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Dermato-venereological Quiz

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A 83-year-old Chinese female presented with mildly itchy rash over her trunk for five months. The rash began from her thighs and later also involved her back, neck and upper limbs. Precipitating factors such as sunlight or drug were not noted. There were no systemic symptoms. Her past health was good. Physical examination revealed multiple annular lesions with erythematous border and central clearing without any epidermal changes (Figure 1). Sensation was intact. There was no nerve enlargement. Examination of scalp, nail and mucosa were normal. Laboratory investigations including complete blood count, liver and renal function tests, fasting blood glucose, anti-nuclear factor were all normal. Histopathology of a lesion was shown (Figures 2 & 3).

Questions

1. What is the clinical diagnosis?
2. What are the differential diagnoses?
3. What are the associated conditions?
4. What is the management?

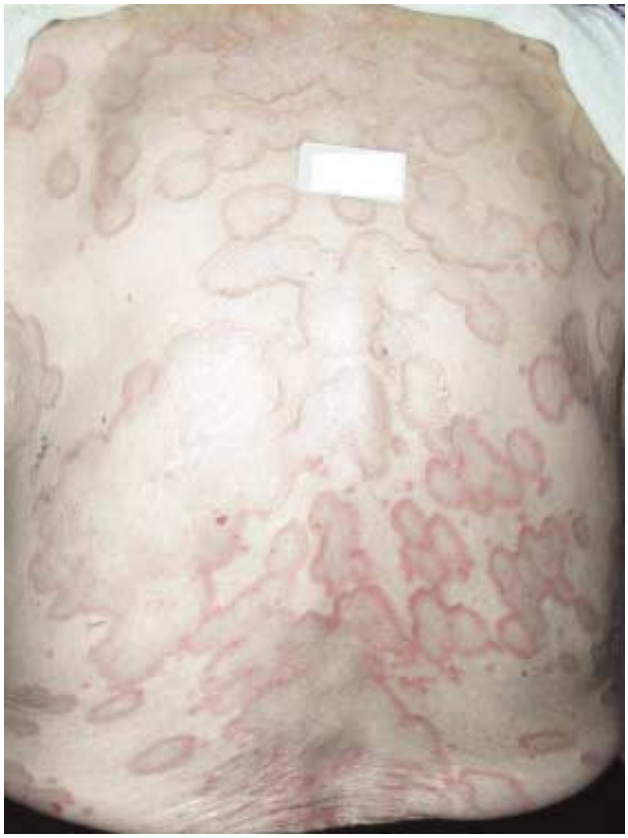

Figure 1.

Private Practice

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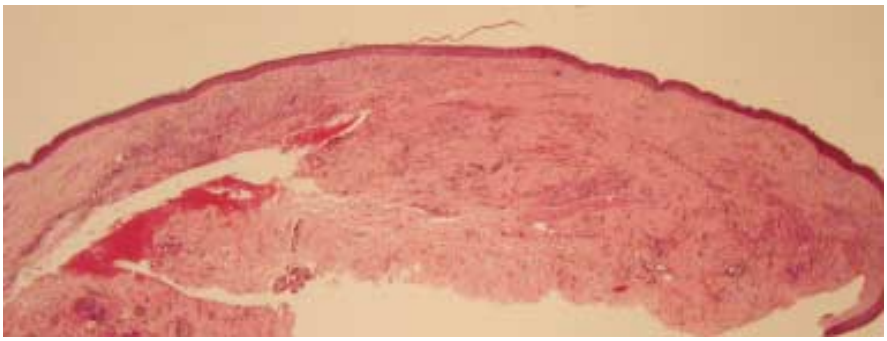

Figure 2. Pale histiocytic granuloma in the superficial dermis with central necrobiosis on the left, and fibroplasia on the right. (H&E, original magnification x 10).

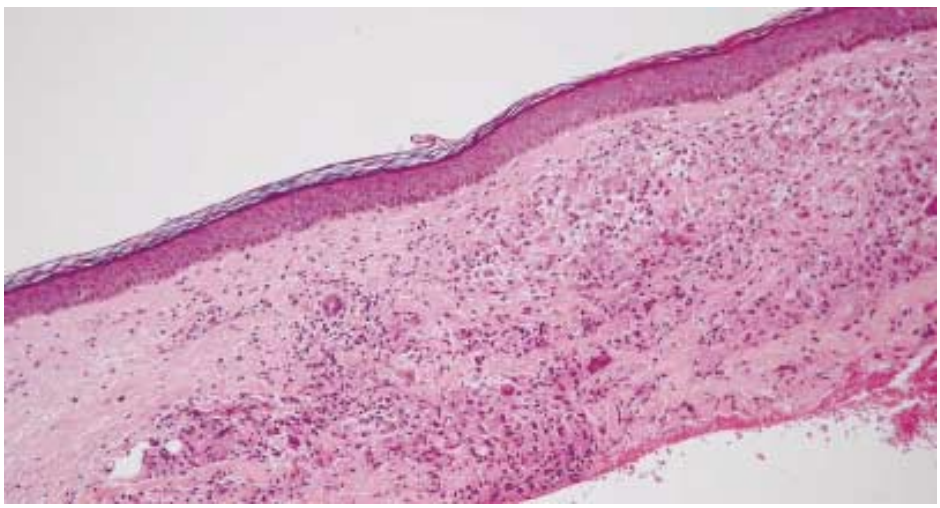

Figure 3. Histiocytic granuloma with central necrobiosis. (H&E, original magnification x 100).

(Answers on page 62)

Answers to Dermato-venereological Quiz on pages xx

1. The patient suffered from granuloma annulare (GA), generalised type. GA is an inflammatory dermatosis of unknown aetiology. It is clinically characterised by dermal papules and annular plaques. Localised GA is the most common subtype. Other subtypes include generalised GA, subcutaneous GA, perforating GA and arcuate dermal erythema.

2. Other causes for generalised annular erythematous skin lesions include cutaneous lupus erythematosus, tinea incognito, erythema annularae centrifugum, leprosy, annular lichen planus, annular psoriasis, mycosis fungoides and sarcoidosis.

3. GA is associated with diabetes mellitus, thyroid disease, HIV infection, Sweet's syndrome and morphoea.

4. In localised GA, spontaneous remission occurs within two years in 50% and hence no treatment is required in mild cases. Topical/intralesional corticosteroid or cryotherapy may be used in localised GA. Generalised GA has a more prolonged course and treatment options include photochemotherapy, systemic retinoid, antimalarial and dapsone. Oral vitamin E and fumaric acid esters have been reported to be effective in isolated cases. This lady didn't respond to topical steroid. She was treated with retinoid (isotretinoin 10/20 mg alternate day) and the lesions subsided after two months.