



*Illustrated quizzes on problems seen in everyday practice*

## Cases this month

- |                               |                             |                           |
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| 2. Lumpy Lip                  | 7. Sunny Days               | 12. Summer Eruptions      |
| 3. Back Patches               | 8. Blasted Blisters         | 13. Nailing the Problem   |
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| 5. Lip Service, Please        | 10. Baby's Bottom           | 15. Mental Manifestations |

## CASE 1: "I'M LOSING IT!"



A 42-year-old male presents with scarring hair loss and erythema with yellow crusts on his scalp.

### Questions

1. What is your diagnosis?
2. What are the characteristic features?
3. How would you manage this patient?

### Answers

1. Folliculitis decalvans or tufted folliculitis.
2. It is characterized by erythema, swelling and pustules around the hair follicle, leading to destruction of the follicle and consequent permanent hair loss. Often, several or many hairs can be seen coming out of a single follicle (tufted).
3. Treatment can be difficult and should be managed by a dermatologist. Oral antibiotics (e.g., tetracyclines), isotretinoin and potent topical or intralesional steroids may be used.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

### CASE 2: LUMPY LIP



A 12-year-old male presents with an asymptomatic, semi-firm, translucent papule on his inner lip.

#### Questions

1. What is your diagnosis?
2. How can you treat this condition?

#### Answers

1. Mucous cyst or mucocele.
2. Superficial mucous cysts only require reassurance, since many are self-limited. For persistent, bothersome mucoceles, intralesional triamcinolone, cryotherapy or electrodesiccation can be tried. Surgical removal of the minor salivary gland is a definitive treatment.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

**CASE 3: BACK PATCHES**

A 20-year-old female presents with several white, atrophic patches on her back.

**Questions**

1. What is your diagnosis?
2. What are the two main types of presentations?
3. How would you treat this condition?

**Answers**

1. Lichen sclerosus (*et atrophicus*).
2. Genital and extragenital. Genital involvement is five times more common.
3. For genital involvement, ultrapotent topical steroids are the treatment of choice. Lesions on the body can be treated with topical steroids or topical calcineurin inhibitors (*e.g.*, tacrolimus, pimecrolimus) or, occasionally, phototherapy if they are pruritic.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

### CASE 4: ITCHY PLAQUES IN PREGNANCY



A 27-year-old pregnant female in her third trimester presents with itchy papules and plaques on her abdomen and thighs.

#### Questions

1. What is your diagnosis?
2. How common is this condition?
3. How do you manage this condition?

#### Answers

1. Pruritic urticarial papules and plaques of pregnancy (PUPPP).
2. PUPPP occurs in approximately 1 in 200 pregnancies.
3. Potent topical steroids are often used. Occasionally, prednisone is needed. Oral antihistamines, such as diphenhydramine, provide a modest benefit.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

## CASE 5: LIP SERVICE, PLEASE



A 44-year-old male presents with an asymptomatic, dark blue-purple papule on his inner lip.

### Questions

1. What is your diagnosis?
2. What causes this condition?
3. How would you manage this condition?

### Answers

1. Venous lake.
2. It is associated with significant sun exposure. Vascular thrombosis may also be suspected.
3. Cryotherapy, electrodesiccation, laser and surgical biopsy or excision can be tried. Biopsy may be warranted if the papule is non-compressible or if melanoma is a concern.

Provided by Dr. Benjamin Barankin, Edmonton, Alberta.

## CASE 6: CHARTERED NECK DOES SHOW



This 70-year-old male farmer noticed skin markings on the back of his neck.

### Questions

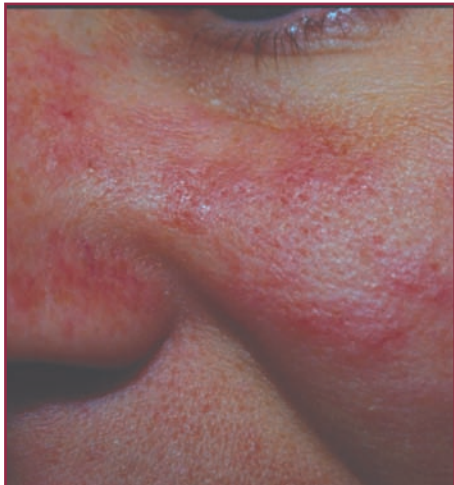
1. What is your diagnosis?
2. What is the cause?
3. What is the treatment?

