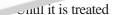
"What's this rash?"

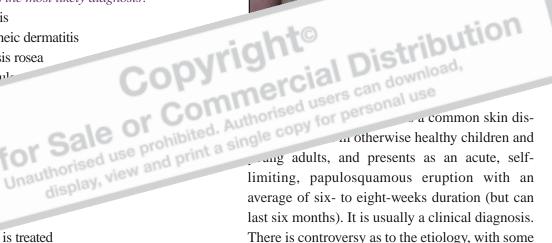
Benjamin Barankin, MD

n 11-year-old boy presents with an acute truncal eruption of finely scaling, erythematousorange, mildly pruritic plaques. Ten days prior to this rash, he recalls one large scaly plaque on his lower back. He is otherwise healthy, on no medications and has no drug allergies. He has a family history of psoriasis.

- 1. What is the most likely diagnosis?
- a) Psoriasis
- b) Seborrheic dermatitis
- c) Pitvriasis rosea
- d) Nummul



- 3. How could you treat this rash?
- a) Treatment is not necessary since it is self-limited
- b) Moderate potency topical steroids if pruritic
- c) Topical antifungal
- d) Topical imiquimod
- e) a & b



thought that it is due to human herpes

virus 6 or 7. It is unlikely to recur.

Dr. Barankin is a Senior Dermatology Resident, University of Alberta, Edmonton, Alberta.

"Case in Point" is a series of interesting cases and diagnoses so general practitioners can sharpen their skills. Submissions and feedback can be sent to diagnosis@sta.ca.

Answers: 1-c; 2-b; 3-e