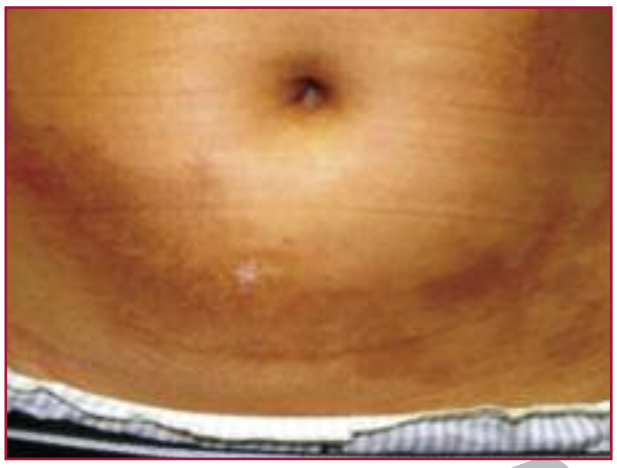
This month – 6 cases:

Case 1

Abdominal Lesion

A 24-year-old female presents with expanding hyperpigmented macule with central area of hyperpigmentation and sclerosis over her abdomen lasting over a few months.



What is your diagnosis?

a. Tinea versicolor
b. Vitiligo
c. Morphoea
d. Local hyperpigmentation

Answer

Morphoea (answer-c) Morphoea is a localized sclerosis of the skin of unknown etiology. There is increasing evidence that at least some cases are secondary to a Borrelia infection. Early lesions typically show evidence of inflammation. A white firm plaque appears at the inflammatory site, surrounded by remaining inflammation. Over time, this plaque spreads peripherally. Eventually, the plaque may become depressed and telangiectatic vessels may be seen. Hyperpigmentation may also be present. Localized lesions are typical in childhood with more generalized cutaneous forms more commonly seen in older patients. Morphoea is usually asymptomatic, and the development of lesions is typically insidious. One exception is the acute, painful onset of eosinophilic fasciitis. Arthralgias, usually localized to an affected extremity, may be reported by patients with morphoea. Linear and deep lesions can also be associated with arthritis, myalgias, carpal tunnel syndrome, and other peripheral neuropathies. Patients with craniofacial linear morphea can present with seizures (typically complex partial), headaches, cranial nerve palsies, trigeminal neuralgia, hemiparesis/muscle weakness, eye pain, and visual changes.

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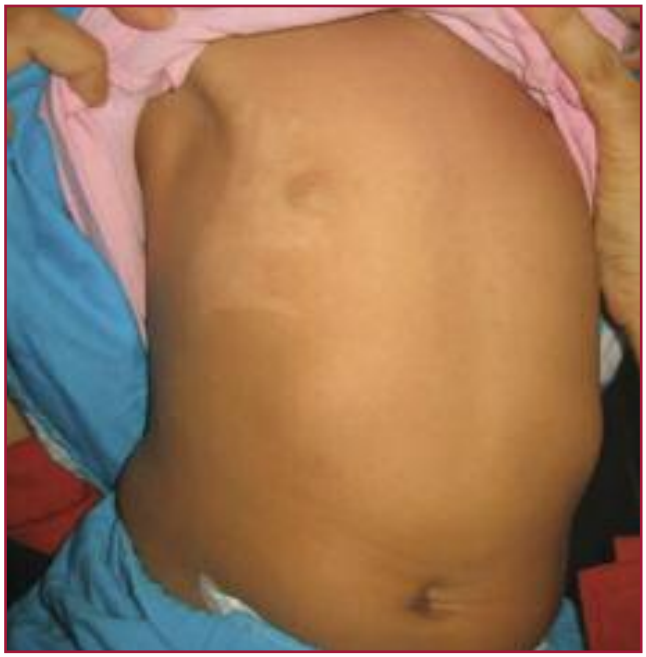
T.J. Kroczak, BSc, MD, University of Manitoba, Winnipeg, Manitoba.

Case 2

Hypopigmentation

A 14-month-old East Indian female presents with a large hypopigmented patch over her right upper chest. Wood's lamp examination reveals that the lesion does not fluoresce. She is otherwise well.



What is your diagnosis?

a. Vitiligo
b. Nevus anemicus
c. Congenital smooth muscle hamartoma
d. Nevus depigmentosus
e. Tuberous sclerosis

Answer

Diagnosis: Nevus depigmentosus (answer d).

