas are benign and remain so. Most stabilize at some point and stop enlarging.

Hayder Kubba, MBChB, LMCC, CCFP, FRCS(UK), DFFP, DPD, 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 4**

Bleeding Bump on the Shoulder

A five-year-old boy presents with a bleeding papule on his left shoulder. The lesion was not present at birth. The papule appeared three weeks prior to his visit and has grown rapidly with frequent spontaneous bleeding. The boy is otherwise healthy.

What is your diagnosis?

- a. Basal cell carcinoma
- b. Infantile hemangioma
- c. Spitz nevus
- d. Granulation tissue
- e. Pyogenic granuloma

Answer

Pyogenic granuloma (**answer e**), also known as “pregnancy tumour,” is a common acquired vascular lesion most commonly found on the head, neck, extremities and upper trunk. Maximal growth occurs within the first few weeks from onset. A bright red to red-brown, pedunculated papulonodule with scaling at the base can be noted. Pyogenic granuloma is rarely seen in children under six-months-of-age. Lesions are prone to ulcerate and bleed. Contrary to its name, these lesions are not infectious, but rather due to an unknown etiology. Treatment typically involves a simple shave excision, followed by electrodesiccation of the base to promote hemostasis and prevent recurrence. Untreated lesions atrophy and regress over time.

Basal cell carcinoma is a slow-growing lesion and rarely seen in children. A waxy papule with central depression, pearly appearance and telangiectasia over



the surface are common features. Infantile hemangiomas typically appear in the first few weeks of life, with some present at birth. Spitz nevi tend to grow rapidly, but bleeding and pruritus are uncommon features. Colour changes from non-pigmented to pink to orange-red may also be noted. Granulation tissue appears after a wound and is bumpy in appearance. It typically does not ulcerate or bleed spontaneously.

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Joseph M. Lam, MD, is a Pediatric Dermatologist practicing in Vancouver, British Columbia.

Kayi Li is a Third Year Medical Student at the University of Toronto, Toronto, Ontario.