

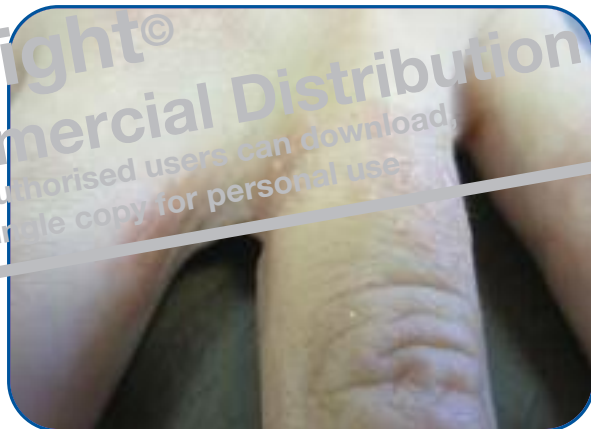


Heloise's Concern

Benjamin Barankin, MD, FRCPC

Meet Heloise

- Heloise is a 44-year-old female who occasionally gets an itchy, red rash on her left hand. The rash appears regardless of whether she wears gloves while washing dishes
- She has a history of dry skin, but she is otherwise very fit and drinks plenty of water
- The condition is present during both the summer and winter
- Heloise uses occasional puffers for her mild asthma



What is your diagnosis?

- a) Irritant contact dermatitis c) Psoriasis e) Intertrigo
b) Dyshidrotic eczema d) Allergic contact dermatitis

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

Win



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 Frank

- A nine-year-old boy presents with pain and erythema in the lateral right flank
- He is the product of an uncomplicated pregnancy, full-term, normal spontaneous delivery
- His past health is unremarkable, except that he had chickenpox when he was one-year-old
- There is no history of recent exposure to individuals with an infectious disease
- On examination, there is an erythematous rash on his right flank. Papules can be seen in some of the erythematous areas
- The rest of the examination is normal



What is your diagnosis?

- | | | |
|-------------------|--------------------------|--------------------|
| a) Chickenpox | c) Herpes zoster | e) Lichen striatus |
| b) Herpes simplex | d) Molluscum contagiosum | |

Answer: C

Herpes zoster (**answer c**), or shingles, is caused by reactivation of latent varicella-zoster virus that resides in a dorsal root ganglion. The activated virus spreads along the corresponding cutaneous nerve to the adjacent skin. Herpes zoster can develop any time after a primary infection. The younger a child is when he or she is infected with chickenpox, the greater the likelihood that herpes zoster will develop in childhood or early adulthood.

Herpes zoster presents with vesicles clustered in the distribution of the dermatome that corresponds to the infected dorsal root ganglion. In general, the onset of

disease is heralded by pain within the dermatome, which precedes the lesions by 48 to 72 hours. An area of erythema might precede the development of a group of vesicles. Vesicles may coalesce to form bullous lesions. In general, herpes zoster is a milder disease in children than it is in adults.

The most common complications of herpes zoster are secondary bacterial infection, depigmentation, and scarring. Herpes zoster ophthalmicus may lead to severe pain in the eye, ophthalmoplegia, sclerokeratitis, anterior uveitis, and optic neuritis. Postherpetic neuralgia is uncommon

in children. In immunocompromised patients, the lesions might develop in unusual dermatomes or in viscera, such as the liver. In immunocompromised individuals, the illness is more severe and prolonged.

The diagnosis of herpes zoster is based on its distinctive clinical appearance. Laboratory tests are usually not necessary.

Alexander K.C. Leung, MD, FRCPC, FRCP(UK&Irel), FRCPC

cme

Congratulations

to our winner for the month of
October 2012

Dr. Kent Pottle

Halifax, Nova Scotia