



This month – 8 cases:

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Case 1

Radiating Telangiectases

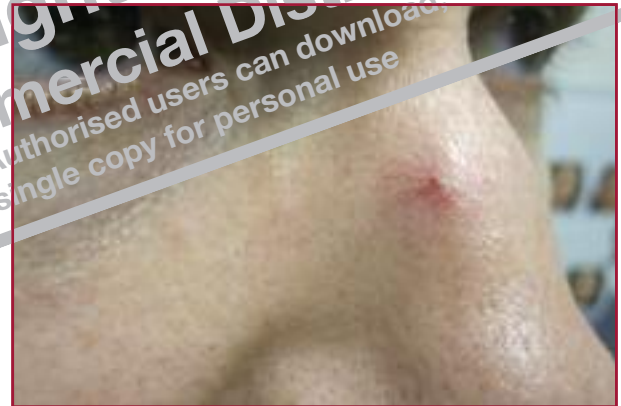
A 41-year-old male presents with an asymptomatic small red papule with radiating telangiectases on his nose. He has no history of alcohol abuse or liver problems.

What is your diagnosis?

- a. Rosacea
- b. Cherry angioma
- c. Varicose vein
- d. Spider angioma
- e. Venous malformation

Answer

Spider angioma (**answer d**) consists of a central arteriole with radiating thin-walled vessels. They are benign, asymptomatic, acquired lesions that typically present in young children and adults. They are most commonly found on the face, neck, upper trunk or arms. They can develop in adult females related to pregnancy and while taking oral contraceptives. Liver disease can result in the development of numerous spider angiomas in a fairly rapid onset.



In children, lesions can spontaneously resolve, as they can in women months after their pregnancy or discontinuation of oral contraceptives. Electrodesiccation or laser therapy are excellent therapeutic options.

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



Case 2

Non-Itchy Arm Rash

This 10-year-old child was brought by his mother with this non-itchy rash, which he has had for six months. He is not bothered by them as such. His mother wanted to know their cause and whether they are contagious.

What is your diagnosis?

- a. Psoriasis
- b. Frictional Lichenoid Eruption
- c. Dermatitis Herpetiformis
- d. Herpes Simplex infection



Answer

Frictional Lichenoid Eruption (FLE) (**answer b**) is a relatively uncommon disorder, but probably underdiagnosed as it is often asymptomatic. It is most frequent in boys in the 5 to 10 years age group and consists of clusters of tiny lichenoid papules, which occur predominantly over bony prominences on the limbs. There is often an atopic background. Treatment is with emollients.

Dermatitis Herpetiformis present as pruritic vesicular rash typically on knees and elbows (Cottini type when limited to these areas), as well as buttocks and upper trunk.

They are caused by IgA autoantibodies directed against epidermal transglutaminase and presenting with granular pattern in papillary dermis.

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Case 3

A Strawberry ‘Birthmark’

A 3-month-old infant presents with a rapidly enlarging vascular plaque under the left axilla. It was not present at birth but has grown significantly since the first week of life. There is no ulceration, and the plaque is firm, rubbery and tense on palpation. The patient is otherwise healthy, and the lesion is asymptomatic.

What is your Diagnosis?

- Topical imiquimod (Aldara©)
- Active non-intervention
- Laser surgery
- Oral corticosteroids
- Propranolol

Answer

Most of these lesions are medically insignificant, and only require active non-intervention (**answer b**), which involves providing emotional support and guidance to parents as diagnosis for hemangiomas. Infantile hemangiomas are benign, vascular tumours that are typically characterized by early growth followed by spontaneous involution. There is a predilection for females, and the tumours are present in 10 to 12% of white-skinned infants at one-year of age. Typically, 50% involute by the age of five and 70% by the age of seven. However, some hemangiomas may ulcerate, bleed or encroach on surrounding vital structures. As a result, they can require more aggressive intervention. If treatment is required, oral prednisone has been conventionally used. Laser therapy is mostly indicated for ulcerated tumours. Beta-blocker, namely propranolol, is a relatively



new treatment for severe or disfiguring hemangiomas, and requires intensive monitoring with use.

Differential diagnoses for infantile hemangioma include pyogenic granuloma and Spitz nevus. Pyogenic granuloma typically appears as a solitary, glistening, bright-red nodule prone to superficial bleeding and ulceration. The lesion most commonly arises following trauma. Spitz nevus usually presents as a dome-shaped, red or pigmented papule or nodule. Compressing the surface of a Spitz nevus with a glass slide (diascopy) can reveal the presence of brown pigmentation useful for confirming the melanocytic nature of the lesion.

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

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

Case 4

Scrotal Lesions



This healthy gentleman was seen in his yearly physical. He mentioned these long standing asymptomatic scrotal lesions and wanted to know if they have any long term implications.

