Answers to Dermato-venereological Quiz on pages 80-81

1. The clinical differential diagnoses included inflammatory conditions such as generalised morphoea; eczema with post-inflammatory hyperpigmentation; fixed drug eruption; infective causes such as tinea corporis; and malignant conditions such as mycosis fungoides.
2. Histopathological section shows an atrophic epidermis. The papillary and reticular dermis shows deposition by broad sclerotic collagen bundles which also surround sweat glands, leading to sweat gland atrophy. Patchy perivascular chronic inflammatory infiltrates are present and there is no evidence of dysplasia or malignancy.
3. The diagnosis is generalised morphea, which is an idiopathic inflammatory disorder that causes sclerotic changes in the skin.
4. The level of disease activity, depth of involvement, body surface area involved, and the potential for functional impairment or cosmetic disfigurement determine the most appropriate approach to treatment. In general, therapy aimed at reducing inflammatory activity in early disease is more successful than attempts to decrease sclerosis in well-established lesions. In patients with progressive disease, successful treatment arrests the formation of new lesions and limits disease spread. For individual localised lesions, topical therapies (e.g., high potency topical corticosteroids, topical vitamin D, topical tacrolimus) can be applied. In patients with generalised morphea, topical therapy is often ineffective. Phototherapy and systemic therapy, such as methotrexate and systemic glucocorticoids (oral prednisolone), are the preferred initial treatments for these patients.