Rachel's Rough Arms

Benjamin Barankin, MD, FRCPC

Meet Rachel...

- Rachel is a 15-year-old East Indian female with a three-year history of rough outer arms and dark dots
- The lesions are usually asymptomatic, though occasionally there is a bit of pruritus
- Her mother seems to have a mild form of this problem
- She has tried all sorts of moisturizers with only modest and temporary benefit
- The condition seems to improve on its own in the summer

What is your diagnosis?

a) Keratosis pilaris
b) Dyshidrotic eczema
c) Dermatitis herpetiformis
d) Ichthyosis vulgaris
e) Lichen spinulosus

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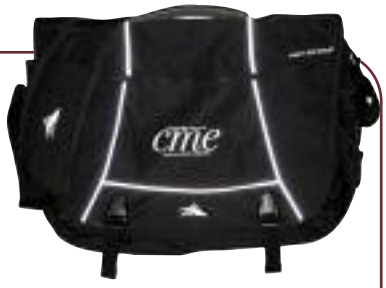

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See page 4 for the answer to last month's case

Here is the answer to last month's case

Meet Doug...

- Doug is a 39-year-old Caucasian male who over the past couple of years, noticed that he has darkened armpits. He has also noted that his groin appears to be darker as well
- On examination, there is a dark and velvety texture to his axillae and numerous skin tags are evident
- Doug is overweight, and currently on a diet in hopes of losing 60 pounds
- Doug has a family history of diabetes, and heart disease. His occupation as a truck driver makes staying in shape difficult
- Doug takes occasional headache medicine, and is not allergic to any medications

What is your diagnosis?

a) Atopic dermatitis
b) Frictional dermatitis
c) Tinea corporis
d) Acanthosis nigricans
e) Post-inflammatory hyperpigmentation

Answer: D

This patient has acanthosis nigricans **(answer d)**, which presents as hyperpigmented velvety patches on the nape of the neck, axillae, and/or groin, and less commonly affects the vulva and perineum, knuckles, inframammary region and antecubital fossae. Various associated causes include an idiopathic hereditary form, which onsets in childhood, insulin resistance (*e.g.,* diabetes, hyperandrogenism, hypogonadism), pseudoacanthosis nigricans (obesity; often with multiple skin tags), drug-induced (*e.g.*, nicotinic acid, growth hormone therapy, glucocorticoids), and malignant (paraneoplastic adenocarcinoma or lymphoma). Patients should be evaluated for malignancy in adult-onset cases, especially where the patient is not obese. Causes, such as insulin resistance and hyperandrogenism, should also be ruled out.

Histopathology is seldom necessary, but often shows hyperkeratosis, papillomatosis, and slight irregular acanthosis with minimal or no hyperpigmentation.

Patients should be screened for diabetes with a glycosylated hemoglobin level or glucose tolerance test, and for insulin resistance with a plasma insulin level (results are high in those with insulin resistance). Weight reduction can improve the condition, although other therapies can be tried with modest success to reduce irritation or improve cosmesis: topical tretinoin, 20% urea, alpha hydroxy acids, hydroquinone and salicylic acid preparations. In malignancy-associated AN, resection of the tumour results in gradual improvement of the skin.

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to our winner for the month of December 2010!
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