



### This month – 8 cases:

- |                                     |      |                                      |      |
|-------------------------------------|------|--------------------------------------|------|
| 1. Rash on Baby's Face              | p.26 | 5. Scaly, Brown, Itchy Skin on Knees | p.30 |
| 2. Skin-coloured Papule on Shoulder | p.27 | 6. Areas of Hair Loss on the Face    | p.31 |
| 3. Dermatitis Eruption Around Lips  | p.28 | 7. Growing Face Lump                 | p.32 |
| 4. Itchy Back Eruption              | p.29 | 8. Fish-like Scales                  | p.33 |

## Case 1

# Rash on Baby's Face

This two-and-a-half-month-old baby was brought to my office by his mother, as she was extremely anxious about his facial rash, which began to appear when he was four-weeks-old. He was a normal-term, vaginal delivery and is being bottle fed. Apart from the rash, he is quite healthy.

### What is your diagnosis?

- a. Psoriasis
- b. Impetigo
- c. Seborrheic dermatitis
- d. Candidiasis

### Answer

Seborrheic dermatitis (answer c) is a papulosquamous disorder affecting the areas with the most sebum, such as the scalp, face, and trunk. An association with yeast infection, has been known for some time. *Malassezia furfur* appears to be the species associated with infantile seborrheic dermatitis. Differential diagnosis includes dermatophytosis, candidiasis (potassium hydroxide [KOH] examination and cultures will help), and atopic dermatitis (which is more pruritic than seborrheic dermatitis), may overlap in patients with psoriasis. This condition is referred to as seb-*psoriasis*. in patients with psoriasis, so called *sebo-psoriasis*.

The majority of cases of seborrheic dermatitis are



benign, and self-limiting and they usually clear spontaneously during the first 12 to 24 months of life, but a small number can be particularly troublesome and require treatment. Mild lesions usually improve with hydrocortisone ointment. Moderate cases may need hydrocortisone ointment combined with tar or vioform (locacorten tar, locacorten vioform). In severe cases, fluorinated steroids may be used, taking into consideration their side-effects.

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## Case 2

## *Skin-coloured Papule on Shoulder*

A 43-year-old female presents with a skin-coloured papule on her left shoulder.

### *What is your diagnosis?*

- a. Acrochordon
- b. Nevus
- c. Neurofibroma
- d. Basal cell carcinoma

### *Answer*

An acrochordon (**answer a**) also known as a skin tag or fibroepithelial polyp, is a common, benign, skin-coloured papule, typically occurring on the axillae or neck. Skin tags may appear smooth and flat, folded, or pedunculated. The clinical differential diagnosis may include wart, nevus, neurofibroma, and seborrheic keratosis.

Lesions are usually asymptomatic but may infarct if they become twisted, appearing as a black or crusted papule. Patients may find the lesions bothersome, either cosmetically or because pronounced skin tags can catch on clothing and jewelry. Lesions may be removed by cryosurgery, electrodesiccation, or by



simply snipping with scissors.

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Case 3

# *Dermatitic Eruption Around Lips*

A six-year-old girl presents with a six month history of a well demarcated dermatitis eruption around the lips.

### *What is your diagnosis?*

- a. Heck's disease
- b. Atopic dermatitis
- c. Perioral dermatitis
- d. Lip licker's dermatitis
- e. Perlèche

### *Answer*

Lip licker's dermatitis (**answer d**) is a type of irritant dermatitis caused by habitual and repetitive licking of the lips and the adjacent skin. The constant moisture and saliva break down of the skin, causes the dermatitis. Children with chronic lip licker's dermatitis present with dry lips, lichenification, and hyperpigmentation in the area around the lips. Treatment is aimed at moisturizing the area and breaking the lip licking habit.

Heck's disease is a skin condition that occurs in children and young adults, and it is characterized by hyperplasia of the mucous membranes in the oral cavity with painless, round papules namely found on the lips and tongue. It is suspected to be caused by the human papilloma virus. It can last for several months, sometimes years, before resolution.

