# DERMATO-VENEREOLOGICAL QUIZ

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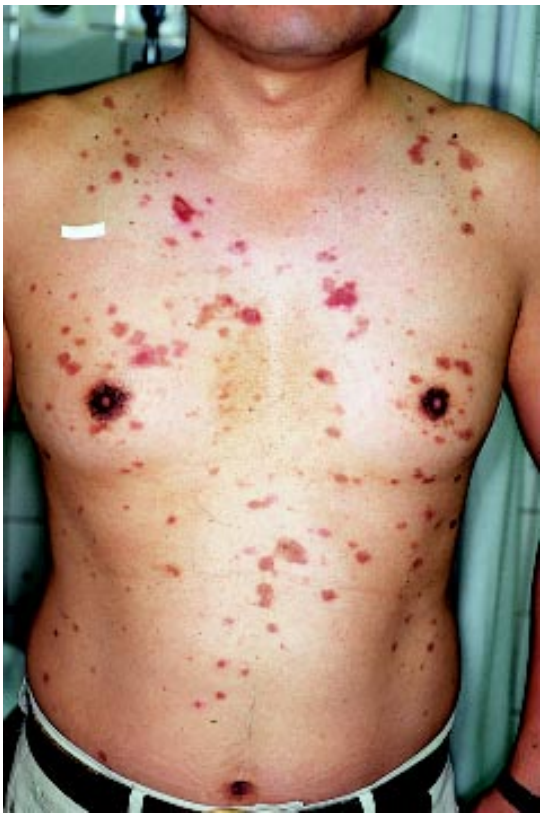
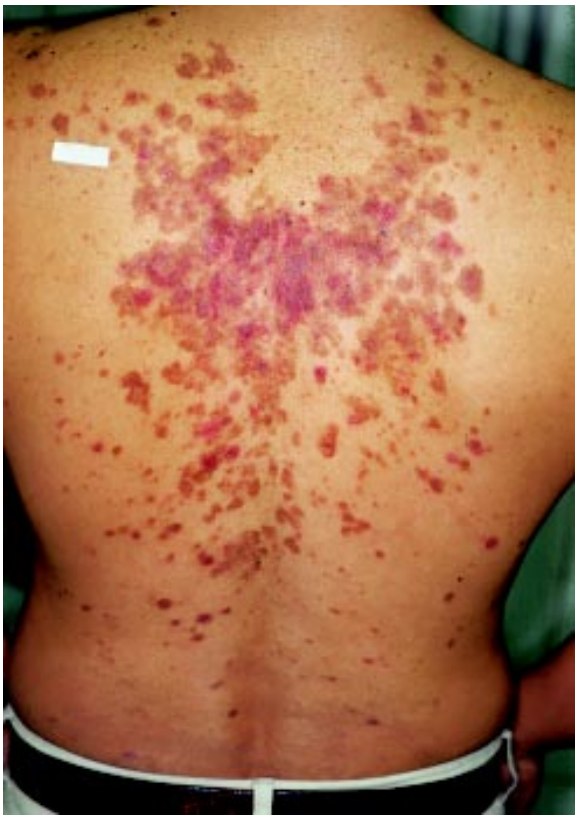
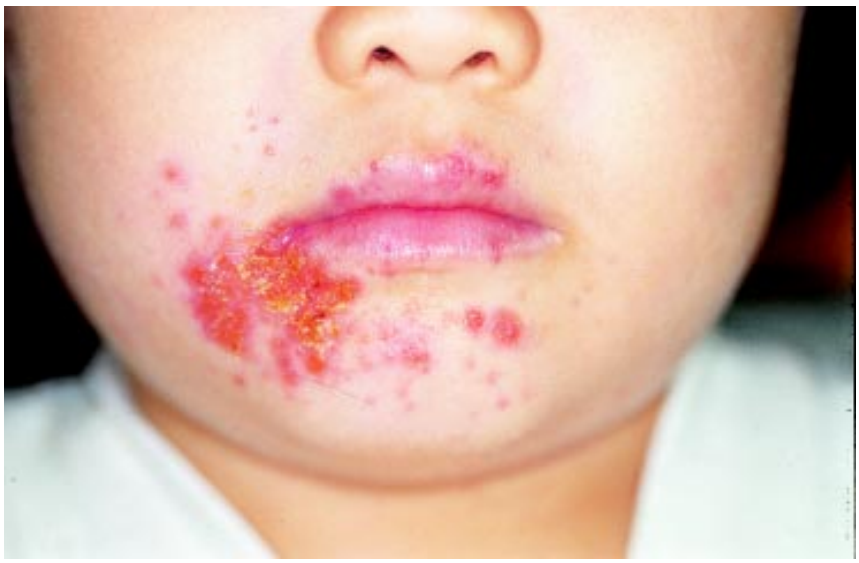




## Question 1

A 45-year-old man has recurrent superficial erosions over his trunk for 6 weeks. They healed with postinflammatory hyperpigmentation. No blister was found and mucosal surface was spared. He denied of any drug intake. His past health was good.

*1. What is the diagnosis ?*
*2. How can you confirm the diagnosis ?*
*3. What is the treatment ?*



## Question 2

*1. What is the diagnosis ?*
*2. What are the causative agents ?*
*3. How do you manage this patient ?*

Answers to Dermato-venereological Quiz on page 44.

## Answers (Question 1)

1. The diagnosis is pemphigus foliaceus. Pemphigus is a group of uncommon chronic autoimmune blistering disease characterized by acantholysis with intraepidermal blister formation. Pemphigus foliaceus is a clinical variant in which the split is more superficial, just below the stratum corneum. Therefore, the superficial blisters are exceedingly fragile and less obvious. Often, erosions or crusts predominate. Mucous membrane involvement is uncommon.
2. Skin biopsy with direct immunofluroscence (IMF) staining from recent perilesional sites is diagnostic. Acantholysis with suprabasal cleft can be demonstrated. Direct IMF study shows positive staining with IgG and C3 on the cell surface of keratinocytes. Patient's serum can also be taken for anti-intercellular substance antibody.
3. The prognosis of pemphigus foliaceus is better than pemphigus vulgaris. Potent topical steroid can be applied to local mild lesions. In active and widespread disease, systemic glucocorticoid should be initiated.

## Answers (Question 2)

1. The diagnosis is impetigo. It is an acute contagious and superficial cutaneous infection. The face is a common site. Infants and children are particularly at risk. The lesions start as blisters that contain pus and subsequently eroded to form golden crusts.
2. The bullous type is caused by Staphylococcal aureus whereas the non-bullous type can be caused by Staphylococcal aureus and occasional Streptococcal pyogenes. Swab can be taken for culture to confirm the organism.
3. Topical antibiotic e.g. fusidic acid cream, mupirocin ointment, chlortetracycline ointment, is good for localized infection. Oral antibiotic such as cloxacillin or erythromycin is used for more severe or widespread lesions. It should be awared that nephritis may occur three weeks after infection with the nephritogenic strain of streptococcus.