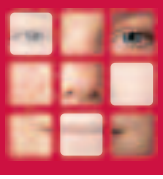
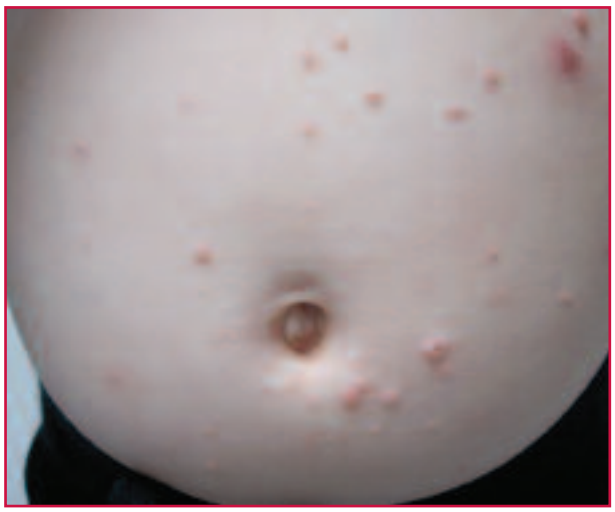


This month – 6 cases:

Case 1

Proliferating Papules on Abdomen

A 3-year-old male presents with proliferating papules on his abdomen. They are mildly pruritic. He has been feeling unwell recently.



What is your diagnosis?

a. Molluscum contagiosum
b. Common warts
c. Pemphigus vulgaris
d. Xanthogranulomas
e. Xanthomas

Answer

Molluscum contagiosum **(answer a)** is caused by the MCV-1 poxvirus, and it most commonly affects young children, but it also affects sexually active adults and immunosuppressed individuals (especially those with HIV). Lesions in adults are typically found in the groin and genital region.

Individual lesions are smooth, firm, dome-shaped, skin-coloured papules measuring 2 to 5 mm, some of which will show evidence of umbilication. There may be adjacent eczema in some cases, and secondary bacterial infection of excoriated molluscum papules may also be present.

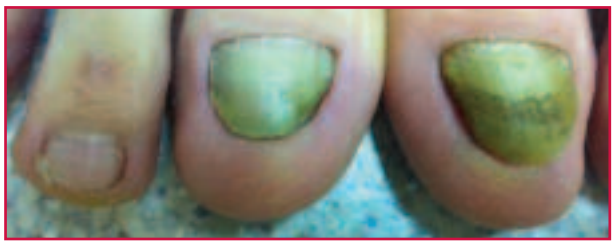
It is a clinical diagnosis, although, occasionally a skin biopsy is required. Education and reassurance are key, and treatment is not always necessary since this is a self-resolving condition. If lesions are widespread and therapy is requested, treatment options include liquid nitrogen cryotherapy (older children and adults), cantharidin application, curettage, salicylic acid, topical tretinoin, imiquimod cream, or oral cimetidine.

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

Case 2

Yellowish Discolouration of Toenails

A 52-year-old male presents with long standing change in texture and yellowish discolouration of his toenails.



What is your diagnosis?

a. Onychogryphosis
b. Psoriasis
c. Onychomycosis

Answer

Onychomycosis **(answer c)** is a nail infection caused by fungus. Dermatophytes are the main causes of toenail onychomycosis. Prevalence varies from 4 to 18%.

Diagnosis is clinical. A potasium hydroxide (KOH) preparation of scrapings from the nail bed to demonstrate hyphae and arthrospores can also be used. Fungal culture can be done in KOH negative cases.

Topical therapies are generally ineffective. Thus oral antifungal agents are the mainstay of treatment. Terbinafine is a more effective treatment with fewer side effects as compared to other oral antifungals. Itraconazole is effective treatment for nondermatophyte mold and yeast onychomycosis. Other agents include griseofulvin and fluconazole.

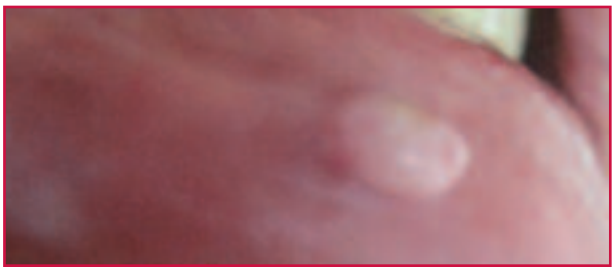
Cherinet Seid, MD, LMCC, CCFP, DTM (RCPS Glas), is the Lead Physician with the North Renfrew Family Health Team, Deep River, Ontario. He is also an Emergency Physician at Deep River and District Hospital and an Assistant Professor at the Northern Ontario School of Medicine, Sudbury, Ontario.

