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Dermato-venereological Quiz

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A 20-year-old adolescent presented with itchy lesions over his back for 2 years. There was no precipitating factor but it gets worse in summer. He enjoyed good past health except well controlled asthma. Physical examination showed symmetrical excoriated erythematous papules with surrounding reticulated pigmentation over the upper back and anterior clavicular regions. Darier's sign was negative (Figures 1 & 2). Incisional skin biopsy was performed over the upper back lesion and histopathological examination showed epidermal hyperplasia with mild elongation of rete ridges, acanthosis, with focal areas of spongiosis. There were focal epidermal disruption and occasional necrotic keratinocytes. In the dermis, there were superficial and mid dermal perivascular monoclear inflammatory infiltration with an eosinophilic component. Melanophages were noted in papillary dermis (Figures 3 & 4).

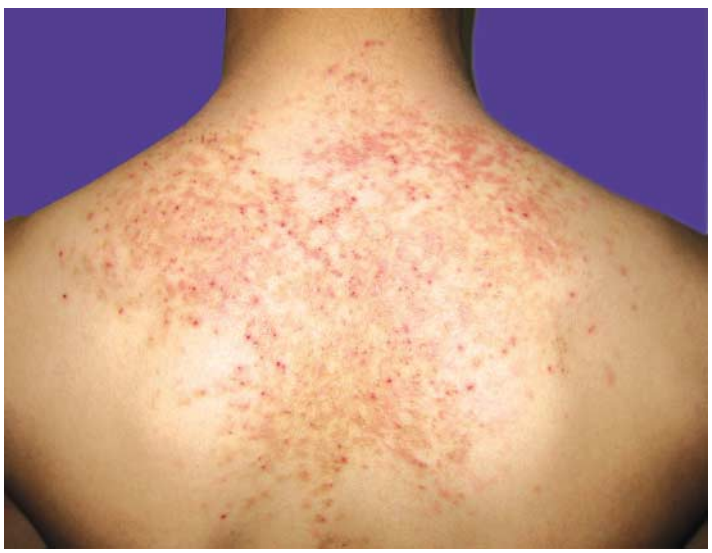

Figure 1.

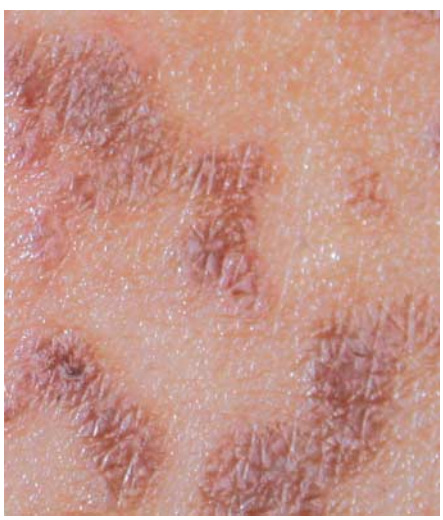

Figure 2.

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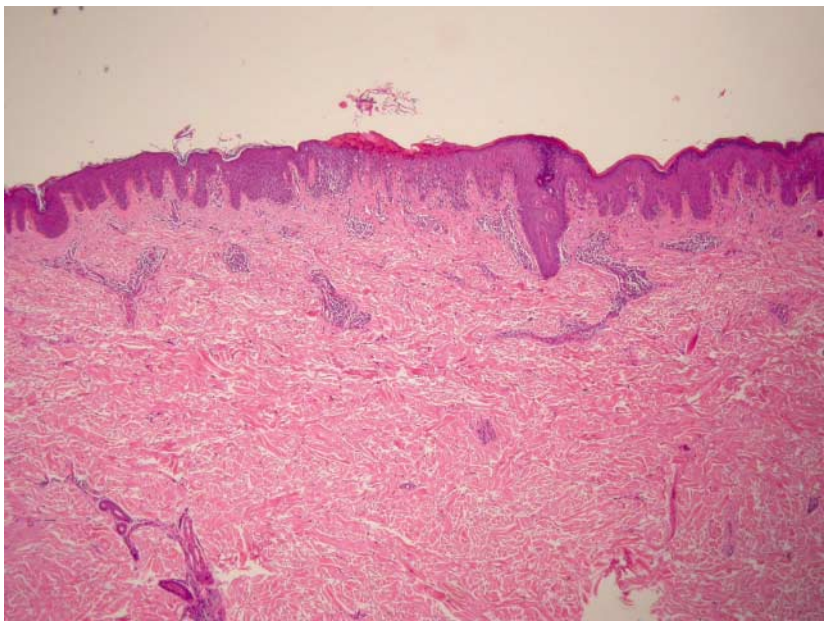

