CASE 18

A 25- year-old woman from Samutprakarn

Chief complaint:

Multiple hypopigmented macules at face, arms, chest and dorsa of legs for 20 years.

Present illness:

The patient presented with asymptomatic multiple hypopigmented macules on face, arms, chest and dorsa of legs for 20 years.

Past history:

She is 16 weeks pregnant
HBV +ve
HbE heterozygote (HbE 30%)

Family history:

Nil

Dermatological examination:

There are multiple discrete hypopigmented macules on forehead, forearms, V-shape and dorsa of legs. Koebner phenomenon on her forehead. No fungating tumor is seen

Investigation:

Scotch tape technique: Negative

Histopathology: (S06-01579)

- Basket-weave orthokeratosis, acanthosis and hypergranulosis. Large swollen keratinocytes with pale abundant cytoplasm with pyknotic or large pale nuclei.
- Hypergranulosis with perinuclear halo.

Diagnosis: Epidermodysplasia verruciformis (EV)

Presenter: Monrudee Ruampanpong
Consultant: Somsak Tanrattanakorn

Fig. 18.1

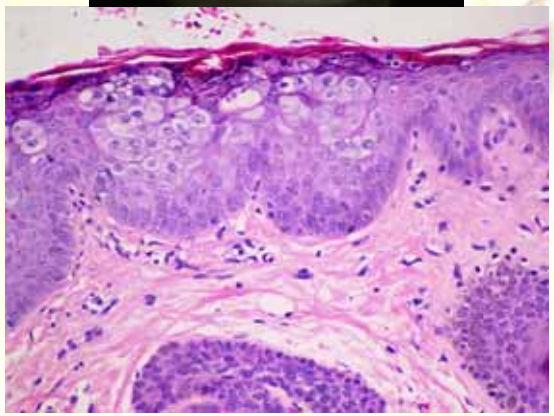

Fig. 18.2

Discussion:

Epidermodysplasia verruciformis (EV) is a very rare, chronic disease. It represents a unique susceptibility to cutaneous HPV infection. EV usually manifests itself in childhood with wide spread lesion. About 50% of EV cases are inherited, usually with an autosomal recessive pattern. Immunocompromised host may have multiple warts that contain EV types, but this condition is acquired. EV patients may have defects of cellular immunity. About two dozen EV- specific HPV type have been described, a subset of which (mainly types 5 and 8) is detected in EV associated skin cancer.

rarely show an annular arrangement. These patients are usually either younger than 10 years or older than 40 years. Symmetry is a usual feature. The lesions are common on trunk, neck, forearms, legs and extensor surface of the elbows.

A relationship of granuloma annulare to diabetes mellitus has been observed by several authors.

Histologically, granuloma annulare shows infiltration of histiocytes and a perivascular infiltrate of lymphocytes that is usually sparse.

The histiocytes may be present in an interstitial pattern without apparent organization or in palisaded, surrounding area with prominent mucin. The patterns between these two extreme occur and a biopsy may show histiocyte that are not palisaded, slightly palisated or well palisaded.

Increased mucin is almost always apparent on routine staining section as faint blue material with a stringy, finely granular appearance. Stain sush as colloidal iron and alcian blue can be used to highlight mucin.

Treatment of granuloma annulare is such as intralesional steroid injection or potent topical glucocorticoid. PUVA is beneficial for wide spread disease.

The lesion of granuloma annulare tends to resolve spontaneously. Although a retrospective study indicates that the prognosis for patient with generalized disease is no worse than localize disease, most dermatologists believe that resolution is less likely in middle age patients with widespread, generalized form.

References:

1. RS,Smith MA. The natural history of granuloma annulare. Br J Dermatol 1963;75:199.
2. Dicken CH, Carrington SG, Winkelmann RK. Generalized granuloma annulare. Arch Dermatol 1969;99:556
3. Dabski K,Winkelman RK. Generalized granuloma annulare: Hsitopathology and immunopathology .Systemic review of 100 cases and comparison with localized granuloma annulare. J Am Acad Dermatol 1989;20:28
4. Darl MV. Granuloma annulare. In: Freedberg IM, Eisen AZ, Wolff K, Austen KF, Goldsmith LA, Katz SI. Fitzpatrick's dermatology in general medicine vol. 1, 6th eds. New York: Mcgraw-Hill. 2003:980-4.
5. Glusac EJ, Shapird PE. Granuloma annulare In: Elder DE, Elenitsas R, Johnson BL, Murphy GE. eds. Lever's histopathology of the skin Philadelphia,Lippincott William&wilkins. 2005:373

CASE 17

A 47-year-old Thai teacher from Ranong .

Chief complaint:

Multiple small papules on both forearms for 5 years

Present illness:

She has developed multiple small papules, mildly itching at both forearms for about 5 years. The lesions were not improved and persisted.