Craig O'Brien, RN (EC), is a Nurse Practitioner with the North Renfrew Family Health Team, Deep River, Ontario.

Case 3

Asymptomatic Lip Papule

A 52-year-old male developed an asymptomatic papule on his lower lip. He doesn't recall any preceding trauma. He does not drink nor smoke and is otherwise healthy with a stable weight.



What is your diagnosis?

a. Milia cyst
b. Pilar cyst
c. Basal cell carcinoma
d. Dermatofibroma
e. Mucosal fibroma

Answer

A mucosal fibroma **(answer e)**, the most common benign tumour of the oral cavity, is an overgrowth of fibrous connective tissue. It is a firm, pink nodule, typically less than 1 cm in size. They can remain unchanged for many years. It appears to be in response to irritation or injury. The overlying tissue is normal in colour and appearance.

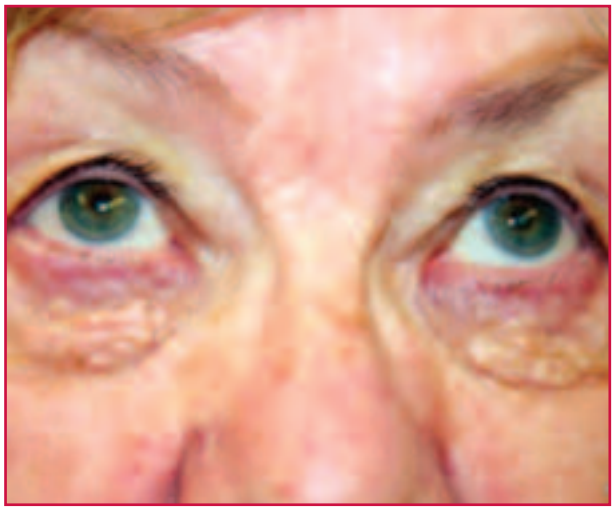
These lesions can occur on the lip and commonly on the buccal mucosa along the biting line. These benign lesions can be ignored or surgically excised. Recurrence after excision is rare.

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

Case 4

Small Lumps on the Lower Eyelids

A 69-year-old woman complained about small lumps that have been developing slowly on her lower lids over the past 15 years. On examination, numerous 2 to 3 mm, translucent papules were present on both of her lower eyelids.



What is your diagnosis?

a. Syringioma
b. Xanthelasma palpebrarum
c. Hidrocystoma
d. Adenoma sebaceum

Answer

The patient has Hidrocystomas **(answer c).** Eccrine hidrocystomas more commonly occur as multiple lesions and are thought to result from blockage of the sweat duct apparatus. They are closly related to apocrine hidrocystomas, which are also known as apocrine cystadenomas and apocrine retention cysts.

Apocrine hidrocystomas are benign cystic proliferations of the apocrine secretory glands. Apocrine hidrocystomas most commonly appear as solitary, soft, dome-shaped, translucent papules or nodules, and most frequently are located on the eyelids, especially the inner canthus. Apocrine hidrocystomas grow slowly and usually persist indefinitely. They may also occur on the head, neck, trunk, penis, axilla, and anus. The cause is unknown, but they are considered to be benign adenomatous cystic proliferations of the apocrine glands. Multiple apocrine hidrocytomas are associated with Schöpf-Schulz-Passarge syndrome, a rare autosomal recessive syndrome in which ectodermal dysplasia occurs. Schopf-Schulz-Passarge syndrome often features palmoplantar hyperkeratosis, hypodontia, nail dystrophy, and hypotrichosis. An association of multiple apocrine hidrocystomas with a peculiar form of focal dermal hypoplasia also has been reported.

Additional therapies to consider are those used for multiple eccrine hidrocystomas, which include botulinum toxin, atropine, pulsed-dye laser, and, most recently, the 595 nm long-pulsed laser.

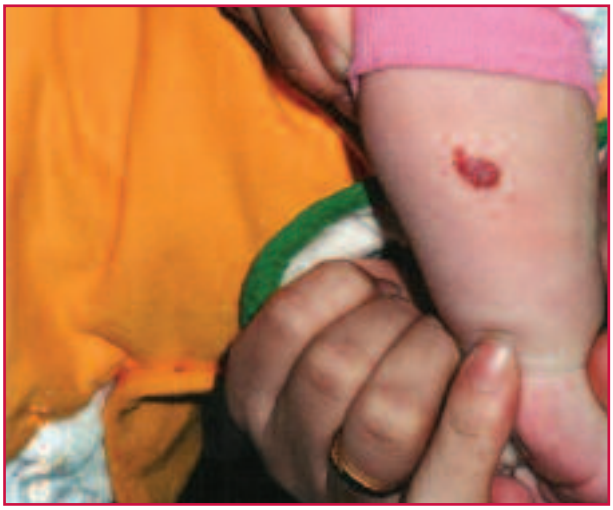
Jerzy K. Pawlak, MD, MSc, PhD, is a General Practitioner, Winnipeg, Manitoba.