Figure 3.

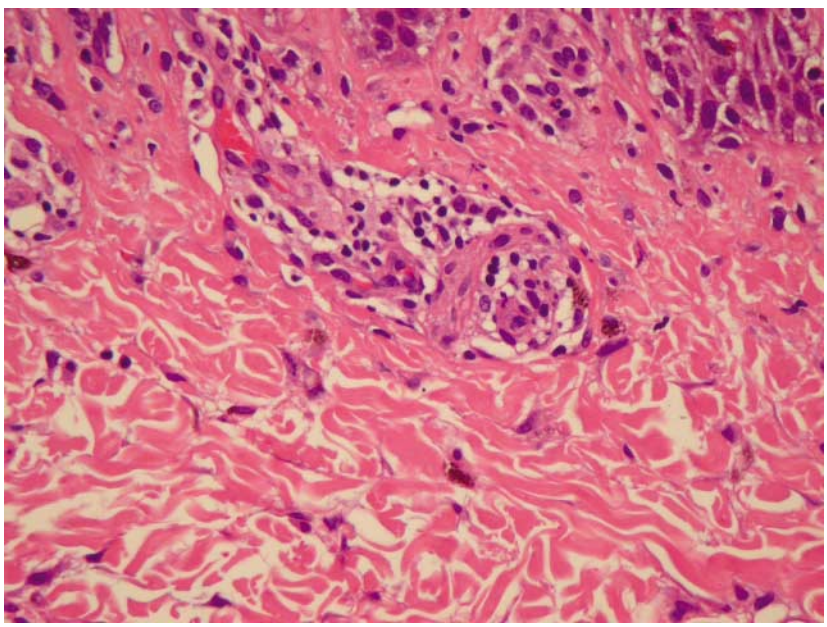

Figure 4.

Questions

1. What is the diagnosis for this patient?
2. What is the most commonly affected age group and which areas of the body are usually affected by this disorder?
3. What differential diagnoses would you consider?
4. What are the treatment options?
5. What is the natural course of the disease?

(Answers on page 175)

Answers to Dermato-venereological Quiz on pages xx

1. The diagnosis for this patient is prurigo pigmentosa(PP). PP was first described by Nagashima in 1971. It is an uncommon, inflammatory dermatosis of unknown etiology. PP usually presents as recurrent pruritic erythematous papular eruption. The papules may coalesce to form a reticulate pattern or evolve into urticarial plaques with overlying scales. PP lesions may resolve spontaneously leaving mottled or reticulate hyperpigmentation.

2. PP is more common in adults with a female to male ratio of 2:1. It is said to occur mostly in spring and summer. PP commonly affects the upper back, scapular regions, nucha, clavicular regions and chest but lesions on the abdomen, lumbosacral regions, antecubital fossae, limbs and forehead had been reported. The mucosal surface is generally spared.

3. The differential diagnoses include lichen pigmentosus, confluent and reticulate papillomatosis, reticulate erythematous mucinosis, urticaria pigmentosa and erythema dyschromium perstans.

4. PP usually respond poorly to topical steroid and oral antihistamine. Minocin or dapsone are effective treatment options for PP but they do not help lessoning the pigmentation.

5. PP usually follows a chronic course with a disease duration ranging from 6 months to 8 years.