

## Dermato-venereological Quiz

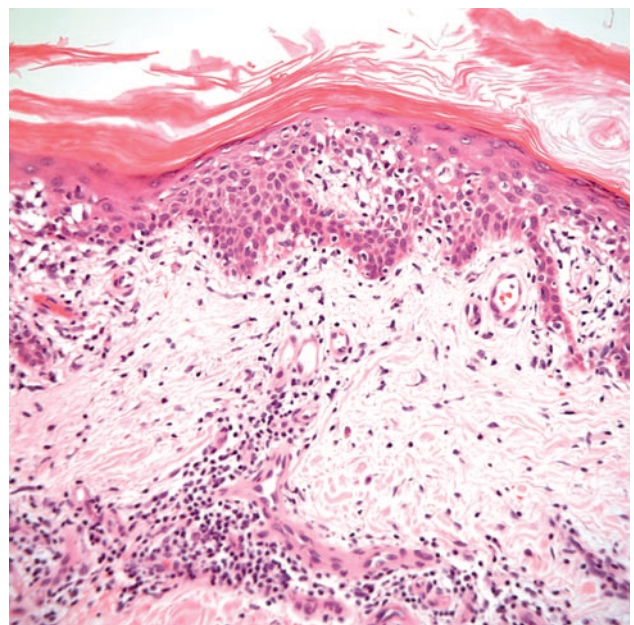
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A 77-year-old gentleman presented with recurrent itchy patches and plaques on four limbs on and off for few years. He was treated by his general practitioner with emollients and topical steroids for xerosis and discoid eczema. Recently the skin lesions had become more persistent. He was referred to the dermatology clinic for further management. There were no systemic symptoms and his past health was unremarkable.

On examination there were a few erythematous patches and plaques on both lower limbs (Figure 1). Mild skin atrophy was noted. The scalp, nails, genitals and oral mucosa were unremarkable. There was no palpable nerve thickening, no sensory loss or neurological signs and there was no hepatosplenomegaly, no cervical, axillary or groin lymphadenopathy. Skin scraping for microscopy and fungal culture were negative. An incisional skin biopsy was obtained from an arcuate lesion on the left calf (Figure 1) for histopathological examination (Figures 2 and 3).



**Figure 1.** Arcuate erythematous scaly lesion on the left calf.



**Figure 2.** Inflammatory infiltrate of atypical lymphocytes in the superficial dermis and epidermis (H&E stain, Original magnification x 200).

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

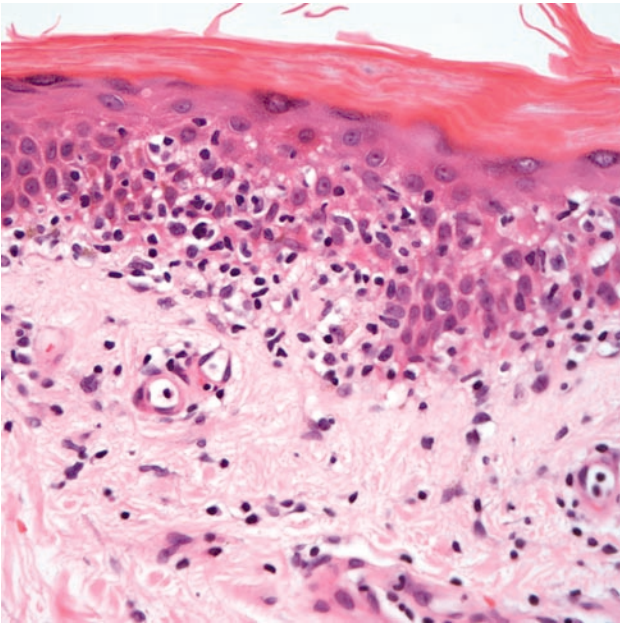
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**Figure 3.** Convoluted lymphocytes noted along the dermo-epidermal junction with prominent epidermotropism (H&E stain, Original magnification x 400).

## Questions

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

(Answers on page 107)

