



Editor's Picks

"Best of 2010" – 7 Derm Cases

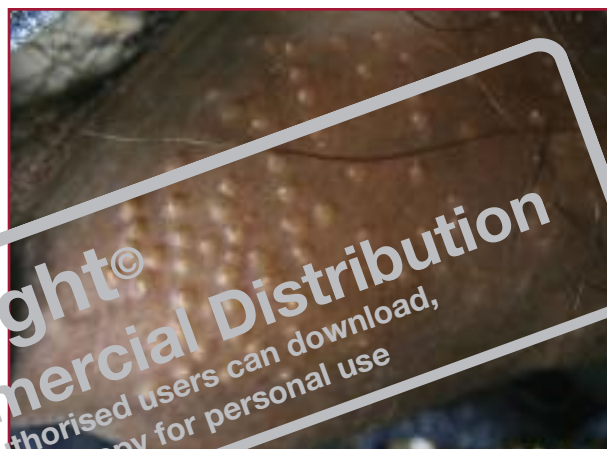
- | | | | |
|------------------------------|------|--------------------------------|------|
| 1. Yellow Spots on the Penis | p.21 | 3. Demarcated Facial Patch | p.23 |
| 2. Torso Clusters | p.22 | 4. Two Different Coloured Eyes | p.24 |

Case 1

Yellow Spots on the Penis

This 18-year-old male has had longstanding static yellow spots on his penis. He is not sure of their duration. He is in a monogamous relationship, but his male partner was concerned about the possibility of an STI and wanted him to be formally assessed by a physician.

On examination, he is pleasant but somewhat anxious. Numerous soft, yellow papules measuring 1 mm to 3 mm in diameter are noted on the shaft of the penis. The surfaces of the lesions are smooth and dome-shaped without a central dell.



What is your diagnosis?

- Genital warts (HPV infection)
- Molluscum contagiosum* (pox virus)
- Primary syphilis
- Fordyce spots
- Balanoposthitis

Answer

Fordyce spots (FS) (**answer d**) or Fordyce condition is a benign, physiologic phenomenon characterized by ectopic sebaceous glands. Usually, sebaceous glands are associated with hair follicles. Typical locations include the lips, buccal mucosa and genitalia. FS are not associated with any illness, however, the appearance may cause anxiety and even consternation for

some patients. Unfounded fears include STIs and malignancy. The diagnosis is based on clinical appearance. Infrequently, a skin biopsy may be indicated to confirm diagnosis. Simple reassurance is the rule and active treatment is not advised. However, the visit provides an excellent opportunity to counsel patients on the importance of safer sexual practices and STI prevention. Some authors propose topical treatment such as tretinoin cream or chemical peels. Destructive procedures such as ablative laser, electrodesiccation or cryotherapy may be attempted for insistent patients on a cosmetic basis.

Simon Lee, MD, FRCPC, is a Dermatologist practicing in Richmond Hill, Ontario.

**Case 2**

Torso Clusters

This 50-year-old male has developed several clusters of soft, palpable, moveable subcutaneous growths of his torso. His daughter has similar findings.

What is your diagnosis?

- a. Neurofibromata
- b. Leiomyomata
- c. Lipomata
- d. Glomus tumours
- e. Epidermoid cysts

Answer:

Lipomata (**answer c**) are subcutaneous tumours composed of fat tissue. While they may be single or multiple, symmetric clustered lesions are less common and give an unusual pattern as seen here.

As a group, small lipomata are most common on the trunk, but can occur on the neck or forearms. They are characteristically soft, compressible lesions of various sizes and remain fairly constant in size once developed. Familial symmetric lipomatosis is most common in middle-aged men,



especially on the neck, shoulders and upper arms, as seen in this gentleman. This is a dominantly inherited syndrome in which lesions start appearing in the third decade of life. Surgical removal is only necessary when they interfere with lifestyle.

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



Case 3

Demarcated Facial Patch

A 10-month-old girl presents with a reddish birthmark on the face. The lesion is asymptomatic.

What is your diagnosis?

- a. Salmon patch
- b. Nevus flammeus
- c. Infantile hemangioma
- d. Venous malformation

Answer

Nevus flammeus (**answer b**), also known as port-wine stain, usually presents at birth as sharply demarcated pink or red macules, or patches. The lesions sometimes appear to fade during the first 12 months of life due to the natural fall in hemoglobin. The capillaries become more ectatic with age and the colour thereafter gradually deepens. The lesions often become dark-red during adolescence and violaceous with advancing age. Although the lesions are initially macular, the surface might become irregular, thickened and nodular over time.

Although nevus flammeus can occur anywhere on the body, the most common site is the face. The lesions are usually unilateral, segmental, and do not follow the lines of Blaschko. At times, nevus flammeus may be bilateral. The lesions grow with the child and persist throughout life. Although usually an isolated finding, nevus flammeus is also a typical feature of Sturge-Weber syndrome and Klippel-Trenaunay syndrome.



Since nevus flammeus is a benign lesion, the indication for treatment is based on cosmetic considerations. Masking with a cosmetic preparation is an option. The intense pulsed light or flashlamp pumped pulsed dye laser in conjunction with epidermal cooling is the treatment of choice.

Alexander K.C. Leung, MBBS, FRCPC, FRCP(UK&Irel), FRCPC, is a Clinical Professor of Pediatrics, the University of Calgary, Calgary, Alberta.

Alexander A. G. Leong, MD, is a medical staff at the Asian Medical Clinic, an affiliate with the University of Calgary Medical Clinic, Calgary, Alberta.

**Case 4**

Two Different Coloured Eyes

A 23-year-old female presents with concerns regarding her different coloured eyes. She was born with this problem. Her vision is normal bilaterally. She is otherwise healthy and is not taking any medicine.

What is your diagnosis?

- a. Left Horner's syndrome
- b. Left Fuchs' (heterochromic iridocyclitis)
- c. Heterochromia iridium (inherited trait)
- d. Right eye hyperpigmentation (drug related)

Answer

Heterochromia iridium (**answer c**) is the term used when the eyes are different colours, such as having one blue and one brown. There are several different causes of heterochromia:

- an inherited trait
- a disease/disorder
- a physical accident

Melanocytes contain melanin, which determines the eye's colour. Melanocytes need innervation (impulses) to survive. If there is an interruption to the impulses (such as damage to the nerves supplying the eye) then the eye colour can change. If this happens to only one eye then only this one will be affected. However, iris colour may also change in response to disease. For



example, there is a gradual unilateral (one-sided) loss of pigmentation in Horner's syndrome and in Fuchs' heterochromic iridocyclitis. There is also evidence for pigment loss in the iris as a result of aging and changes in iris colour may also occur spontaneously in normal people after adolescence. In addition, some commonly used drugs such as latanoprost (which lowers intraocular pressure) have caused hyperpigmentation in some irises. Brown vs. blue eye colour is believed to be controlled by two genes on chromosome 15, called BEY1 and BEY2. Green vs. blue eye colour is believed to be controlled by a gene on chromosome 15, called GEY. In this system, blue is believed to be recessive to both brown and green. The protein products of these genes are unknown, however, as is the number of alleles possible for each. Furthermore, these three do not fully explain inheritance of all eye colours and more genes are likely involved.

cme

Jerzy K. Pawlak, MD, MSc, PhD, is a General Practitioner, Winnipeg, Manitoba.

T. J. Krocak, BSc, is a Fourth Year Medical Student, University of Manitoba, Winnipeg, Manitoba.