### Answers

1. Cutis rhomboidalis nuchae.
2. This is a result of chronic sun damage and is related to elastotic degeneration of the skin.
3. No treatment is necessary.

Provided by Dr. Rob Miller, Halifax, Nova Scotia.

### CASE 7: SUNNY DAYS



In the last three summers, this 35-year-old female has noticed an increased sensitivity to the sun that resolves on its own once fall arrives. It affects her face, neck and the backs of her hands and arms and is quite pruritic.

#### Questions

1. What is your diagnosis?
2. What is the cause?
3. What is the treatment?

#### Answers

1. Polymorphous light eruption.
2. Sensitivity to ultraviolet rays (UVR).
3. Sun avoidance, sun-protective clothing and the use of sunscreens may help some individuals. Topical steroids can be beneficial. For some, desensitization therapy with UVR treatments (either psoralen ultraviolet A-range or narrow-band UVB) in early spring will be beneficial. Anti-malarial therapy has also been found to be advantageous.

Provided by Dr. Rob Miller, Halifax, Nova Scotia.

## CASE 8: BLASTED BLISTERS



This 70-year-old female has developed numerous blisters on the flexor and extensor aspects of her arms and legs and on her abdomen. These lesions have been present for two months. Her mucous membranes are clear and no erosions are seen.

### Questions

1. What is your diagnosis?
2. What is the cause?
3. What is the treatment?

### Answers

1. Bullous pemphigoid.
2. This is an auto-immune disorder that has antibodies directed against the basement membrane between the epidermis and dermis.
3. Most cases usually require systemic steroids plus or minus immunosuppressants.

Provided by Dr. Rob Miller, Halifax, Nova Scotia.



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## CASE 9: ITCHY & SCRATCHY



This 58-year-old female presents for the management of a very itchy rash on the extensor aspects of her arms, legs and neck region.

### Questions

1. What is your diagnosis?
2. What is the cause?
3. What is the treatment?

### Answers

1. Neurotic excoriation.
2. These lesions are self-induced, as evidenced by the linear nature of the lesions.
3. Therapy can be extremely frustrating and difficult. Topical steroids may help to a certain extent, but these patients have an uncontrollable desire to scratch themselves. Medications, such as selective serotonin reuptake inhibitors, which are effective in the treatment of obsessive compulsive disorders, may be helpful for some individuals.

Provided by Dr. Rob Miller, Halifax, Nova Scotia.



**CASE 10: BABY'S BOTTOM**



A 16-month-old male presents with a bright red, sharply demarcated, moist and non-indurated rash, confluent from the anus outwards.

**Questions**

1. What is your diagnosis?
2. What is the significance?
3. What is the treatment?

**Answers**

1. Perianal streptococcal dermatitis.
2. Since the offending organism is group A beta-hemolytic streptococcus, post-streptococcal glomerulonephritis is a possible complication.
3. Treatment consists of a 10-day course of oral penicillin and/or topical mupirocin.

Provided by Dr. Alexander K.C. Leung and Dr. Justine H. Fong, Calgary, Alberta.

**CASE 11: LINEAR CREASES**

A 13-year-old male was noted to have linear creases in both earlobes. He is otherwise healthy.

**Questions**

1. What is the significance?

**Answers**

1. Linear creases (fissures) in the lobules of the external ears is often a normal finding in healthy individuals and is of no clinical significance. However, approximately two-thirds of patients with Beckwith-Wiedemann syndrome have this unusual feature. Some patients with Beckwith-Wiedemann syndrome also have indentations on the posterior rim of the helix.

Provided by Dr. Alexander K.C. Leung and Dr. C. Pion Kao, Calgary, Alberta.

CASE 12: SUMMER ERUPTIONS



A 10-year-old male presents with pruritic papules on his elbows. The eruption started three months ago in the summer and several hours after intense sun exposure. His eight-year-old sister had a similar eruption.

**Questions**

1. What is your diagnosis?
2. What is the significance?
3. What is the treatment?

**Answers**

1. Actinic prurigo.
2. Actinic prurigo is a chronic familial photodermatitis induced by ultraviolet light. Lesions consist of intensely pruritic, often excoriated, papules on exposed areas. There may be eczematization, lichenification or crusting in some of the lesions. The eruption is usually worse in the summer. Actinic prurigo occurs more frequently in children.
3. Avoiding sun exposure and using broad spectrum sunscreens is often sufficient treatment. Topical corticosteroids may help to alleviate the pruritus. Some patients may require UVB phototherapy.

