

# A Photo Quiz to Hone Dermatologic Skills

David L. Kaplan, MD—Series Editor

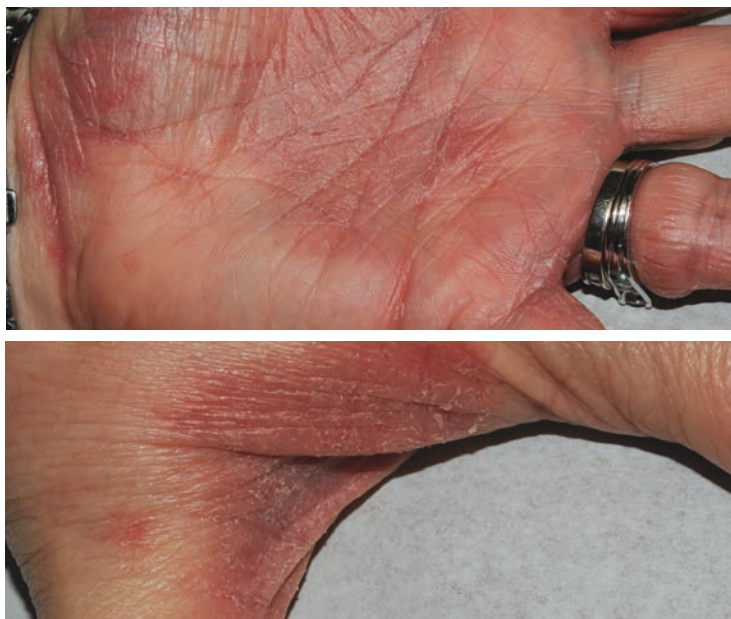
## Case 1:

This 51-year-old woman presented with a 1-year history of an itchy, tender rash in the webs and on the palms of both hands that had appeared on and off. She was not aware of any exacerbating causes. She was otherwise healthy and denied any new exposure history.

**What is the cause of this woman's hand rash?**

- A. Contact dermatitis
- B. Eczema
- C. Psoriasis
- D. Candidiasis
- E. Dyshidrosis

*Answer on next page*



## Case 2:

This 62-year-old woman presented for evaluation of lesions confined to her chin that had only appeared over the past 8 months. She was taking amphetamine-dextroamphetamine, 80 mg daily, for adult attention deficit/hyperactivity disorder (ADHD) and was otherwise healthy.

**What are the lesions on this woman's chin?**

- A. Acne excoriee
- B. Rosacea
- C. Staphylococcal folliculitis
- D. Hirsutism with ingrown hairs
- E. *Demodex* folliculitis

*Answer on page 908*



**Case 3:**

This 40-year-old woman presented with a 2-month history of a rash around the mouth that she described as slightly itchy. She had not had acne as a teenager and was distressed by the appearance of the lesions. She denies any exposure history as a possible cause. She is otherwise healthy.

**What is the cause of this woman's perioral rash?**

- A. Rosacea
- B. Acne
- C. Flat warts
- D. Perioral dermatitis
- E. *Demodex* folliculitis

*Answer on page 908*

**Answer—Case 1: Eczema**

A biopsy confirmed the diagnosis of eczema, which most likely was brought on by a combination of factors, including underlying atopic dermatitis (as manifested by her hyperlinear palms) and a loss of hormonal protection due to menopause, as well as the natural aging process that makes skin less forgiving to excessive washing of hands.

She was educated about a new hand-washing regimen with nondrying soaps and more frequent moisturizing, as well as prescribed a midpotency topical corticosteroid cream for flares.

Contact dermatitis is not an unreasonable suspicion, and patch testing for resistant cases should be entertained. Psoriasis typically would have better-demarcated patches than what is seen here, as well as possible patches elsewhere and nail pitting. Candidiasis would not be expected in a healthy individual, occurring more commonly in a person with diabetes, for instance. Dyshidrosis is a type of hand eczema manifested by pruritic vesicular lesions on the sides of the fingers and palms, unlike what is seen here. ■





## Answer—Case 2: Acne excoriee

This patient was felt to have a compulsion to pick and excoriate her skin, and her condition could be termed *acne excoriee*. This condition has been associated with stress, depression, and anxiety.<sup>1</sup> It was felt that her ADHD medication could be exacerbating her feelings of anxiety, and it was recommended that she try to decrease her dose of medication if that was acceptable to her prescribing physician. It was also recommended that she seek evaluation for possible underlying psychological factors that could be contributing. Some patients also benefit from acrylic nails, which prevent them from effectively excoriating their skin. Some resourceful patients have resorted to instruments such as tweezers and needles, which only worsens the condition. ■

### REFERENCE:

1. Leibovici V, Koran LM, Murad S, et al. Excoriation (skin-picking) disorder in adults: a cross-cultural survey of Israeli Jewish and Arab samples. *Compr Psychiatry*. 2015;58:102-107.



## Answer—Case 3: Perioral dermatitis

This patient had perioral dermatitis, a common condition in adult women that is manifested by erythematous, slightly scaly papules in a perioral distribution. This condition can be exacerbated by topical corticosteroid use. There is a variant seen in children that is often precipitated by toothpaste with added ingredients such as flavorings or tartar control. This condition responds best to oral tetracycline antibiotics but will sometimes respond to topical therapy.

Rosacea usually occurs on the mid-face with erythema and telangiectasia. Hormonal acne can appear on the chin area but usually has a history of worsening with menses. Flat warts do not have scale but can be difficult to discern. *Demodex* folliculitis is usually manifested by minute pustules, unlike what is seen here. ■



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