DERMATO-VENEREOLOGICAL QUIZ

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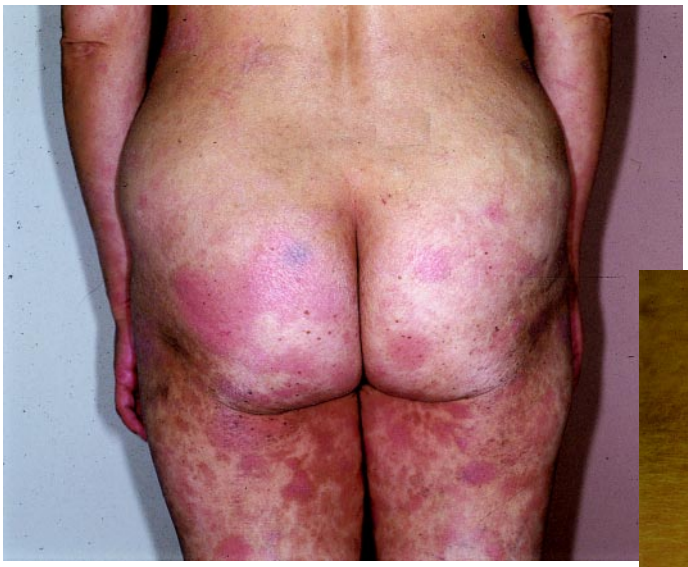
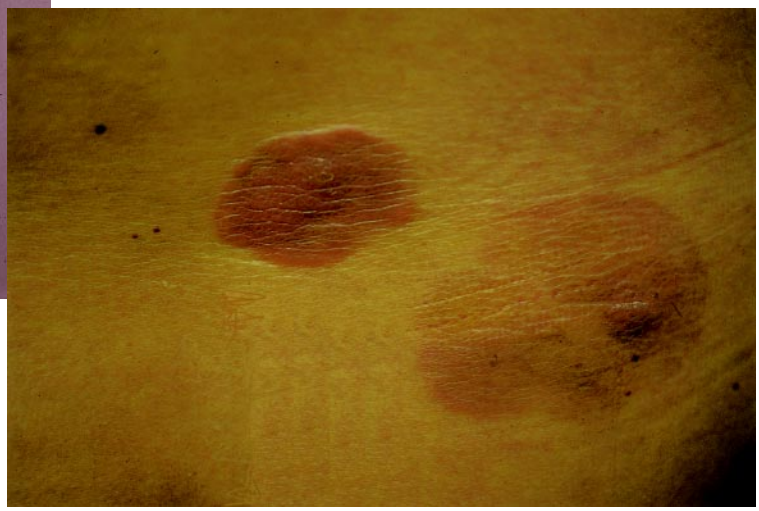




Question 1

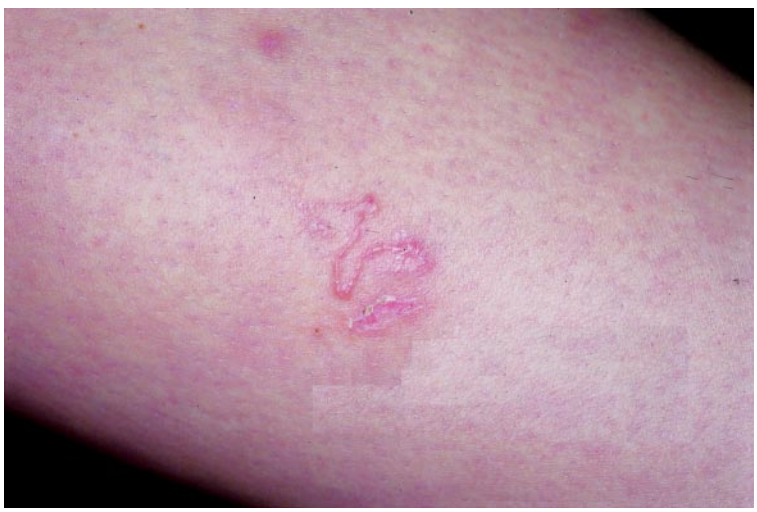
This patient had a seven-year history of asymptomatic scaly plaques unresponsive to topical steroids and antifungal treatments. These gradually increased in number on the hips and lower limbs over a period of few years.

1. *What is the diagnosis?*
2. *What investigations would you perform?*
3. *What treatment options are available?*

Question 2

This man presented with an itchy, serpiginous eruption on the right calf. He had been on a beach holiday in the tropics.

1. *What is the diagnosis?*
2. *What causes it?*
3. *How can it be treated?*



(answers on page 36)

Answers (Question 1)

1. The diagnosis is mycosis fungoides (plaque stage) as evident by a long history of erythematous plaques on covered sites (e.g. buttocks, lower limbs), unresponsive to treatment. This is a malignancy of T-helper cells. It may present as patches initially, then progress to the plaque stage and tumour stage after a variable period of months to years. Some cases may progress to erythroderma.

2. Skin biopsy is the investigation of choice. Lesions show epidermotropism, atypical mononuclear cells and epidermal microabscesses (Pautrier abscesses). Early lesions may be difficult to diagnose. Analysis of nuclear-contour index and T-cell receptor gene rearrangement studies may help in the diagnosis of early lesions. Other investigations may include blood film (Sezary cells, leucocytosis, eosinophilia), chestX-ray, ultrasonography, and CT scan (for internal organ involvement).

3. For patch and plaque stage disease, PUVA, RePUVA (retinoids and PUVA), topical nitrogen mustard are suitable options. Total body electron-beam therapy is reserved for refractory plaque stage or tumour stage disease. With advanced disease, palliation can be achieved with single-agent or multi-agent regimens (e.g. CHOP). Chemotherapy in combination with electron-beam therapy has been reported to be more effective than chemotherapy alone.

Answers (Question 2)

1. The diagnosis is cutaneous larvae migrans (creeping eruption). There is an itchy serpiginous, slightly raised eruption on the right calf, which together with the history of travel to the tropics is suggestive of the diagnosis.

2. This is caused by the larvae of hookworms and tapeworms (eg. *Ancylostoma braziliensis,Toxocara canis*) which penetrate and migrate underneath the skin of the host causing an itchy, arcuate eruption. Sea bathers, farmers, children are likely to be affected. It may occasionally be associated with visceral involvement (visceral larvae migrans), eosinophilia, or Loeffler syndrome. The larvae usually die within a few days as it is in the wrong host resulting in spontaneous resolution.

3. It may be treated with topical 10% thiabendazole or oral albendazole 400mg QD for 3-7 days. Liquid nitrogen is another treatment option but may result in disfiguring scarring.