Provided by Dr. Alexander K.C. Leung and Dr. C. Pion Kao, Calgary, Alberta.

**CASE 13: NAILING THE PROBLEM**

The right thumb of this 28-year-old female was hit accidentally by a can that fell from a shelf.

**Questions**

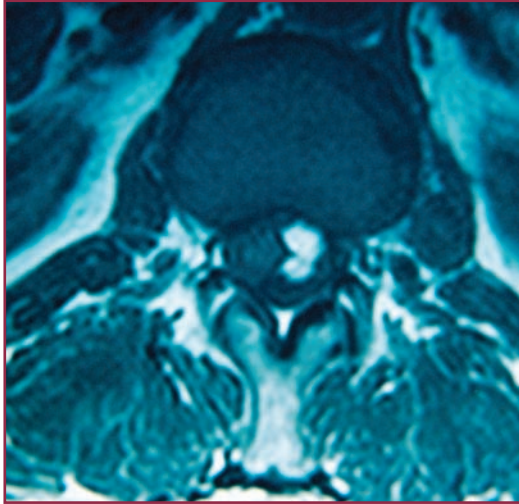
1. What is your diagnosis?
2. What is the significance?
3. What is the treatment?

**Answers**

1. Subungual hematoma.
2. A subungual hematoma is a collection of blood beneath the nail plate that arises after trauma to the nail. The patient often experiences throbbing pain that worsens with increasing pressure as more blood accumulates.
3. If the subungual hematoma is small and does not cause much discomfort, no treatment is necessary. If it is painful, drainage is warranted. This procedure can be performed with a scalpel blade perpendicular to the nail in the centre of the hematoma and puncturing the nail by simultaneously applying downward and rotary pressure. Hot paper-clip or wire cautery is a useful alternative to trephination of the plate. The hole should be large enough to allow continuous drainage and to minimize blood retention beneath the plate.

Provided by Dr. Alexander K.C. Leung and Dr. Justine H. Fong, Calgary, Alberta.

CASE 14: BACK TO BASICS



A 52-year-old female presents with a long history of lower back pain. Her pain is increased when placed in the supine position. Her neurologic exam is normal. A CT scan and MRI are done.

**Questions**

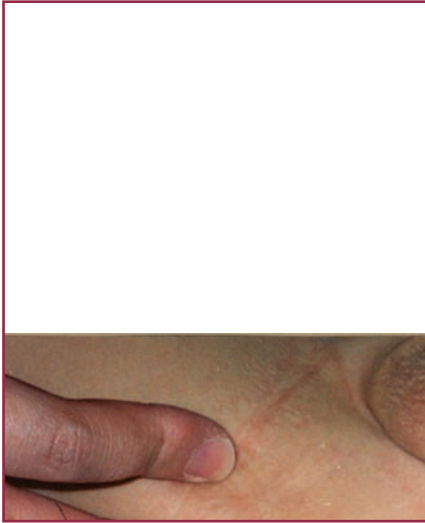
1. What does the MRI show?
2. What is the significance?

**Answers**

1. Lipoma at the L2 level. There is a mass, approximately 2 cm, in the region of the conus, which is of fatty signal intensity within the dural space at the L2 level. The conus medullaris is displaced to the right and without significant compression. Within the fatty structure, there are also neural elements running throughout.
2. Due to the fact that the lipomas of the central nervous system are rarely seen and are involved in nervous and calcific tissues, except for fatty tissues, they can be mistaken for hamartomatous masses. The total excision of the lipomas of the central nervous system and, especially, the spinal intramedullary lipomas are quite difficult, since they are tightly entangled with the neural tissue. Any attempt at total excision is dangerous.

Provided by Dr. Jerzy Pawlak, Winnipeg, Manitoba.

### CASE 15: MENTAL MANIFESTATIONS




A few months ago, this 23-year-old female suddenly developed linear lesions on the extensor aspects of her arms and legs.

#### Questions

1. What is your diagnosis?
2. What is the cause?
3. What is the treatment?

#### Answers

1. Dermatitis artefacta.
2. These are self-induced lesions and represent underlying psychiatric illness.
3. Treatment of the underlying psychiatric disorder will help in the healing of these lesions. 

Provided by Dr. Rob Miller, Halifax, Nova Scotia.