



## Sal's Concern

Benjamin Barankin, MD, FRCPC

### Meet Sal

- Sal is a 69-year-old male with a slowly enlarging, occasionally sore lesion on his scalp
- His pharmacist recommended he use polysporin, which has not helped
- The lesion does not bother him, but his daughter is concerned by its appearance
- He has no personal or family history of skin problems, although liquid nitrogen was once applied to his face for the removal of a lesion
- He is on allopurinol for gout, and he has no drug allergies or other health issues



### What is your diagnosis?

- a) Keratoacanthoma      c) Allergic contact dermatitis      e) Squamous cell carcinoma  
b) Hypertrophic actinic keratosis      d) Hailey-Hailey disease

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 Nick

- Nick is a 32-year-old, black male with several itchy, and occasionally sore, firm papules at the back of his neck. No other lesions are present on his body
- Nick had some mild teenage acne and dry skin issues
- He has no family history of skin conditions
- He currently takes vitamins
- He doesn't take any prescription medications



### What is your diagnosis?

- |                  |                           |                     |
|------------------|---------------------------|---------------------|
| a) Psoriasis     | c) Acne keloidalis nuchae | e) Verruca vulgaris |
| b) Lichen planus | d) Folliculitis           |                     |

### Answer: C

Nick has acne keloidalis nuchae (AKN), which is common on the nape of the neck, especially in dark skinned individuals with curly hair. This is a chronic and frustrating condition. It often first presents as small, itchy papules or pustules within or adjacent to the hair-bearing area of the back of the neck. Over time, these papules become firmer scars, which can be discrete or coalesce into keloids. These scars are hairless and can result in a band of papules and scars along the hairline.

The exact etiology is unclear, although darker skin type and clothing that rubs the area (collar) are risk factors. Some think AKN is a form of dermatitis, acne, or folliculitis. There may be some association with being overweight. Management options include minimizing the wearing of collars. Topical antibiotics and topical steroids are often first line treatment. If unresponsive, oral antibiotics, such as those in the tetracycline family, can be tried for two to three months, or sometimes

longer. Intralesional triamcinolone acetonide can be quite helpful to reduce pruritus and flatten the scarred papules. Occasionally, oral isotretinoin is used. If medical management fails, the affected area can be surgically excised.

**Benjamin Barankin, MD, FRCPC**

*cme*

### Congratulations

to our winner for the month of  
January 2013

**Dr. W. A. (Bill) Emery**  
Calgary, Alberta