Case 19

A 47 year - old Thai male, from Lopburi.

C/C : Verrucous mass on dorsum of right foot for 6 month.

P/I : The patient presented with large verrucous mass on dorsum of right foot for 6 months. Initially, he had bleb formation on dorsum of right foot. Later, bleb ruptured spontaneously and the mass developed. The mass slowly enlarged. He also had multiple nodules on left leg and he felt slightly itching.

P/H : He had diabetes mellitus and chronic renal failure, on insulin injection and hemodialysis.

P/E : Huge hyperkeratotic verrucous mass, diameter 4-5 cms. on dorsum of right foot, no ulceration. Multiple, discrete erythematous lichenified plaques, diameter 1-1.5 cms. on left leg. Enlargement of right inquinal lymph nodes, size 2 cms, soft, movable.

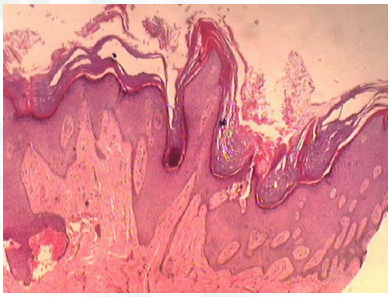

Fig. 19.1

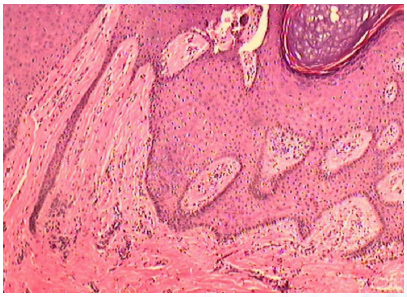

Fig. 19.2

Fig. 19.3

Lab CBC : Hb 8 g/dl Hct 24% WBC 7,980 N 76% L17% M 6% E 1% platelet adequate.
BUN/Cr = 62/7.9 mg/dl FBS = 209 mg/dl.

Histopathology : side no. 41-1627 AB
There are marked compact hyperkeratosis, papillated epidermal hyperplasia, marked fibrosis in the entire dermis.

Diagnosis : Verrucous Neurodermatosis (Lichen simplex chronicus verrucosus)

Treatment : Topical Corticosteroid, keratolytic agent antihistamine, Antibiotic (cloxacillin) compression bandages.

Presenter : Wisuttida Taechotirote, M.D.

consultant : Siripen Puavilai, M.D.

Reference :

1. O. Braun-Falco G. Plewing, H.H. Wolff R.K. Winkelmann. Dermatology 1991; 79.

Case 20

A infant, 1.5 year old, from Bangkok.

C/C : Admission for gastrostomy.

P/I : He is a known case of Seizure disorder with Neurogenic bladder and vesico-urethal reflux.

He was admitted because of the gastro-esophageal reflux and gastrostomy was done. He usually has aspiration pneumonia since birth.

P/H : He is a first child, Birthweight 2550 gram.

He developed seizure since 1 year old and on antiepileptic drugs: Tegretal, phenobarb. Delay growth development was noted.

P/E : He has gastrostomy. He is distinctive facial feature , white skin and acne on his face. His hair is short especially in occipital region, lusterless, with twisted strands, lightly pigmented. His skin is stretchable and loose.

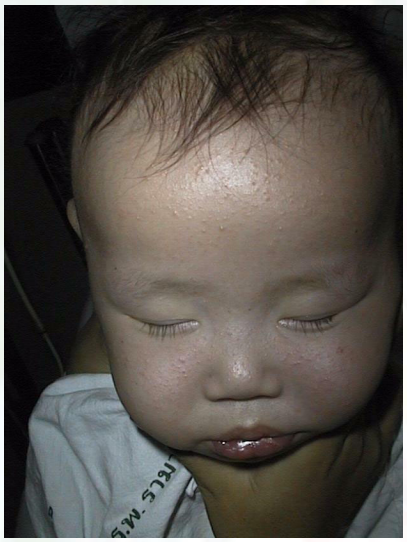

Fig. 20.1

Fig. 20.2 Trichirrhexis nodosa

Copper 32.3 microg/dl (normal 90-190 microg/dl)
Ceruloplasmin 5.50 microg/dl (normal 21-53 microg/dl)
Stool exam Normal
UA WBC 20/HPF
Urine C/S no growth

Diagnosis : Menkes's kinky hair syndrome

Presenter : Kittinan Samuthrsindn, M.D.

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