



Thickened Ankle Skin

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A 37-year-old Asian female under significant stress presents with pruritic, thickened skin on her ankle and posterior neck. Moderate potency topical steroids and antifungal creams have been of no benefit.

1. What is the most likely diagnosis?

- Nummular eczema
- Lichen simplex chronicus
- Lichen planus
- Psoriasis
- Ichthyosis vulgaris

2. Which of the following is a common location for this lesion?

- Ankle
- Posterior neck
- Vulva
- Scrotum
- All of the above

3. How could you manage this lesion?

- Ultrapotent topical steroids
- Intralesional kenalog
- Discussion of stress reduction techniques
- Oral antihistamines
- All of the above

Lichen simplex chronicus is a thickening/lichenification of the skin secondary to chronic scratching or rubbing. It is found in areas accessible to the hands:


- Scalp
- Nape of neck
- Vulva



Figure 1. Thickened skin on the ankle.

- Scrotum
- Extensor elbows
- Ankles, especially in middle-aged females

The pruritus is typically worse at bedtime and times of inactivity and is often paroxysmal in nature. The skin appears as a lichenified, firm plaque with exaggerated skin lines and dyspigmentation. Factors such as atopic dermatitis, insect bites, xerosis and anxiety appear to play a role in the etiopathogenesis.

Management involves discussion of stress reduction and oral anti-anxiety medications where relevant. Ultrapotent topical steroids are typically employed and occasionally intralesional steroids are required. Oral antihistamines are occasionally useful and secondary infections should be managed appropriately. 

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

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