Nevus depigmentosus is a congenital, nonprogressive hypopigmented macule or patch. It may be present at birth or appear during early infancy as normal pigmentation increases. It appears as a well-demarcated patch of hypopigmentation. Most individuals have a solitary round or oval lesion, but it can also present in a segmental form or with multiple lesions. Nevus depigmentosus is considered benign and remains stable in its relative size and distribution throughout life. There have been a small minority of cases associated with extracutaneous abnormalities, but most cases have no associated abnormal systemic features.

Vitiligo is an acquired skin depigmentation. The diagnosis is based upon the clinical presence of depigmented patches of skin. The loss of pigmentation would show a bright white coloration with Wood's lamp examination.

Nevus anemicus is a distinct vascular birthmark characterized by blanching of cutaneous blood vessels. It is vasoconstricted and thus presents as a "white" patch of skin that becomes unnoticeable on diascopy (blanching with a glass slide) of the surrounding skin.

A congenital smooth muscle harmartoma is a benign skin disorder characterized by a proliferation of smooth muscle cells within the reticular dermis. It presents as a flesh-coloured to faintly hyperpigmented plaque, with mild overlying hypertrichosis.

Tuberous sclerosis is an autosomal dominant disorder with variable expressivity, characterized by the development of hamartomas of the skin, brain, eye, heart, kidneys, lungs, and bone. A variety of cutaneous features may be seen, including hypopigmented macules, angiofibromas on the face, fibrous tumors, and periungual and gingival fibromas. The hypopigmented macules ("white spots") of tuberous sclerosis are often round ("thumbprint"), confetti-like (particularly over the pretibial areas), oval or linear. A lance-ovate shape ("ash leaf spots") is commonly described. The presence of other systemic and cutaneous features distinguish tuberous sclerosis from an isolated lesion of nevus depigmentosus.

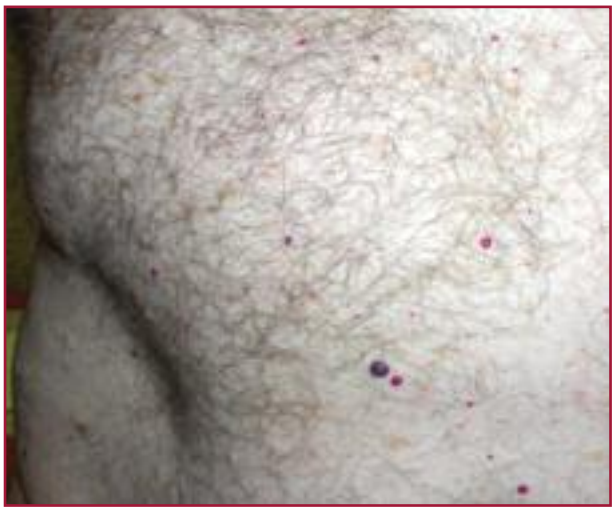
Joseph M. Lam, MD, is a pediatrician with fellowship training in pediatric dermatology who practices in Vancouver, BC

Melissa Paquette is a second year pediatrics resident at the University of Calgary

Case 3

Campbell de Morgan Spots

This 68-year-old gentleman was seen in his yearly physical. He asked about these bright red spots, they are causing no problems for him, but are increasing in number. He was concerned that they could be related to any internal cancer, as his cousin was recently diagnosed with bowel cancer.



What is your diagnosis?

a. Capillary Hemangioma
b. Cavernous Hemangioma
c. Campbell de Morgan spots
d. Henoch- Schonlein Purpura

Answer

Answer "C" Campbell de Morgans spots (Cherry angioma, Senile angioma): Common, benign lesions of middle to older age formed by proliferating, dilated capillaries and post capillary venules. Named after an English surgeon, Campbell-de-Morgan (1811-76).

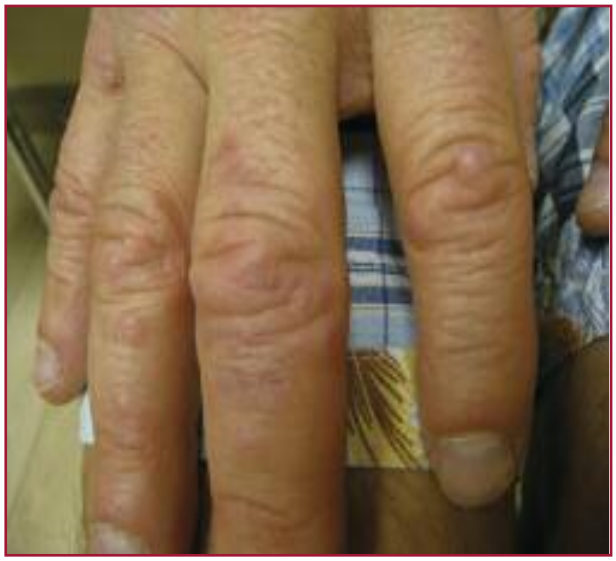
The cause of Campell de Morgan spots is unknown, though it is theorized they simply represent one of the aging factors of skin. They occur with equal frequency in both men and women, and incidence of them occurring tends to go up as we age. Some people seem more prone to getting Campbell de Morgan Spots than do others, suggesting that certain skin types or population groups may be more at risk. Fortunately, Campbell de Morgan Spots do not pose any type of threat They don't indicate skin cancer, and they usually don't require any type of treatment.

