

# DERMATO-VENEREOLOGICAL QUIZ

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## Question 1

A 18-year-old male patient went to see his private practitioner for treatment of acne vulgaris. Within two weeks, he developed this haemorrhagic, severely disfiguring nodular eruptions with crusted erosions involving his face, chest and back. He was afebrile and routine haematology and blood biochemistry were all normal.

1. *What treatment has he received from his practitioner?*
2. *What is your clinical diagnosis?*
3. *What is your treatment?*

## Question 2

A 14-year-old male student attended the male social hygiene clinic with this dusky red, erythematous, raised grouped lesions on his genitalia. He denied of any symptoms but claimed that it had bled once or twice in the past.

1. *What is your clinical diagnosis?*
2. *What is your treatment of choice?*



*(answers on page 19)*

## Answers to Dermato-venereological Quiz on page 40

### Answer (Question 1)

1. The practitioner has prescribed oral, systemic isotretinoin (Roacutane) of a dosage of 1mg/kg/day to the patient.
2. The clinical diagnosis is pyogenic granuloma induced by isotretinoin.
3. The preferred treatments include systemic corticosteroids in a dosage of 0.5-1 mg/kg/day for 4 weeks together with erythromycin 2 grams per day.

Pyogenic granuloma induced by isotretinoin is a rare but well documented adverse reaction of systemic isotretinoin. There are only 13 case reports so far in the world literature. It is more common in male patient who has taken systemic isotretinoin of a relatively high dosage. The condition is not life threatening but severely disfiguring. The exact pathogenesis is unknown but is believed to be due to the immunomodulating and tissue proliferating effects of systemic retinoids. The condition can be alleviated by systemic steroids therapy and oral erythromycin.

### Answer (Question 2)

1. The clinical diagnosis is angiokeratoma circumscriptum involving the shaft of the penis.
2. The preferred treatment is either surgical ablation or laser therapy using CO<sub>2</sub> laser.

Angiokeratoma circumscriptum is a benign congenital condition that usually appears during puberty. The other forms of angiokeratoma such as angiokeratoma of Fordyce and angiokeratoma corporis diffusum (Fabry's disease) occur mostly in the scrotum and the buttock. Angiokeratoma corporis diffusum is a metabolic multi-system disorder that can result in renal or heart failure. One of the characteristic features of angiokeratoma circumscriptum is that the lesion can bleed easily while traumatised. The preferred treatment is surgical removal. CO<sub>2</sub> laser can give good cosmetic result.