

# DERMATO-VENEREOLGICAL QUIZ

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## Question 1

A 50-year-old woman with schizophrenia over 20 years presented with mildly itchy skin rash over abdomen for one month. There is no systemic symptom. Skin elsewhere is not affected. Examination of the scalp and nail are normal.

1. *What are the differential diagnoses?*
2. *Histological examination of lesional area revealed subcorneal pustules filled with numerous neutrophils. What is the diagnosis?*
3. *How would you treat her?*

## Question 2

A 56-year-old man was referred for hyperpigmentation over elbow for four years. The lesion was preceded by pain and erythema after taking a drug for urethral discharge. Exacerbation occurred after taking the same medication.

1. *What is your diagnosis?*
2. *What are the most common offending drugs?*
3. *What is the typical clinical feature of this condition?*



(answers on page 57)

## **Answers to Dermato-venereological Quiz on page xx**

### **Answer (Question 1)**

1. Examination revealed numerous pustules arranged in an arc and annular pattern over erythematous patches. Differential diagnoses include subcorneal pustular dermatosis, pustular psoriasis, impetigo and pustular drug reaction. Subcorneal pustular dermatosis is relatively asymptomatic.
2. Subcorneal pustular dermatosis.
3. Dapsone is the treatment of choice. Etretnate and PUVA are alternative treatment. Subcorneal pustular dermatosis has also been reported to be associated with myeloma, leukaemia, inflammatory bowel disease, pyoderma gangrenosum, rheumatic arthritis and Ig A gammopathy. Hence it is also important to rule out such underlying conditions.

### **Answer (Question 2)**

1. The clinical photo shows dark grey pigmentation over elbow. The diagnosis is fixed drug eruption.
2. Drugs associated with fixed drug eruption are tetracyclines, sulphonamides, barbiturates, salicylates, NSAIDs and phenolphthalein.
3. The eruption occurs at the same site with rechallenge to the same drug. The rash consists of initially round erythematous plaque that was followed by postinflammatory hyperpigmentation. With first exposure, lesion occurs within one to two weeks. With subsequent exposure, reactivation occurs within a few days.