Dermatology Quiz

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PATIENT 1

Pictures 1 and 2 demonstrate the clinical signs of a 38-year-old woman who presented with a pruritic 'rash' affecting her vulva and thigh.

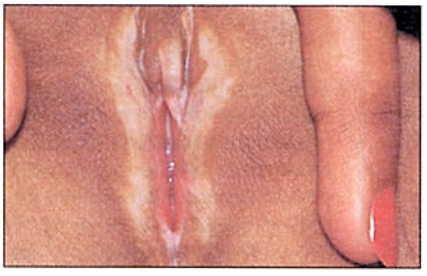
Which of the following would you consider to be the correct diagnosis?

1. lichen planus
2. lichen sclerosus et atrophicus
3. neurodermatitis/eczema
4. cutaneous candidiasis
5. vitiligo

Discussion

The vulvar sign is that of a white lesion with a typical 'keyhole' or 'figure of eight' configuration.

There is obvious associated atrophy of the vulvar anatomy. The close-up of the peripheral lesion is more classical consisting of pale white polygonal and flat topped papules, some of which have coalesced in the centre to form an atrophic plaque.



Picture 1

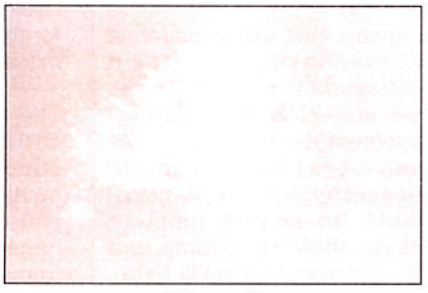
These lesions are diagnostic of lichen sclerosus et atrophicus (LSA). LSA is an uncommon cutaneous disorder of unknown aetiology occurring predominantly in caucasian women of all ages.

It is commonly misdiagnosed as a sign of sexual abuse when occurring in teenage or even younger girls.

The diagnosis is made clinically and confirmed histologically when in doubt.

Lesions affect primarily the vulva but extragenital lesions, as the sole manifestation, can occur.

The symptoms of vulvar pruritis and atrophy and the typical pale white papules coalescing to form wrinkled atrophic 'cigarette paper' like plaques are diagnostic.



Picture 2

The treatment of LSA is aimed at alleviating the pruritis, controlling further progression of the diseases and long-term follow-up to exclude the development of cutaneous malignancies such as squamous cell carcinoma.

Topical clobetasol proprionate (dermovate) seems to be effective in the majority of patients with maintenance follow-up treatment using diluted topical steroids.

Topical testosterone propionate 2% cream has been used with success in some patients.

In resistant cases oral and systemic retinoids have been used.

Surgical treatment is reserved for lesions complicated by malignancies.

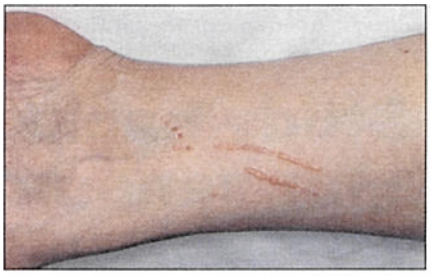
PATIENT 2

Picture 3 is a spot diagnosis with picture 4 making it easier for you.

Discussion

Picture 3 demonstrates a linear array of papulovesicles in keeping with a contact plant dermatitis.

Plant dermatitis is frequently overlooked except in obvious cases such as the florist or gardener with recurrent eczema.



Picture 3

Picture 4 is that of the smodingium plant. There have been published reports of school children developing a dermatitis to this plant in their school playground which is common in some parts of the Transvaal.

Epidemiological studies confirmed the association and the 'cutaneous disease' was controlled with the removal or avoidance of these plants.

Picture 4

Similarly primula dermatitis is often overlooked as a cause of chronic hand or facial eczema in housewives. A detailed 'Sherlock Holmes' type of investigation is necessary in these cases.