This month—5 cases:

1. *"What's on my neck?"*
2. *"What's on my baby's head?"*
3. *"What happened to my back?"*
4. *"What are these bumps?"*
5. *"My baby is yellow!"*

Case 1

"What's on my neck?"

A 14-year-old male presents with a large, well-circumscribed tan patch with small brown macules scattered within it.

What is your diagnosis?

a. Nevus spilus
b. Solar lentigo
c. Café-au-lait macule
d. Becker nevus
e. Nevus sebaceous

Answer

This patient has a nevus spilus (**answer a**). Nevus spilus is a light-brown pigmented patch, with speckled smaller and darker coloured macules. It most often occurs on the trunk and legs. Some believe that nevus spilus is a subtype of congenital melanocytic nevus. Nevus spilus is found in 1% to 2% of children and it is a clinical diagnosis.

Treatment is not necessary as the risk of melanoma remains small. Watchful waiting and observation are preferred.

Any evidence of new irregular pigmentation, or development of a papule or nodule, warrants a biopsy. Surgical excision is the definitive way to remove the lesion and lasers have been tried with modest benefit.

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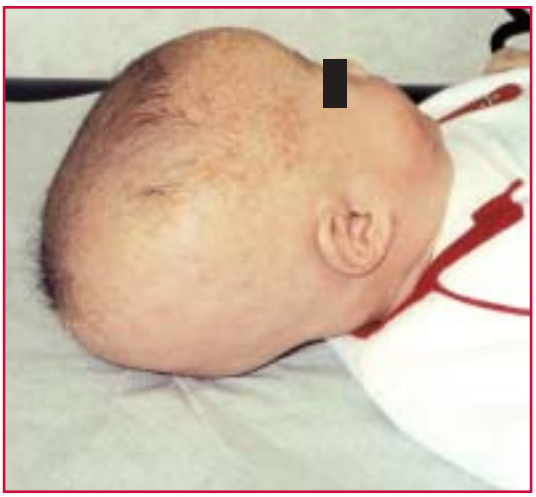
Case 2

"What's on my baby's head?"

This infant presents with a greasy, scaly lesion on her forehead and scalp. She has no history of diarrhea or failure to thrive. She shows no signs of discomfort.



What is it?

a. Atopic dermatitis
b. Infantile seborrheic dermatitis
c. Psoriasis
d. Leiner's disease

Answer

Infantile seborrheic dermatitis (**answer b**) usually manifests with erythema on the scalp, forehead and retroauricular areas. The erythema is typically covered with a greasy, yellow scale. The condition is most common during the first few months of life and both sexes are equally affected.

Although the exact etiology is not known, pityrosporum ovale (*Malassezia furfur*) has been implicated in infantile seborrheic dermatitis because the organism has been isolated from the skin of affected patients at a higher frequency than normal.

Infantile seborrheic dermatitis usually resolves spontaneously in period of several weeks to months. In the case of severe infantile seborrheic dermatitis, treatment with an antiseborrheic shampoo (selenium sulfide, salicylic acid and tar) and low-potency topical corticosteroid will hasten resolution.

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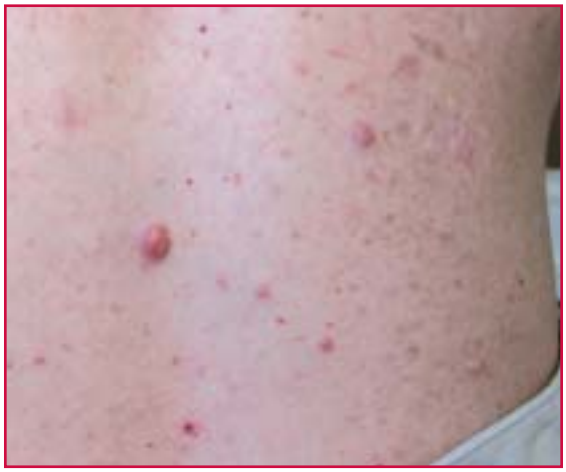
Case 3

"What happened to my back?"

A 23-year-old male presents with multiple soft papules on his trunk and arms. He also has several large brown patches on his trunk.



What is the likely diagnosis?

a. McCune-Albright syndrome
b. Neurofibromatosis
c. Intradermal nevi
d. Tuberous sclerosis
e. Noonan syndrome

Answer

Neurofibromatosis (**answer b**) is an autosomal dominant syndrome. It is characterized by multiple neurofibromas, *café-au-lait* macules, and axillary and/or, inguinal freckling. Less commonly present are, plexiform neurofibromas, skin hyperpigmentation, sacral hypertrichosis and giant pigmented hairy nevi. Lisch nodules (iris hamartomas) are a specific sign of this syndrome.