Atopic dermatitis is a common skin disorder that presents with pruritus and eczematous changes. The eczematous changes are associated with a Type I (IgE-mediated) hypersensitivity reaction and the cellular response produces prolonged and severe pruritus. Skin changes include mild erythema to severe lichenification and excoriations, which are secondary to scratching. Lesions are age-specific and appear on the face, neck, and extensor surfaces for infants and children, and on flexural regions in older children. Treatment is



aimed at maintaining skin moisture and avoiding allergic reactants and irritants. Topical steroids may be required.

Perioral dermatitis also known as periorificial dermatitis is a self-limited skin condition that is common in children. It presents with erythematous papules and papulopustules that can turn into an area of diffuse redness. Affected areas include the perioral, nasolabial, and periocular regions. Spontaneous resolution may take months to years. The use of topical steroids is known to precede the presentation of perioral dermatitis. Treatment options include topical antibiotics.

Perlèche is a common disorder characterized by inflammation and fissuring of the corners of the mouth caused by moisture collecting at the mouth angles. Perlèche may be seen in conjunction with dental malocclusion, braces, and lip licking. Therapy is best accomplished by correction of the underlying predisposing factor. Treatment consists of the application of a topical corticosteroid, topical antifungals, and antibiotics if needed.

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## Case 4

## Itchy Back Eruption

This 49-year-old woman has had an itchy eruption on her back for the past 10 years.

### What is your diagnosis?

- Neurotic excoriations
- Contact dermatitis
- Lichen simplex chronicus
- Notalgia paresthetica

### Answer

Notalgia paresthetica (**answer d**) is a sensory neuropathic syndrome of the back, characterized by focal burning pain, itch, or paresthesia. It is usually a unilateral well-circumscribed, hyperpigmented patch in the midline or infrascapular area. The cause is unknown, but increased dermal innervations, thoracic disc disease, and nerve impingement have been proposed. Neurologic examinations, however, tend to be normal and skin biopsies show only hyperpigmentation as secondary to chronic rubbing

and excoriation.

Notalgia paresthetica occurs in all races and is equal in sex

predilection with an onset in middle age. Symptoms may be mild and infrequent to severe, recurrent, and debilitating. When warranted, a radiographic work-up to rule out cervical thoracic abnormalities should be done.

Treatment is mainly focused on ameliorating symptoms, as the cause is rarely found. Topical steroids, with or without menthol or camphor added, and products containing topical capsaicin are most often used. Intralesional steroids are also of value. Gabapentin tends to be the most consistently helpful modality in severe cases.

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





Case 5

# Scaly, Brown, Itchy Skin on Knees

A 60-year-old female from Haiti presents with scaly brown bumps on her knees and shins that first appeared decades ago. The patient states that the bumps are itchy; as a result, she scratches her legs very often. She denies having similar lesions anywhere else on the body.

### What is your diagnosis?

- a. Tinea corporis
- b. Lichen simplex chronicus
- c. Lichen amyloidosis
- d. Prurigo nodularis

### Answer

Lichen amyloidosis (**answer c**) is the most common form of primary, localized, cutaneous amyloidosis. Amyloidosis can be either systemic or primary cutaneous in nature. Primary cutaneous amyloidosis has been classified into three types: macular, lichen, and nodular. It is a skin disorder characterized by amyloid deposition in the skin without visceral involvement. The exact etiology of amyloid deposit in the skin is not known. Some cases have a genetic predisposition. Lichen amyloidosis can be associated with rheumatological diseases, such as systemic lupus erythematosus and scleroderma. Clinically, it presents as multiple skin-coloured to red-brown hyperkeratotic papules with fine scaling. Papules may coalesce to form plaques. They are most commonly located on the lower extremities, especially the pretibial surfaces. The lesions can be extremely pruritic.

Skin biopsy can confirm the diagnosis of lichen amyloidosis when staining demonstrates amyloid deposits in the papillary dermis. Histologically, hyperkeratosis and acanthosis can also be observed at the epidermis. When stained with Congo-red,



apple-green birefringence may be observed under polarizing light.

The treatment of lichen amyloidosis is often unsatisfactory and is mainly directed at the reduction of pruritus. Patients should be advised to avoid scratching or rubbing the skin as such actions can aggravate the lesions. Treatment options include topical and/or intralesional steroids and topical dimethyl sulfoxide. Topical treatment with occlusion may produce a more satisfying result. Systemic retinoids have been used for more severe cases. Phototherapy and dermabrasion may also be considered.