Past history:

She had hypertension for 2 years and now on propranolol

Physical examination:

Multiple discrete and confluent erythematous small papules on both forearms.

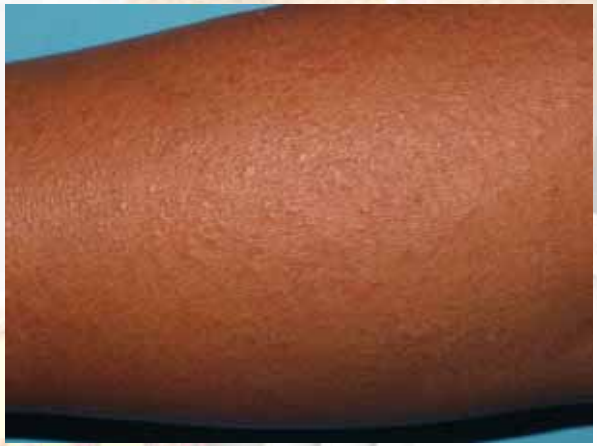

Fig. 17.1

Lab investigation:

CBC: Hb 13.6 g/dl, Hct 40.5%, WBC 9100/mm^3, PMN 43%, lymphocyte 48%, monocyte 7%, eosinophil 2%, platelet 286,000

FBS 88 mg/dl, BUN 10 mg/dl, Cr 0.7 mg/dl

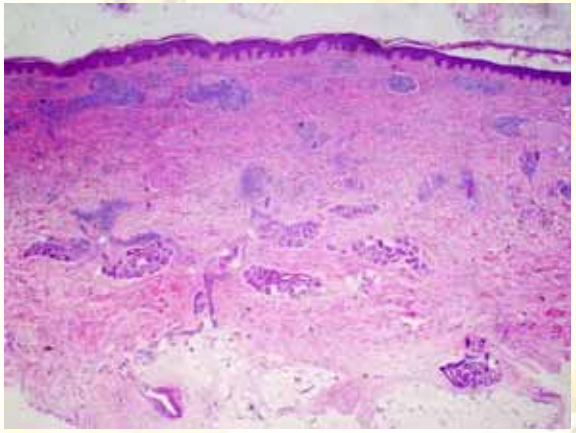

Fig. 17.2

Histopathology: (S06-00847)

Dense superficial and deep perivascular and interstitial infiltration.Inflammatory cell infiltrate in the dermis.

Lymphocyte infiltrate around blood vessels,histiocyte scattered between the collagen bundle with mucin deposit.

Diagnosis: Generalized granuloma annulare (Interstitial type)

Presenter: Suttinan Wichyanrat

Consultant: Siripen Pauvilai

Treatment: Clobetasol propionate 0.05% apply b.i.d.

Discussion:

Granuloma annulare is a benign, usually self-limited dermatosis of unknown cause, characterized by necrobiotic dermal papule with annular configuration. It occurs most commonly in children and young adult. It affected female twice as often as male.

Clinically, granuloma annulare can be divided into localized, generalized, subcutaneous, perforating, patch, arcuate dermal erythema and actinic granuloma.

The localized form is the most common type of granuloma annulare. The lesion consists of small, firm, asymptomatic papules that are flesh-colored or pale red and are often arranged in a complete or half circle. It most commonly appears on the dorsa of the hand and feet.

The generalized form occurs about 15 percent of all patients with granuloma annulare. The lesions consist of hundreds of 1-2 mm skin-colored papules that are either discrete or confluent but only

Baren descried two clinical varieties of trachyonychia

1. Opaque trachyonychia: The nails are opaque, lusteress, and rough. Nail plate show longitudinal ridging due to fine superficial striation distributed in a regular parallel pattern. This type pathogenesis is severe and persistent inflammation.
2. Shiny trachyonychia: The nails are shiny and show myriad small punctuate depression distributed in a geometric fashion along longitudinal parallel lines. In this type pathogenesis is mild and more intermittent inflammation.

The shiny and opaque type may coexist in the same patient. Most commonly trachyonychia is due to spongiotic change of proximal nail matrix, so several inflammatory disease of nail may produce trachyonychia such as lichen planus and psoriasis.

Treatment of trachyonychia that have been reported included intralesional steroid, topical PUVA, biotin (2.5 mg/day for 6 months) and 5-fluorouracil cream. These can improve lesions but not actually effective. Recently, 0.1% tazarotene gel has been reported for successful treatment in trachyonychia. Another interesting case of trachyonychia caused by lichen planus in gold allergic patient had marked improvement after removal of his gold dental filling. So the cause of trachyonychia should be investigated and treated accordingly for the successful treatment. However, most of the cases are idiopathic. Cosmetic camouflage with nail lacquers

Ramathibodi Hospital
Interhospital Dermatology Conferen