Also, various bone and endocrine abnormalities have been reported, as well as neurologic sequelae (*ie.* mental retardation, epilepsy, and intracranial malignancies).

The diagnosis of neurofibromatosis is based on a constellation of findings. These diagnostic criteria are readily available.

There have been deaths reported with neurofibromatosis which occur as a result of intracranial meningiomas and gliomas, peripheral nerve sarcomas and other associated malignancies.

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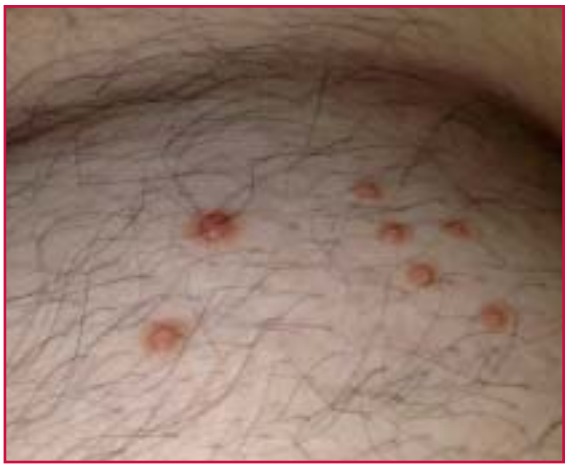
Case 4

"What are these bumps?"

A 60-year-old male patient with diabetes has been on insulin for 20 years. In the last eight months, lesions have appeared on his lower right abdomen, at a favourite injection site.



What do you think?

a. Furuncles
b. Insulin reaction
c. Ingrown hairs
d. Nevi
e. Molluscum contagiosum

Answer

Molluscum contagiosum (**answer e**) is a benign virus-induced lesion of the skin. Small flesh-coloured, pearly, umbilicated papules occur singularly, or in groups. In adults, inoculation of the genitals, lower abdomen and upper thighs is most commonly due to sexual contact.

The lesions may involute, but a light curettage (revealing a cheesy inclusion body) is quick and efficient to heal and no scaring will occur. To treat molluscum contagiosum, liquid nitrogen and a topical canthardin are favourite treatments.

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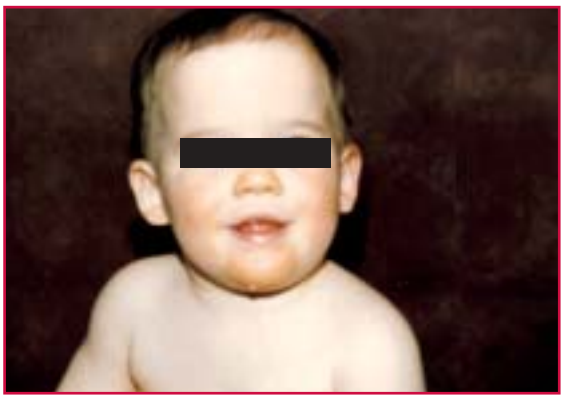
Case 5

"My baby is yellow!"

A nine-month-old girl is assessed because of yellow discolouration on her cheeks, palms and soles. Six weeks prior to developing the abnormal colouration she had been exposed to an adult with hepatitis A. Her sclerae is white, but otherwise, her examination was unremarkable.



What can it be?

a. Hepatitis A
b. Carotenemia
c. Lycopenemia
d. Choledochal cyst

Answer

Carotenemia (**answer b**) is a clinical condition characterized by yellow pigmentation of the skin and increased carotene levels in the blood. Carotenemia usually develops after a prolonged and excessive consumption of carotene-rich foods, such as carrots, squash and sweet potatoes. The condition is rarely associated with diabetes mellitus, hypothyroidism, Simmond's disease or anorexia nervosa.

Carotenemia can be confused with jaundice. In the case of jaundice, the pigmentation is diffused, the sclerae are (commonly) the first place to be affected, and the yellow colour is more obvious in natural light. Constitutional symptoms such as malaise, loss of appetite, itching and right upper-quadrant pain, might be present depending on the cause of the jaundice.

Carotenemia never affects the sclerae, the pigmentation is typically localized to the palms, soles and nasolabial folds, the colour is more pronounced under artificial light and constitutional symptoms are absent.

Lycopenemia can cause an orange or red discolouration of the skin and is due to excessive consumption of lycopene-rich foods such as tomatoes and beets.

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