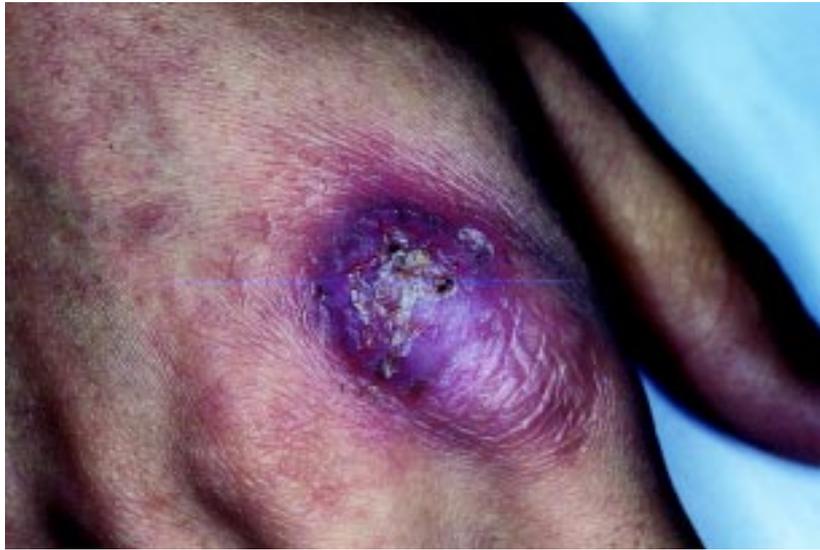


# ■ DERMATO-VENEREOLOGICAL QUIZ

Prepared by Dr. W. M. Cheung



## Question 1

This young aquarium keeper presented with 3 months history of a slowly enlarging, relatively asymptomatic lesion over the dorsum of his right hand. There was no similar lesion noted elsewhere. No associated lymphadenopathy was noted. He had no recent travel, and could not recall any obvious preceding injury.

1. *What is the diagnosis?*
2. *Special instruction should be given to the laboratory colleague when requesting confirmative investigation in this case. What is it?*
3. *What are the treatment modalities for this condition?*

## Question 2

This middle-age gentleman presented with more than 10 years history of this unremitting, extensive, symmetrical skin eruption involving his central chest, back, flexural area, hair margin and hands. His nails broke easily. He was socially withdrawn because of his appearance and also the odd body odour. The condition is worse in summer time. His only younger brother also has a similar condition but to a lesser extent.

1. *What is the likely diagnosis?*
2. *What are the diagnostic histopathological features?*
3. *How is the condition inherited and what is the candidate gene?*



(answers on page 34)

### Answers (Question 1)

1. The diagnosis is Fish-tank granuloma caused by the atypical mycobacterium *M. marinum*. The characteristic lesion is a solitary, violaceous, verrucous plaque at the site of accidental inoculation of the organism, which is present in contaminated fish tanks or swimming pools. Sporotrichoid spread along the lymphatics is possible. History of preceding abrasion is a bonus but is usually not recalled by the patient.
2. The organism requires a temperature of 30-33°C and may take 2-3 weeks to grow in appropriate culture medium. Growth is inhibited at 37°C. These should be specified on the request form for tissue culture for atypical mycobacterium.
3. Treatment of choice is minocycline 100mg bd for 8 to 16 weeks. Alternatives include cotrimoxazole, rifampicin and ethambutol. Surgical treatments include electrodesiccation, cryotherapy and excision.

### Answers (Question 2)

1. The diagnosis is Darier's disease (keratosis follicularis). The presence of small, firm, red-brown keratotic papules with a greasy, crusted or warty surface distributed symmetrically over the 'seborrheic' and flexural area is characteristic. The positive family history, and exacerbation of disease in summer when sunlight is abundant, lend further support to the diagnosis. Other characteristic clinical features include palmar pits and longitudinal red and white lines of the nail with V-shaped notches.
2. The characteristic histopathological features include acantholytic dyskeratosis resulting in formation of corps ronds, corps grains and suprabasilar acantholysis.
3. The mode of inheritance is autosomal dominant. Linkage to long arm of chromosome 12 (12q) has been established.