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 4

Hand Bumps

A 38 year-old male presents with purple tender nodules on his dorsal hands of one year duration. He is otherwise healthy and has no family history of skin problems.What is your diagnosis?



What is your diagnosis?

a. Sarcoidosis
b. Lichen planus
c. Epithelioid sarcomas
d. Granuloma annulare
e. Leprosy

Answer

Diagnosis: Granuloma annulare (answer d)

Granuloma annulare is a benign inflammatory condition resulting in papules and annular plaques likely due to unkown immunologic and familial reasons. Several subtypes have been described, including: localized (most common), generalized (approximately 10%), subcutaneous (usually children), perforating (usually children), and arcuate dermal erythema. Typically lesions of GA are asymptomatic, though occasionally tender. Lesions of GA can vary in color between individuals; they can be flesh-colored, erythematous or purple-brown. The most commonly affected areas are the dorsal hands, feet, and fingers, as well as dorsal arms & legs. Scalp or face are rarely involved. Diagnosis is often made clinically, but can be confirmed by biopsy. Laboratory testing is usually not warranted.

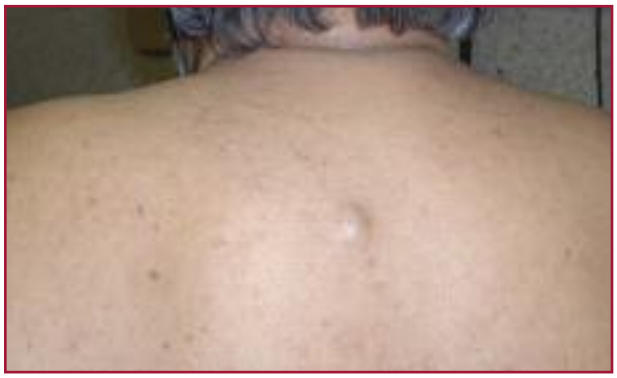
Management of GA involves reassurance as to the benign nature of this inflammatory dermatitis, and that there is often spontaneous resolution. Potent topical steroids and more commonly intralesional steroids are effective therapies, and liquid nitrogen cryotherapy is often useful as well. Generalized involvement may warrant phototherapy with or without an oral retinoid.

Dr. Barankin is a Dermatologist practicing in Toronto, Ontario.

Case 5

Epidermoid Cyst

This gentleman wanted to know the nature of this lump, which he has had on his back for a few years. It is not causing any problems as such, but he is concerned about the possibility of cancer.



What is your diagnosis?

a. Lipoma
b. Trichilemmal cyst
c. Epidermoid cyst
d. Dermoid cyst

Answer

Diagnosis: Epidermoid cyst (answer c)

These are cysts whose wall consists of stratified epithelium with stratum corneum.

Clinical features: Slowly growing, skin-colored, firm cystic structures, usually with visible central pore, ranging in size from 0.5 to 5cm. They are most commonly located on the face or trunk. Trichilemmal (Pilar) cysts occur mainly on the scalp; multiple cysts are common. Trichilemmal cysts often lack central pore.

Therapy: Simple excision or extraction where small incision is made with scalpel or punch. Then the cyst's contents are extruded and the cyst wall removed with curved forceps. If the cyst wall is not completely removed, recurrences are more likely.

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

White Spots

This 35-year-old female who suffers from anxiety has been increasingly upset with the appearance of white spots on her neck over the past years.

What is your diagnosis?

a. Vitiligo
b. Scars
c. Tinea Versicolour
d. Morphea
e. Pityriasis Alba

Answer

Diagnosis: Scars (answer b)

She has in fact developed an increase in the photo aging change of her neck, poikiloderma colli. These reticulated red to red-brown patches with telangiectasia have unmasked old excoriation scars, which do not have any colour. This gives the polka-dot appearance noted in this patient. It is very difficult even with laser to reduce the poikiloderma change, thus the old scars will remain evident.

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