

DERMATO-VENEREOLGICAL QUIZ

Prepared by Dr. L. Y. Chan



Figure 1

Question 1

A 76-year-old demented lady was noticed to have a progressive enlarging skin lesion over her left leg for few years. There was no definite history of bleeding and scratching was not obvious.

1. What are the differential diagnoses?
2. Diagnostic skin biopsy revealed acanthosis with full-thickness dysplasia of the epidermis with hyperkeratosis. No invasion was found. What is your diagnosis?
3. How would you treat her?



Figure 2

Question 2

A 36-year-old lady presented with mildly itchy vesicular eruption over her right abdomen for 20 years. Examination revealed clusters of clear vesicles. There were also haemorrhage in some of the vesicles.

1. What is your diagnosis?
2. What are the possible complications?
3. How would you manage the lady?

(answers on page 64)

Answers to Dermato-venereological Quiz on page 87

Answer (Question 1)

1. Examination revealed a scaly keratotic plaque with irregular pigmentation over her leg. Differential diagnoses include Bowen's disease, superficial basal cell carcinoma, squamous cell carcinoma, actinic keratosis and seborrheic keratosis.
2. The diagnosis is Bowen's disease. It is an intraepidermal squamous cell carcinoma. The border is sharply defined with reniform projections and notches. The presence of several lesions, though not in this patient, may be a clue to previous exposure to carcinogens such as arsenic in a tonic when young.
3. Bowen's disease may ultimately become invasive. It can be treated by surgical excision, cryotherapy, electrocautery, laser ablation, topical 5-fluorouracil cream, radiotherapy or photodynamic therapy. This lady was referred to plastic surgeon for excision of the lesion.

Answer (Question 2)

1. The diagnosis is lymphangioma circumscriptum. It is a localised congenital hamartoma of the lymphatic vessels. It is more common in females and usually is present at birth or appears early in life. Small lesions may become manifest for the first time at any age. The lesions present as numerous, vesicle-like, often verrucous lesions. It has a predilection for the chest or thigh, buttock, or axilla.
2. Lymphangioma circumscriptum can be complicated by cosmetic disfigurement, lymphoedema, infection, and rarely squamous cell carcinoma.
3. Magnetic resonance imaging should be used to delineate the extent of the subcutaneous lesion. The lesion may be removed by radical surgery. The aim is to remove the subcutaneous part of the lesion. Other treatment options include cryotherapy, cauterization, radiotherapy and laser .