



## Francesca's Forehead

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### Meet Francesca

This five-year-old girl initially presented with complaints of itchy, tender, palpable spots on the right side of her scalp. Two days later, a rash appeared on her forehead that worsened with the application of cortisone cream. She is otherwise healthy.



### What is your diagnosis?

- a) Impetigo
- b) Seborrheic dermatitis
- c) Herpes zoster
- d) Pediculosis capitis
- e) Folliculitis

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



## Here is the answer to last month's case

### Meet Brian

- Brian's wife noticed a mole on his back that she thinks may have gotten bigger in the past couple of years. The mole is asymptomatic
- There is no personal or family history of skin malignancy
- Brian is otherwise healthy, though he occasionally takes acetaminophen for headaches and backaches



### What is your diagnosis?

- |                     |                     |             |
|---------------------|---------------------|-------------|
| a) Dysplastic nevus | c) Congenital nevus | e) Melanoma |
| b) Combined nevus   | d) Nevus spilus     |             |

### Answer: A

A dysplastic, or atypical, nevus (**answer a**) is a mole with unusual features. This mole often has clinical features that meet the ABCD criteria. Namely, it can be asymmetric, have border irregularity (*i.e.* fuzzy/ill-defined), have multiple colours (especially dark or black), and have a diameter of more than 5 mm. Some people have sporadically occurring dysplastic nevi, while others have familial atypical nevi.

Dysplastic nevi mainly affect fair-skinned individuals, often those with light hair, light eyes, and freckles. The condition is most common in people with chronic sun exposure. These nevi can

develop at any point, though most appear within the first 18 years of life.

Malignant melanoma can arise *de novo*, or it can arise within a pre-existing mole, such as a dysplastic nevus. People with five or more dysplastic nevi have a greater risk of developing melanoma.

An atypical or dysplastic nevus is itself a benign nevus and does not require removal. However, it is not always easy to tell whether a lesion is simply an atypical nevus or an early melanoma. Dermoscopy, in trained hands, can be helpful, and it can reduce the amount of necessary biopsies and surgeries. Patients with

atypical nevi should be counselled on how to perform self-skin exams and what features to look for. The physician should also discuss sun protection measures with patients, and encourage the avoidance of tanning salons, sunburns, and mid-day sun. For patients with countless nevi, professional photographs of skin can be useful to help determine which nevi are new or changing.

**Benjamin Barankin, MD, FRCPC**

*cme*

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March 2013

**Dr. Gagan Wilkhu**  
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