DERMATO-VENEREOLOGICAL QUIZ

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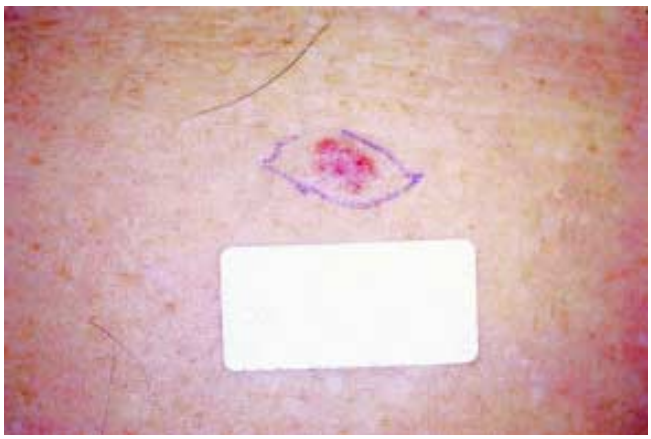

Figure 1

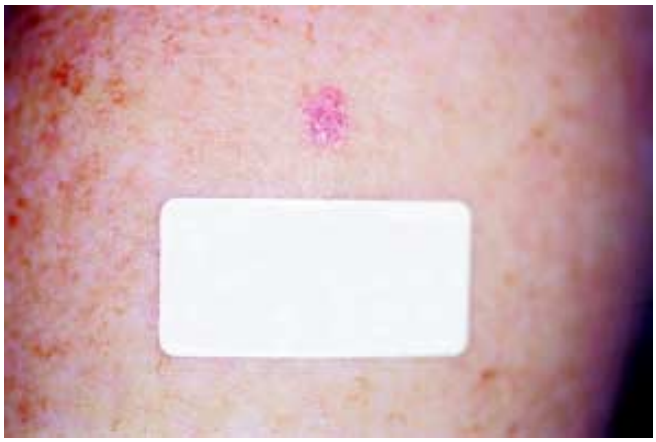

Figure 2

Question 1

This 51-year-old white man presented with an 8 mm diameter red papule at abdomen for six months (Figure 1) and a 5 mm diameter red papule at left shoulder for one month (Figure 2). Both of these lesions were non-itchy and slowly increased in size. He enjoyed good health and denied any family history of skin cancer.

1. What is the likely diagnosis?
2. What will one see on histological examination?
3. What are the therapeutic modalities?

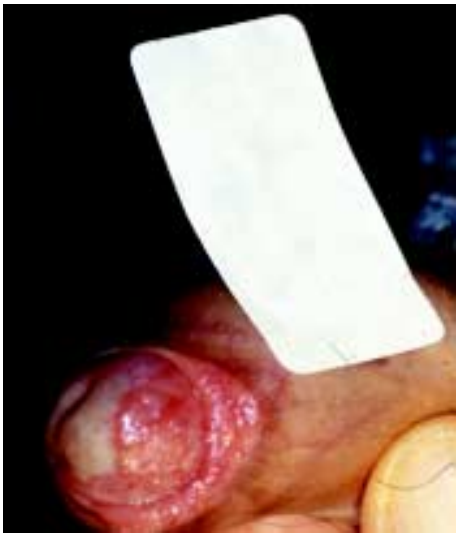

Figure 3

Question 2

This 60-year-old man noticed an erosive red plaque on his penis for one year (Figure 3). Examination revealed a sharply marginated glistening erythematous plaque on the glans and prepuce. He was uncircumcised and the foreskin was slightly constricted. Investigations for sexually transmitted disease, including syphilis serology, HIV antibody and herpes culture, were all negative. The lesion failed to respond to oral antibiotics and topical antiseptics.

1. What are the differential diagnoses?
2. What are the typical histological findings?
3. What is the treatment for this man?

(answers on page 127)

Answers to Dermato-venereological Quiz on page 149

Answer (Question 1)

1. The pictures show two marginated erythematous papules, with slight scaling. Together with the history, the most likely diagnosis is superficial basal cell carcinoma. The differential diagnoses include actinic keratoses, Bowen's disease and possibly psoriasis.

2. Histologically superficial basal cell carcinomas show buds of basaloid cells originating from the lower margin of the epidermis and extending down into the papillary dermis. The individual cells have large oval basophilic nuclei and minimal cytoplasm, resembling the basal cells of the epidemis. Peripheral palisading is present. These buds are actually interconnected and the lateral margin of the lesion is often difficult to define.

3. Generally the first line treatments include curettage and electrodesiccation, cryosurgery, excision and Mohs micrographic surgery. Surgical excision has the advantage of allowing histological examination and Mohs surgery is generally reserved for high risk tumours. Other options include radiotherapy and more experimental ones like intralesional interferon, topical imiquimod and photodynamic therapy. Regardless of the therapy chosen, more importantly, the patient should be followed up for the possibility of local recurrence and another basal cell carcinoma elsewhere.

Answer (Question 2)

1. The main differential diagnoses include erythroplasia of Queyrat and plasma cell balanitis. Other possibilities include extramammary Paget's disease, erosive lichen planus etc.

2. This patient had erythroplasia of Queyrat as confirmed by skin biopsy. Erythroplasia of Queyrat shows the histological features of intraepidermal squamous cell carcinoma.

3. Treatment should be individualized for patients with erythroplasia of Queyrat. Definitive treatment may be achieved with surgical excision or Mohs micrographic surgery. Other options include topical 5-flourouracil, carbon dioxide laser and possibly photodynamic therapy.