

## Dermato-venereological Quiz

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This 42-year-old Chinese man presented with mildly itchy skin rash over both thighs for two years. Individual lesion enlarged slowly but soon disappeared after a variable period of time and new lesions appeared later. He enjoyed good past health and was not on any long term medications. Examination revealed multiple 3-10 cm size annular, arcuate, non-indurated rash with trailing scale over his thighs (Figure 1). Skin scrapping for fungus was negative. Skin biopsy was performed (Figure 2).



Figure 1.

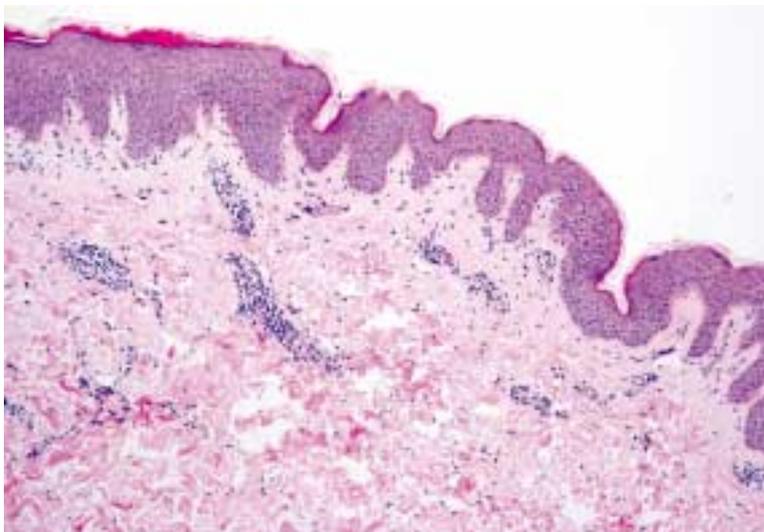


Figure 2.

### Questions

1. What are the clinical differential diagnoses?
2. What investigations would you order?
3. What are the associations?
4. What is the management?

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(Answers on page 176)

### **Answers to Dermato-venereological Quiz on page 166**

1. The clinical differential diagnoses include erythema annulare centrifugum (EAC), dermatophyte infection, cutaneous lupus erythematosus, mycosis fungoides, urticarial vasculitis, erythema migran, erythema multiforme, and Hansen's disease.
2. Laboratory investigations should include KOH examination for fungus, complete blood count, liver and renal function tests, chest radiography, serum immune markers, stool for parasites. Skin biopsy performed showed superficial perivascular dermatitis pattern with small mounts of parakeratosis, mild epidermal spongiosis and superficial perivascular lymphocytic infiltrate. Correlating with clinical features the most likely diagnosis is superficial type EAC.
3. EAC has been reported to associate with dermatophytosis, candidiasis, blue-cheese ingestion, connective tissue diseases, drugs such as penicillin, ascariasis, hyperthyroidism, hypereosinophilic syndrome, dysproteinaemia, and malignant neoplasms. However, most cases of EAC remained unexplained.
4. Underlying causes and possible associations should be excluded. Treatment may not be indicated if it is asymptomatic. Systemic antihistamines, topical steroids and topical calcipotriol may be tried. Systemic steroid and immunomodulatory agents may be indicated in very severe cases.