What is your diagnosis?

- a. Scrotal sebaceous cysts
- b. Idiopathic scrotal calcinosis
- c. Balanitis xerotica obliterans
- d. Angiokeratoma of Fordyce.

Answer

Angiokeratoma of Fordyce (**answer d**) are numerous small bright red or purple non-itchy papules on the scrotum. They are quite common particularly in the elderly. They are usually asymptomatic, but occasionally bleed. They are rather harmless.

Diagnosis can be confirmed with biopsy.

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**Case 5**

Grouped Leg Papules

This 50-year-old male has developed papules of the legs, arms and chest over the past 15 years. Those of the left thigh are violaceous, grouped and tender. His mother has similar lesions. He has a history of renal cancer.

What is your diagnosis?

- a. Multiple leiomyomata
- b. Glomus tumours
- c. Angiomata
- d. Spiroadenomata
- e. Angiolipomas

Answer

Multiple leiomyomas (**answer a**) are benign tumours arising from the arrector pili muscles. They may also arise in dartotic, vulvar or mamillary muscle.

Multiple, cutaneous leiomyomata are firm, brownish to violaceous papules ranging in size from 2 mm to 20 mm, single or grouped on the trunk and extremities. They most commonly arise between 10 to 40-years-of-age. This type is inherited as a dominant trait. There is a predisposition to Type II papillary renal carcinoma (Reed's Syndrome). Women are also



prone to the development of uterine leiomyomata.

Most patients with multiple leiomyomata have a mutation in the fumerate hydratase gene.

As the lesions are benign they can be left alone, excised or ablated if symptomatic or cosmetically unacceptable. Patients with multiple leiomyomata should be appropriately checked for renal carcinoma as well as uterine leiomyomata in women.

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



Case 6

Localized Pruritic Nodule

A 2-year-old infant is brought by his parents for a pruritic nodule measuring 0.5 cm by 0.5 cm localised on his right shoulder. The nodule has not evolved since it appeared three months ago.

What is your diagnosis?

- a. Venous malformation
- b. Mastocytoma
- c. Insect bite
- d. Benign cyst

Answer

Mastocytoma (**answer b**) are localized collections of mast cells. They typically measure 0.5 to 1.5 cm in diameter. They have a yellow-red-brown colour. Stroking the lesion elicits an urticarial response



called Darier's sign. Solitary mastocytomas resolve without treatment. Most lesions that present in early childhood are gone by the age of ten.

Hanna Nicolas MD, CFPC practices Family Medicine in Laval, Quebec

**Case 7**

Enlarging Pigmented Patch

A 66-year-old man presents with a light brown atypical pigmented patch on his left cheek that has been gradually enlarging. Upon examination, the patch measures 1.7 cm by 2.4 cm and shows variations in color with light and dark brown pigmentation. The patient reports no history of melanoma or non melanoma skin cancer, although he has had extensive sun exposure with photo type II. He has a medical history of Type II Diabetes and Dyslipidemia.



What is your diagnosis?

- a. Lentigo maligna
- b. Lentigo
- c. Atypical nevus
- d. Seborrheic keratosis

Answer

Lentigo maligna (LM) (**answer a**) is a form of melanoma in situ with prolonged radial growth. It occurs predominantly in sun exposed skin of the head, neck, and forearms of elderly patients. If an LM lesion becomes invasive it is referred to as lentigo maligna melanoma (LMM). An indication that an LM lesion has developed into an LMM may be the appearance of red, white, and blue papules or nodules.

LM is a broad (3 cm to 20 cm in diameter) flat lesion with variegations in color, often appearing in shades of brown, black, and sometimes white. The lesion has a highly irregular border with areas of regression.

The diagnosis of LM is made by performing a biopsy. With large lesions, a punch biopsy or excision biopsy may be necessary; however, excisional surgery is the preferred method of diagnosis.

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Case 8

Brown Lesion Above Eyebrow

A 56-year-old female presents with a brown plaque that has a verrucous surface and a well circumscribed border.

What is your diagnosis?

- a. Dermal nevus
- b. Seborrheic keratosis
- c. Malignant melanoma
- d. Verrucae

Seborrheic keratosis (SK) (**answer b**) is one of the most common benign cutaneous neoplasms. Although the origin of SKs is unknown, they have no malignant potential. The surface of SKs is either smooth or rough, dry and verrucous in character. The surface characteristics of SKs differ from those of malignant melanomas in that they are usually uniform in their color and border. Generally, most people develop at least one SK in their lifetime. SKs usually appear in older individuals, but occur in individuals under the age of thirty, as well. No treatment is required, however, cryotherapy (liquid nitrogen therapy) is a commonly recommended treatment.



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