## Case 1

# "What is this on my cheek?"

A pigmented lesion has been present on a 64-year-old man's cheek for three months (Figure 1). The asymptomatic lesion is slightly elevated with a rough texture, and has not changed in appearance since first erupting. The patient has no history of skin cancer or atypical moles.

### What course of action do you pursue?

a. Perform a shave biopsy.
b. Perform a punch biopsy.
c. Perform an excisional biopsy with 3 mm margins.
d. Perform cryosurgery and/or prescribe 5-fluorouracil cream.
e. Wait three months, then re-evaluate for any changes.
f. Provide reassurance only.

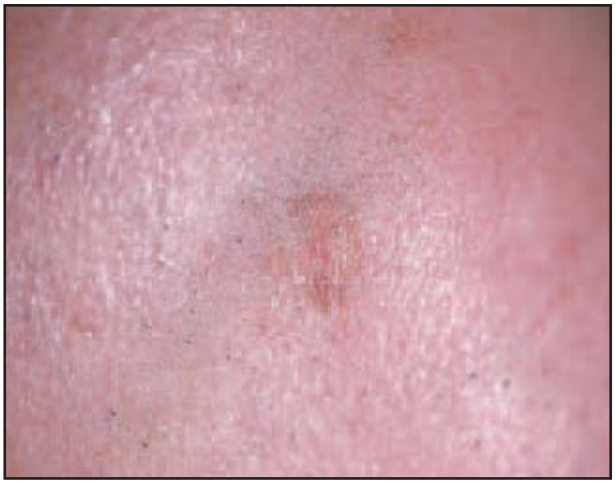

Figure 1. A pigmented lesion on the patient's cheek.

### Answer

The clinical appearance of the lesion and its location on a sun-exposed area led to the diagnosis of actinic keratosis. Occasionally, these keratoses can be pigmented. Their prognosis and treatment is the same whether they are red or skin-coloured.

These precancerous lesions require treatment. Cryosurgery and application of topical 5-fluorouracil (5-FU) are effective options **(answer: D)**. This patient's keratosis cleared following nightly application of 5-FU cream for four weeks.

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## Case 2

# A change of skin colour

A 42-year-old woman had been taking hydroxychloroquine 200 mg a day for systemic lupus erythematosus for six months. She recently noticed areas of grey-brown hyperpigmentation on her shins (Figure 1).

### What is responsible for the change in skin colour?

### Answer

A biopsy of material from a site of discolouration demonstrated hemosiderin around the capillaries and dermal melanin. Antimalarial-induced melanosis was diagnosed. The hydroxychloroquine was discontinued, and the hyperpigmentation cleared completely within a few months. Chloroquine, 250 mg a day, was initiated without an adverse effect.

A bluish grey to black hyperpigmentation may occur in 10% to 30% of patients who have taken an antimalarial agent for four months or longer. Areas that are affected most commonly are the face, nape of the neck, palate, nail beds, and along the edge of the shin bones. Discolouration of the skin disappears when the culprit drug is stopped.

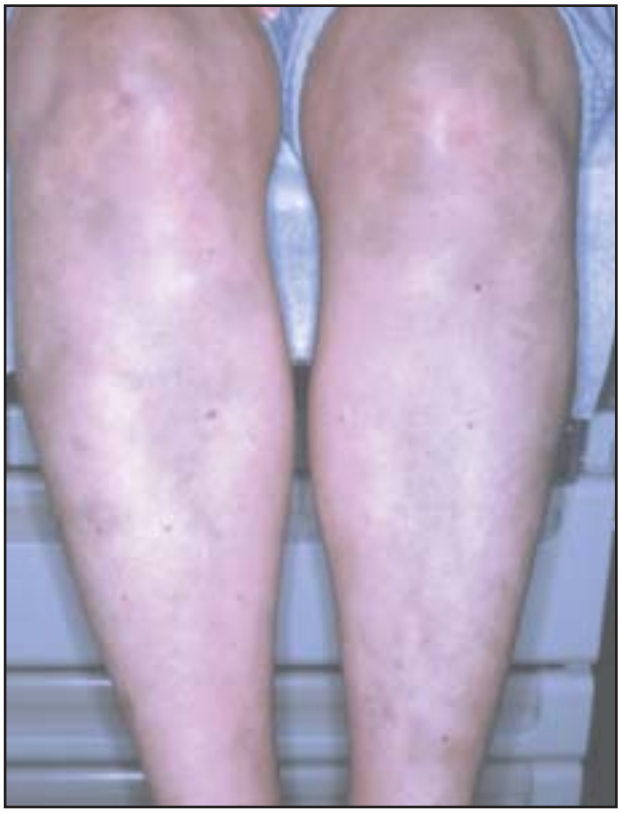

Figure 1. Grey-brown hyperpigmentation on the patient's shins.

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## Case 3

# "What has happened to my face?"

A 62-year-old man has had a severe, painful rash on his face for two weeks (Figure 1). The rash appeared two days after the patient started using 5% fluorouracil cream for actinic keratoses.

**Is this an exacerbation of the actinic keratoses, or is it something else?**

### Answer

An irritant reaction to the topical 5-fluorouracil is expected, however, this patient's inflammatory response was much more severe than is usual. The cream was discontinued, and a few-days regimen of topical triamcinolone was prescribed. Thereafter, a 2.5% hydrocortisone ointment was used for three weeks. Warm, damp compresses applied to the face eased the patient's pain.

His rash resolved completely after three weeks of mild corticosteroid therapy. He was cautioned to avoid 5-fluorouracil in the future or, if necessary, to use it sparingly. CME

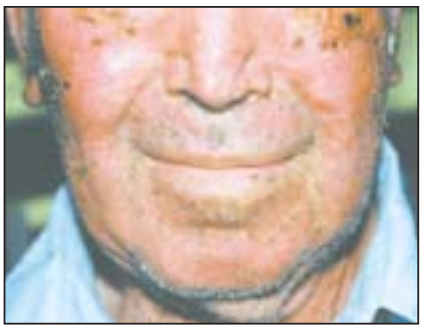

Figure 1. The facial rash of the patient.

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