DERMATO-VENEREOLOGICAL QUIZ

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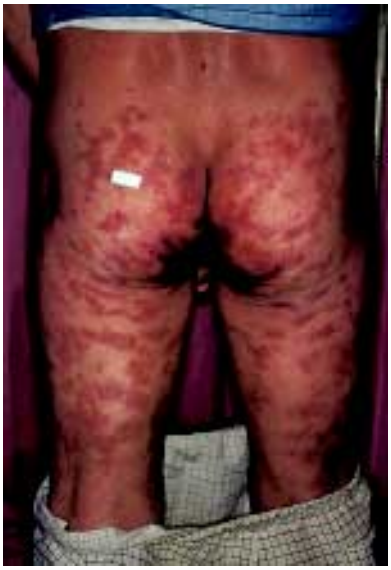

Figure 1.1

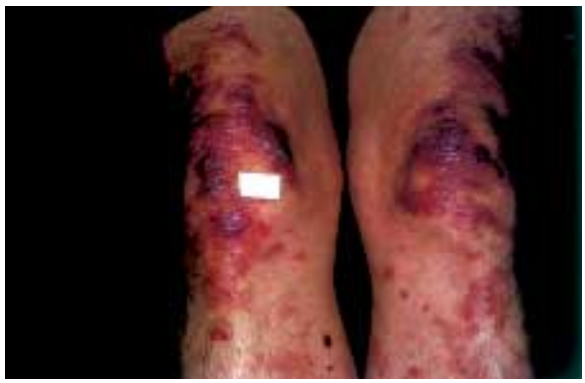

Figure 1.2

Question 1

A 51-year-old man presented with a progressive erythematous rash over buttocks (Figure 1.1), thighs, legs and particularly the extensor aspect of knees (Figure 1.2) and elbows for 1 year. Necrotic crust was present over some lesions. Scalp and nails were normal. There was no systemic symptom.

1. *What are the differential diagnoses?*
2. *Histological examination of the lesional area showed leucocytoclastic vasculitis. What is the diagnosis?*
3. *How would you treat him?*

Question 2

A 37-year-old woman presented with an erythematous rash over face, upper trunk (Figure 2.1) and limbs (Figure 2.2) for three days, soon after started on carbamazepine for epilepsy. Pustules were noted over the chest area. She had a low-grade fever and leucocytosis on investigation (white blood cell = 15.2×10^9/L, 49% neutrophil, 34% lymphocyte, 9% eosinophil, 8% monocyte). There was no mucosal involvement.

1. *What is your diagnosis?*
2. *What are the usual causes?*
3. *What is the management?*

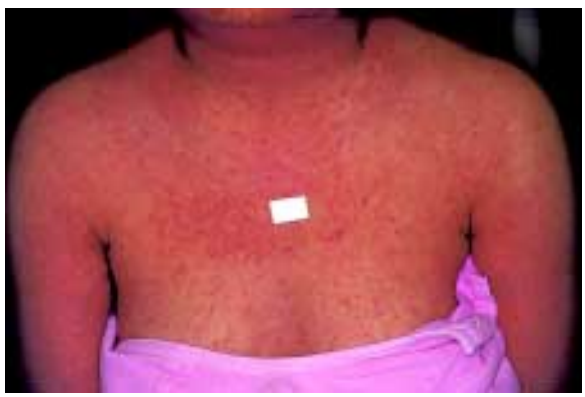

Figure 2.1

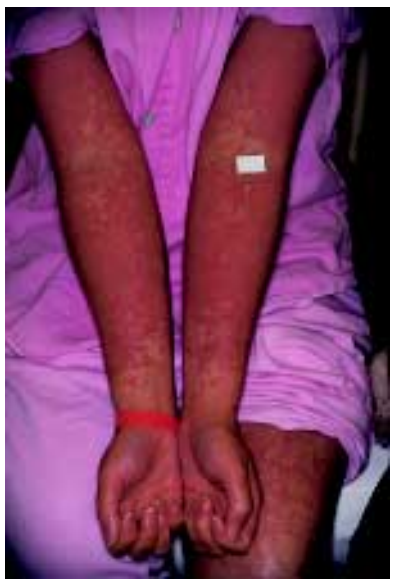

Figure 2.2

(answers on page 168)

Answers to Dermato-venereological Quiz on page 197

Answer (Question 1)

1. Examination showed erythematous plaques and nodules symmetrically over buttocks, thighs and the extensor surface of knees. Hyperpigmentation was noted. Differential diagnoses include erythema elevatum diutinum, psoriasis and Sweet's syndrome.

2. Erythema elevatum diutinum. It is a rare form of chronic idiopathic leucocytoclastic vasculitis in adult. It is characterized by persistent red-brown nodules and plaques symmetrically over the extensor surface of limbs and buttocks. The lesions are initially soft in consistency and become harder with fibrosis. The disease progresses in most cases for more than 10 years to eventual resolution. Hyperpigmentation often results with healing.

3. Dapsone is the treatment of choice but the effect is suppressive only. Prompt recurrence may occur with withdrawal of treatment. Intralesional and topical high-potency corticosteroids may be used in very limited disease to decrease the size of lesions.

Answer (Question 2)

1. The clinical pictures showed an erythematous maculopapular rash over chest and upper limbs. Pustules are noted over the chest area. The diagnosis is toxic pustuloderma due to carbamazepine. Other possibilities include pustular psoriasis and subcorneal pustular dermatosis. The rash typically occurs within a few days of commencing the implicated drug. It presents as a generalized erythematous maculopapular rash which becomes confluent. Superficial non-follicular pustules occur mainly on head and neck area. Fever and leucocytosis are present.

2. Toxic pustuloderma are mostly drug-induced. Antibiotics like penicillins, cephalosporins and macrolides account for the majority. Other drugs include carbamazepine, nifedipine, diltiazem, allopurinol, ofloxacin etc.

3. Management includes discontinuation of the offending drug and supportive treatment. Systemic corticosteroids are sometimes used empirically. Resolution of the pustules and desquamation occur promptly with withdrawal of the drug.