

## Dermato-venereological Quiz

RCW Su 蘇志慰 and BKC Yau 游高照

A 60-year-old gentleman presented with an erythematous plaque on his left buttock for more than one year. The lesion was non-itchy and non-tender. His past health was good with no history of immunosuppression.

On examination there was a 1.8×1.2 cm solitary brownish plaque on left buttock with surrounding erythema and double-edged scaling (Figure 1). Examination of other areas of skin, including palms, soles, scalp, nails, genitals and oral mucosa were unremarkable. There was no cervical, axillary or groin lymphadenopathy. Skin scraping for fungus was negative. Complete blood picture, liver and renal function were unremarkable. Incisional skin biopsy of left buttock skin lesion including its scaly edge was performed for histopathological examination (Figure 2).

### Questions

- 1) What are the clinical differential diagnoses?
- 2) What are the histopathological findings?
- 3) What is the diagnosis?
- 4) What are the treatment options for this condition?

**Social Hygiene Service, Department of Health, Hong Kong**

RCW Su, FHKCP, FHKAM(Medicine)

**Histopathology and Cytology Laboratory, Public Health Laboratory Centre, Department of Health, Hong Kong**

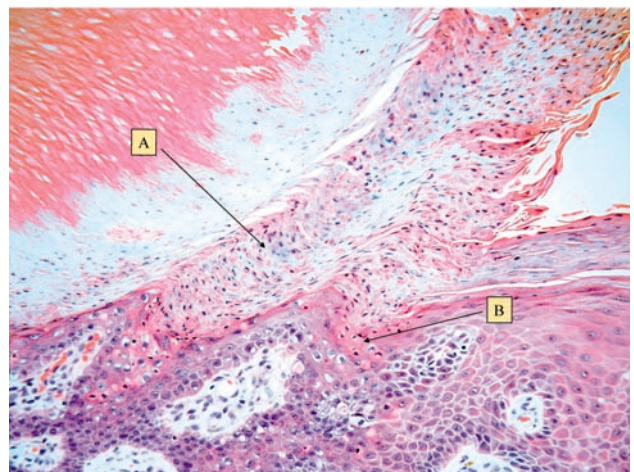
BKC Yau, MBChB(CUHK), FRCPA

Correspondence to: Dr. RCW Su

Yaumatei Dermatology Clinic, 12/F Yaumatei Specialist Clinic (New Extension), 143 Battery Street, Kowloon



**Figure 1.** Solitary brownish plaque on left buttock.



**Figure 2.** Two parakeratotic columns in an area of invaginated epidermis (H&E stain, original magnification × 200).