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## Case 6

## Areas of Hair Loss on the Face

A 37-year-old male is concerned with two round areas of hair loss in his beard area. The areas are asymptomatic, and he is otherwise healthy, though he hasn't had a blood test in years.

### What is your diagnosis?

- a. Alopecia secondary iron-deficiency
- b. Alopecia areata
- c. Androgenetic alopecia
- d. Telogen effluvium
- e. Anagen effluvium

### Answer

Alopecia areata (AA) (**answer b**) is a nonscarring autoimmune condition that most commonly presents in young adulthood. It presents as oval, well-defined patches with exclamation hairs at the periphery. Entire scalp involvement is termed alopecia totalis, while hair loss affecting the entire body is termed alopecia universalis. The differential diagnosis should include other nonscarring alopecias, such as telogen effluvium, androgenetic alopecia, and tinea capitis.

Other autoimmune conditions, including atopic dermatitis, vitiligo, thyroid disease, and pernicious



anemia, have been associated with AA and are sometimes screened for in blood tests. The treatment of choice is intralesional triamcinolone injected every 1 cm on the affected areas every four to six weeks until regrowth. Potent topical steroids are also used, as well as topical minoxidil and contact sensitizers, such as diphencyclopnone.

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Case 7

## Growing Face Lump

A 46-year-old male presents with a painful lump over the right side of his face. It had been growing quickly over the last two days.

### What is your diagnosis?

- a. Keratoacanthoma
- b. Ecthyma
- c. Basal cell carcinoma-nodular
- d. Furuncle (boil)

### Answer

A furuncle (boil) (**answer d**) is a staphylococcal infection of a follicle with involvement of subcutaneous tissue, which has a tendency to undergo central necrosis. Furuncles typically occur on the hairy regions of the body. They usually begin as inflammatory swelling of hair follicles. The lesions begin as deep, tender, firm, red, 1 to 6 cm nodules that become fluctuant in a few days time. The temperature is normal and generally no systemic symptoms are present. Pain becomes moderate to severe as purulent material accumulates. The abscesses either remain deep, re-absorb, or point and rupture through the surface. The cavity's of abscesses contain a large quantity of pus and necrotic tissue. The lesion usually heals with scarring. The carbuncle is a deep infection of a group of contiguous follicles. Pain, fever, and malaise are more severe with carbuncles than with furuncles.



Many furuncles are self-limited and will respond well to frequent applications of moist, warm compresses. A large skin abscess may need to be surgically opened and drained and sometimes treated with oral or intravenous antibiotics.

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## Case 8

## *Fish-like Scales*

A sixty-year-old male presents with dry, thickened, scaly skin covering his anterior thighs, calves, and abdomen. The lesions have been present for forty years, and there is no family history of a similar condition

### *What is your diagnosis?*

- a. Ichthyosis
- b. Xerosis
- c. Psoriasis
- d. Atopic dermatitis

### *Answer*

Ichthyosis (**answer a**), derived from the Greek word *ichthys* meaning “fish,” belongs to a group of acquired or inherited disorders that are characterized by abnormal differentiation of the epidermis, and are distinguished clinically by plate-like scaling. Four main clinical forms of inherited ichthyoses exist: ichthyosis vulgaris, X-linked ichthyosis, autosomal recessive ichthyosis, and lamellar ichthyosis.

Ichthyosis vulgaris is the most common form of ichthyosis. It is relatively mild and is inherited in an autosomal dominant fashion. This condition most prominently affects the extensor surfaces of the extremities and appears as thick, white, plate-like scales over large areas. Superficial fissuring through the stratum corneum causes “cracking” to occur at the edges of the scale. Ichthyosis vulgaris is commonly observed in association with hyperlinear palms, keratosis pilaris, and atopy.

The management of ichthyoses focuses primarily on the hydration, lubrication (lotions, creams, ointments, oils, or petrolatum), and keratolysis (creams and lotions containing urea, salicylic acid, or hydroxy acids) of affected skin.

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