T.J. Kroczak is a General Practitioner, Winnipeg, Manitoba.

Case 5

A Reddish, Growing Mass

A 7-month-old boy presents with a reddish mass on his right forearm. The lesion was first noted in the neonatal period as a telangiectatic patch that has subsequently increased in size.



What is your diagnosis?

a. Nevus flammeus
b. Salmon patch
c. Spider angioma
d. Infantile hemangioma

Answer

The patient has an infantile hemangioma **(answer d)**. Histologically, infantile hemangiomas consist of collections of dilated vessels surrounded by masses of proliferating endothelial cells. In Caucasions, infantile hemangioma affects approximately 1.1 to 2.6% of newborn infants and 10 to 12% of children by the first year of life. The female to male ratio is approximately 3:1.

Typically, infantile hemangiomas appear in the first few weeks of life as areas of pallor, followed by telangiectatic patches. They then grow rapidly in the first three to six months of life. Superficial lesions are bright red, protuberant, and sharply demarcated and are often referred to as "strawberry hemangiomas." Deep lesions are bluish and dome-shaped, feel like a "bag of worms," and are compressible.

Infantile hemangiomas have a predilection for the head and neck region. Most infantile hemangiomas exist as solitary lesions. Infantile hemangiomas continue to grow until 9- to 12-months-of-age, at which time the growth rate slows down to parallel the growth of the child. Half of these lesions will show complete involution by the time a child reaches age five; 70% will have disappeared by age seven; and 95% will have regressed by ages 10 to 12. The majority of infantile hemangiomas require no treatment. Indications for active intervention include severe or recurrent hemorrhage unresponsive to treatment, threatening ulceration in areas where serious complications might ensue, interference with vital structures, pedunculated hemangiomas, and significant disfigurement.

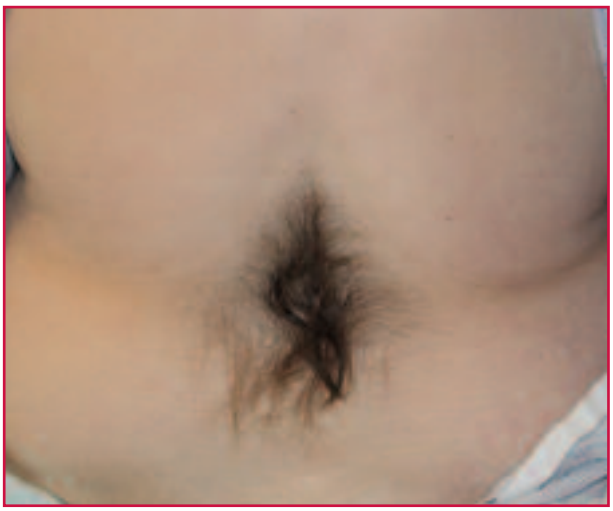
Treatment options include systemic corticosteroids, intralesional corticosteroids, interferon, pulsed-dye laser, propanolol, and surgical resectioning.

Alexander K.C. Leung, MBBS, FRCPC, FRCP (UK&Irel), FRCPCH, is a Clinical Professor of Pediatrics, at the University of Calgary, Calgary, Alberta.

Case 6

A Woman with Back Hair

A 68-year-old Caucasian woman is noted on physical examination to have a large tuft of dark hair over the midline of the lumbar spine. The patient states that this has been present for as long as she can remember and describes only tenderness to palpation over the affected area.



What is your diagnosis?

a. Dermal sinus
b. Spina bifida occulta
c. Diastomatomyelia
d. Hirsuitism
e. Exencephaly

Answer

Spina bifida occulta **(answer b)**, a spinal dysraphism, is a disorder of primary neurulation wherein there is a failure of fusion of the vertebral bodies dorsal to the spinal cord. In the occult form, the defect is typically localized in the lumbosacral region with the overlying skin remaining intact. This patient exhibits lumbar hypertrichosis (commonly referred to as a faun tail), which is a common feature of spina bifida occulta. Spina bifida occulta is frequently diagnosed incidentally on physical exam or by radiographs of the lumbosacral spine. The reported incidence for all forms of neural tube defects combined is one in one thousand pregnancies. The most important modifiable risk factor is maternal folate deficiency in pregnancy as well as exposure to certain medications, most notably anticonvulsants. The occult form is usually asymptomatic and typically requires no medical or surgical intervention.

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