

DERMATO-VENEREOLGICAL QUIZ

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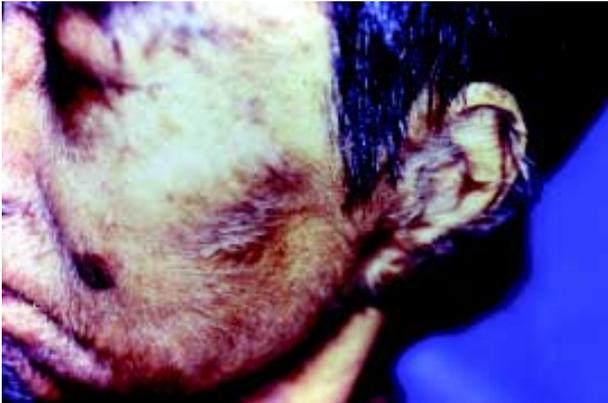


Figure 1

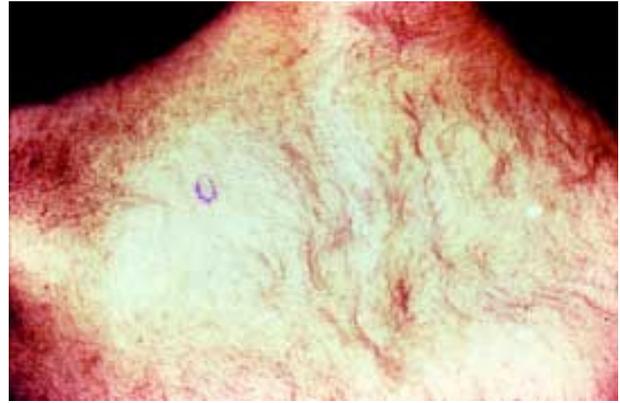


Figure 2

Question 1

A 59-year-old lady developed excessive growth of hairs over her face, ear and upper back for about six months. There was no new drug intake and her appetite was normal.

1. What is the diagnosis?
2. What is the most likely underlying cause of her condition?
3. What are the other possible causes?



Figure 1



Figure 2

Question 2

This 26-year-old man complained of multiple yellowish to brownish papules over his axillae, groin, periorbital region and gingiva for more than 3 years. They are asymptomatic. His past health was good. There was no family history of early death. Investigations showed a normal lipoprotein profile and an increase in serum sodium level.

1. What is the diagnosis?
2. What will be seen in the skin biopsy of the lesions?
3. What is the possible cause of the raised serum sodium level?

(answers on page 113)

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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.