A Photo Quiz to Hone Dermatologic Skills

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**Case 1:**
For several months, a 26-year-old man has had persistent bumps on his scalp and the back of his neck. Some hair loss has also occurred at the site. Do you recognize this condition? A. Acne estivalis. B. Acne venenata. C. Acne conglobata. D. Acne fulminans. E. Acne keloidalis nuchae. Which treatment(s) is indicated for this condition? F. Intralosional corticosteroids. G. Retinoic acid or tretinoin. H. Dapsone. I. Systemic antibiotics. **Case 1:** This patient has acne keloidalis nuchae, E, which often occurs in young black men. The condition is not associated with common acne; rather, it is an inflammatory reaction caused by growing hairs that reenter the skin and lead to hypertrophic scarring. Intralosional corticosteroids, F, may be helpful. Acne estivalis is a rare disease that affects women between the ages of 25 and 40 years. Typically, papules arise in the spring and resolve completely in the fall. Retinoic acid may be effective; oral antibiotics are not useful. Acne venenata, or pomade acne, is produced by contact with chlorinated hydrocarbons or cutting oils. Acne conglobata is an unusually severe form of cystic acne that features large cysts, sinus tracts, and grouped nodules that scar. Isotretinoin is the treatment of choice. Another form of cystic disease, acne fulminans, affects the back and the chest. It is associated with fever, elevated white blood cell count, muscle and joint pain, and destructive arthritis. Treatment consists of a course of oral prednisone followed by isotretinoin. **Case 2:**
A 48-year-old man with type 2 diabetes mellitus complains of a worsening slightly tender rash on his penis of 2 weeks' duration. An oral hypoglycemic agent is his only medication. Your strategy is to ... A. Perform a potassium hydroxide evaluation. B. Obtain a specimen for bacterial culture, and begin a tetracycline-class antibiotic pending the results. C. Obtain a specimen for herpesvirus culture, and start antiviral therapy pending the results. D. Obtain a specimen for fungal culture, and start antifungal therapy pending the results. E. Reassure the patient, and recommend use of condoms in the future. **Case 2:** The patient's history of diabetes mellitus raised the suspicion of candidiasis; candidal balanitis was confirmed by a potassium hydroxide evaluation, A. Persons with diabetes are prone to these infections; elevated glucose levels heighten their risk. This disease can be sexually transmitted; in women, it manifests as vulvovaginitis. Patients and all their sexual contacts need to be treated. Topical antifungal therapy, D, which is usually effective in men with this infection, was prescribed for this patient; his sex partner also was treated. **Case 3:**
For several months, a 28-year-old woman has noted dark streaks on her fingernails. She denies any trauma. There is no family history of melamena or atypical moles. What course of action do you pursue? A. Perform a skin biopsy. B. Offer reassurance. C. Search the entire body for pigmented lesions. D. Schedule a follow-up examination in 3 to 6 months. E. Perform a fungal culture of darkened material from a nail. **Case 3:** Melanonychia, or pigmented nail streaks, are common in persons with dark skin. When more than 1 nail is involved, as in this patient, reassurance, B, is the only treatment necessary. A single streaked nail in a fair-skinned person may indicate dysplastic nevus or melanoma. A biopsy, therefore, is warranted in this setting. **Case 4:**
Two weeks after a pruritic, papular eruption developed on his trunk, a 31-year-old man seeks medical evaluation. The patient has no fever or malaise. He takes no medications. Your initial approach is to ... A. Obtain a chest film. B. Obtain a complete blood cell count and chemistry panel. C. Obtain an antinuclear antibody titer. D. Order a VDRL test. E. Perform a skin biopsy. **Case 4:** Pityriasis rosea typically manifests as oval-shaped, salmon-colored macules or erythematous papules on the trunk; however, the appearance can differ depending on the patient's skin color. The rash, which is pruritic in about 50% of patients, spares the palms and soles. Because secondary syphilis strongly resembles this eruption, a VDRL test, D, may be useful. The rash resolves spontaneously, often in 6 to 12 weeks. Topical corticosteroids may hasten resolution. Oral erythromycin is also effective.  

**References:**

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