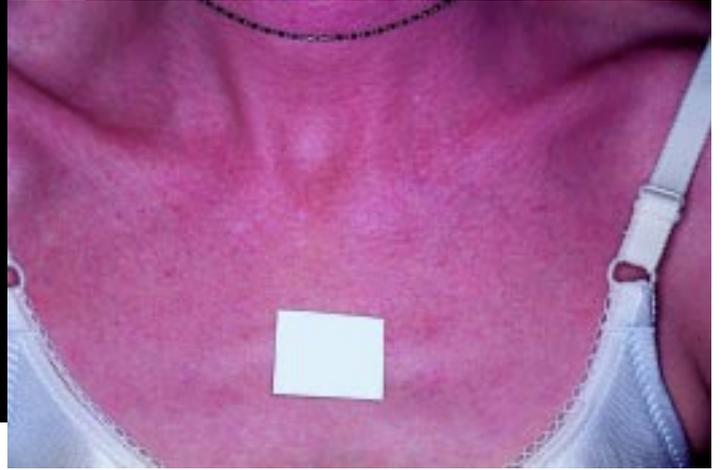


DERMATO-VENEREOLOGICAL QUIZ

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Question 1

A 32-year-old lady has multiple erosions and crusting over the dorsum her of hands, forehead, neck and upper chest for 2 years. They healed with scarring and hyperpigmentation. There was no lesion found over her mucosal surface. She denied of any drug intake. Her past health was good.

1. *What is the diagnosis?*
2. *What simple investigation can be done to confirm the diagnosis?*
3. *What is the treatment ?*



Question 2

This 60-year-old man complained of multiple yellowish papules over his axillae, groin and neck for more than 30 years. They are asymptomatic. His past health was good.

1. *What is the diagnosis?*
2. *What will be seen in the skin biopsy of the lesions?*
3. *What are the possible complications?*

(answers on page next page)

Answers to Dermato-venereological Quiz

Answer (Question 1)

1. The diagnosis is porphyria cutanea tarda. It is due to congenital or acquired metabolic derangements of the porphyrin pathway. It may present as vesicles and bullae on exposed areas in a photodistribution, hypertrichosis, hyperpigmentation, scarring, skin fragility, and thickened, hardened skin resembling scleroderma.
2. The urine can be examined under Wood's light to look for coral-red fluorescence which indicated excessive uroporphyrins.
3. Treatments include general measure and specific treatment. General measures consist of avoiding sun exposure and exacerbating factors such as alcohol or estrogen. Specific measures include phlebotomy and antimalarial drugs. Combination therapy with phlebotomy and hydroxychloroquine may be considered in refractory cases.

Answer (Question 2)

1. The diagnosis is pseudoxanthoma elasticum. It is an inherited disorder of connective tissue of unknown cause in which the elastic fibers of the skin, retinae, and cardiovascular system become slowly calcified.
2. The histopathology may show swollen and fragmented elastic fibres in the mid-dermis with calcification. The elastic tissue of the blood vessels may also be affected.
3. The possible complications are hypertension, recurrent gastrointestinal haemorrhages, ischaemic heart disease and cerebral haemorrhage.