A Photo Quiz to Hone Dermatologic Skills

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For 3 months, a 41-year-old woman has had a pruritic acneiform eruption on the lateral aspects of
the neck and the left side of the face. She is otherwise healthy and takes no medication.

Case 1:
For 3 months, a 41-year-old woman has had a pruritic acneiform eruption on the lateral aspects of
the neck and the left side of the face. She is otherwise healthy and takes no medication. What does
this outbreak look like to you? A. Acne vulgaris. B. Acne rosacea. C. Pityrosporum folliculitis. D.
Bacterial cellulitis. E. Acne cosmetica. Case 1: A pruritic monomorphous acneiform eruption is
classic of Pityrosporum folliculitis, C. The condition usually responds to a sulfurbased
topical antibiotic or an antifungal cream. Acne in a 41-year-old woman with no history of the
condition would be unusual. Rosacea usually erupts on the central face, rather than the neck, and is
asymptomatic. Bacterial folliculitis is usually tender, not pruritic. Acne cosmetica might be caused by
hairspray, although the distribution does not suggest this diagnosis and such a reaction would
typically be asymptomatic. Case 2:
A mildly pruritic eruption of several months' duration brings a 55-year-old woman to your office. She
takes no medication and does not use sunscreen consistently. What do you suspect? A. Granuloma
Annular sarcoïdosis. F. Drug eruption. Case 2: A biopsy confirmed the suspected diagnosis of
actinic granuloma, B. This condition is most often seen in persons older than 50 years who have a
significant history of sun exposure; it can be highly pruritic. Actinic granuloma is usually refractory to
treatment, although there have been some reports of response to systemic retinoids. Tinea corporis
and subacute lupus erythematosus typically feature more scale. Granuloma annulare and annular
sarcoïdosis resemble actinic granuloma and should be included in the differential. However, these
conditions are usually not pruritic and therefore would be unlikely diagnoses in this patient. A drug
eruption is another possibility, especially if the patient had taken over-the-counter medications but
had not mentioned them. Case 3:
A 25-year-old primigravida presents at the beginning of her second trimester with significant hair
loss. She takes prenatal vitamins and is otherwise healthy. Which of the following would you include
Anemia. E. Stress. Case 3: A blood test showed thyroid dysfunction, C. After this condition was
corrected, the patient experienced no further hair loss and her hair slowly grew back. Anemia, D,
may cause hair loss and should be included in the differential. Polycystic ovary disease goes into
remission and hair usually becomes thicker during pregnancy. Stress is not a significant factor in hair
loss during pregnancy. Case 4:
A 4-year-old girl has had asymptomatic white papules on the extremities for the past few months; in
the past few days, they have become red and tender. There is a family history of seasonal allergies,
and the child may have allergies as well. She takes no medications. Can you identify the eruption? A.
Atopic dermatitis. B. Molluscum contagiosum. C. Staphylococcal infection. D. Verrucae vulgaris. E.
Factitial disease. Bonus question: Name 6 treatments that are used (although not necessarily
indicated) for the papules. Case 4: This atopic child had molluscum contagiosum, B, that became
secondarily infected with Staphylococcus aureus, C. She was treated initially with topical
mupirocin for the staphylococcal infection and then with topical tretinoin for the molluscum. It is
unlikely that verrucae vulgaris (warts) would be scattered discretely on the extremities in a child;
moreover, they are not umbilicated like molluscum. Factitial disease would be a consideration if
there were no molluscum or history of atopy and if the only sign were excoriations. Answer to
bonus question: Treatment choices include cimetidine, 40 mg/kg/d for 2 months; topical tretinoin;
imiquimod cream; cryotherapy; 10% potassium hydroxide; 17% salicylic acid; trichloroacetic acid;
cantharidin; curettage; and podophyllotoxin cream.

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