

Paul's Numerous Papules

Benjamin Barankin, MD, FRCPC

Meet Chris

A 12-year-old male presents with numerous papules in his popliteal fossa. They are mildly pruritic and appear to have spread over the past four months. His younger brother has similar symptoms, but there is no other family history of this condition.



What is your diagnosis?

- a) Common warts
- b) Molluscum contagiosum
- c) Plantar warts
- d) Syringomas
- e) Acrochordons

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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 Frank

- Frank is a 41-year-old, Caucasian male with a six-month history of hair loss in his beard area. He reports no pruritus or discomfort in the affected area and no other area of involvement
- He has a family history of thyroid problems and male-pattern baldness
- He is otherwise healthy, and recent blood work revealed low iron but normal thyroid function
- He has tried tea tree oil, as recommended by his naturopath, with no improvement



What is your diagnosis?

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

Answer: A

Alopecia areata (**answer a**) is an unpredictable, autoimmune skin condition that results in round areas of hair loss, most commonly on the scalp; it can also affect any hair-bearing area, such as the eyebrows, eyelashes, and beard. It is usually asymptomatic, although a mild pruritus sometimes precedes the hair loss. Nail pitting (similar to that found in psoriasis) is noted in some patients.

Alopecia areata affects about 2% of the population at some point in their lives. Although it is not a medically serious condition, it can have a significant psychosocial impact. Lesions present as one or more round, smooth, bald patches. Uncommonly, there can be total scalp hair loss (alopecia totalis) or total body hair loss (alopecia universalis).

Most people with alopecia areata are healthy individuals, though they do have a higher risk of atopy and autoimmune conditions, such as thyroid disease and vitiligo; family members are more likely to have autoimmune conditions, such as insulin-dependent diabetes, rheumatoid arthritis, and thyroid disease. There appears to be an increased incidence of iron deficiency in patients with alopecia areata, as in Frank's case.

With alopecia areata, hair can often regrow on its own, but it may fall out soon after. This is a frustrating condition, since hair growth and shedding are unpredictable. While there is no cure for this condition, there are a number of treatment options. Most commonly, intralesional

corticosteroids are employed (typically every four to six weeks), though potent topical steroids can be tried first (especially in children). Topical minoxidil 5% lotion can also be tried twice a day with variable benefit. Occasionally, immunotherapy with diphencyprone or systemic steroids is employed by dermatologists to treat extensive alopecia areata. Hair prostheses and Toppik hair building fibres can also be recommended.

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to our winner for the month of
October 2013

Dr. Dalia Abdellatif
Edmonton, Alberta