Erythematous and Scaly Plaques

Benjamin Barankin, MD, FRCPC

Meet Joseph

- Joseph is a 46 year-old pharmacist with a two-year history of erythematous and scaly plaques on his dorsal hands
- He's tried various cortisone creams but nothing seems to work
- Steve finds that his condition is interfering with his work and hobbies
- Even his social life has suffered, because he's embarrassed to shake hands with people
- He is currently taking lithium for bipolar disorder and has no drug allergies or family history of skin problems

What is your diagnosis?

a) Atopic dermatitis
b) Allergic contact dermatitis
c) Irritant contact dermatitis
d) Psoriasis
e) Dermatomyositis

Win

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

Fill in the information below and **fax this page to**:
1 (888) 695-8554
If you diagnose correctly, you will be entered in our monthly draw.
Please circle the letter you believe corresponds to the correct answer.
Your Answer: **a b c d e**

Name: _____
Address: _____
Tel: _____
E-mail: _____

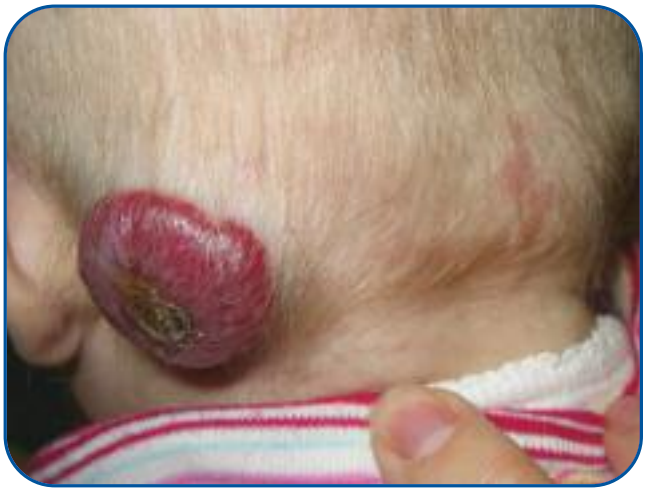
Or e-mail the answer to **cme@sta.ca** and include "CME courier pack" in the subject line.
Also, include your NAME, ADDRESS and PHONE NUMBER.

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

Here is the answer to last month's case

Meet Michele

- Michele is a four-month-old girl born five weeks early to a healthy mother
- Soon after birth, her mother noticed a red macule on the occiput of her head, which has steadily increased in size into a red vascular growth; it even bled four weeks ago
- Her mother had been told not to worry about this lesion, but because of the bleeding, she is concerned that it may be more serious than was initially thought
- Michele is otherwise healthy, growing and feeding well



What is your diagnosis?

a) Cherry angioma
b) Port wine stain
c) Hemangioma of infancy
d) Venous lake
e) Dermatofibroma

Answer: C

An infantile or "strawberry" hemangioma **(answer c)** is a benign vascular tumour (most common in infancy) with a characteristic clinical course marked by early proliferation (up to six-months-of-age), followed by stagnation (9- to 12-months-of-age), and concluding with a slow, spontaneous involution that can take up to nine years. Most hemangiomas appear during the first few weeks of life, are medically benign, and cause minimal morbidity. They occur sporadically in most cases.

Hemangiomas become problematic when they impinge on vital structures, such as interfering with breathing, vision, eating, or hearing. Ulceration occurs in 5 to 10% of hemangiomas, and they can be painful, and result in scar formation upon healing. Secondarily infected ulcerated hemangiomas are not uncommon. Certain areas are more prone to ulceration, including the diaper area, neck, and lips. Excessive bleeding is uncommon and is rarely life threatening. The majority of hemangiomas are focal and solitary, with the head and neck most commonly affected. Internal involvement of any organ is also possible.

Assuming that no vital structures are impacted (*e.g.* eyes), most lesions can be carefully observed. Approximately 75% of hemangiomas involute without any intervention and are in anatomically benign locations. Parents should be educated about the natural history,and course of their child's hemangioma. Regular follow-up visits to assess the course of the lesion and provide continued reassurance is recommended.

Systemic glucocorticoids are the first-line therapy for lesions that are life-threatening or have the potential to cause severe deformity, although most recently, there is increasing evidence that beta-blockers, such as propranolol, may be a better option (with proper monitoring). Smaller lesions can be treated with potent topical steroids or imiquimod or intralesional triamcinolone as needed; these agents are of variable benefit. The role for laser surgery (typically pulsed dye laser) is predominantly in the setting of residual vessels following involution or for ulcerated hemangiomas. Surgical excision of involuted hemangiomas is not uncommon, because of the cutaneous sequelae resulting from them.

Benjamin Barankin, MD, FRCPC

cme

Congratulations
to our winner for the month of April 2011!
Dr. D. G. Seibel
Edmonton, Alberta