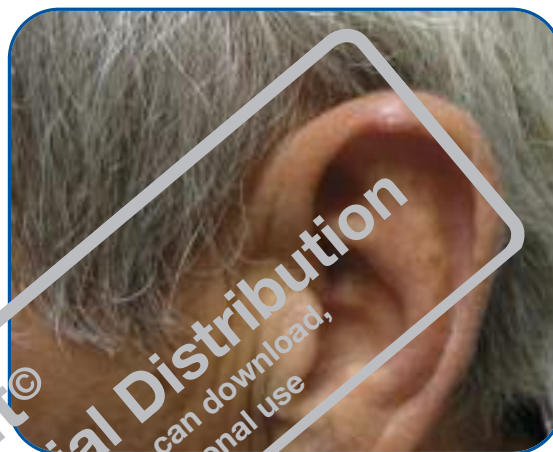


Earl's Ear Papule

Benjamin Barankin, MD, FRCPC

Meet Earl...

- A skin-coloured tender papule has been present on his left ear helix for several months
- He has tried applying over the counter cortisone and antibiotic cream with no benefit
- This lesion is not growing, nor does it bleed
- Earl has a history of basal cell carcinoma and hypertension
- He is currently on hydrochlorothiazide and ramipril, and he is allergic to penicillin



What is your diagnosis?

- a) Basal cell carcinoma c) Venous lake e) Dermatofibroma
b) Squamous cell carcinoma d) Chondrodermatitis nodularis chronica helicis

Send in your correct answer for a chance to win a CME courier pack!

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Fill in the information below and **fax this page to:**

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Or e-mail the answer to **cme@sta.ca** and include "CME courier pack" in the subject line. Also, include your NAME, ADDRESS and PHONE NUMBER.

See page 2 for the answer to last month's case 



Here is the answer to last month's case

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 | c) Dermatitis herpetiformis | e) Lichen spinulosus |
| b) Dyshidrotic eczema | d) Ichthyosis vulgaris | |

Answer: A

Keratosis pilaris is a very common and benign disorder affecting hair follicles. It is characterized by grouped, keratotic follicular papules located most commonly on the posterolateral upper arms and anterior thighs. It is due to a lack of proper desquamation of keratinocytes, which causes the follicular orifice to become plugged with keratin, resulting in a keratotic papule and a variable degree of perifollicular erythema.

It is typically asymptomatic except for its cosmetic appearance.

Treatment is modestly effective and only provides temporary relief. The diagnosis is made clinically and no biopsy or blood work are required. Education and reassurance are most important as this condition improves with age. Topical emollients may help to smoothen rough surfaces in mild cases, although a topical keratolytic agent such as lactic acid, salicylic acid, or urea preparations may be beneficial in more extensive cases. If erythema is present, adding a mild steroid is helpful. Topical retinoids

can also be beneficial. Having a humidifier in the patient's room can also be useful.

cme

Benjamin Barankin, MD, FRCPC

Congratulations

to our winner for the month of
Jan/Feb 2011!

Dr. Helena Robinson

London, Ontario