SCIENTIFIC CONFERENCE ABSTRACTS

Pattern of Paediatric Skin Conditions at Paediatric Dermatology Clinic in Murtala Muhammad Specialist Hospital Kano Over 6 Months Period

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INTRODUCTION: Paediatric dermatologic problems are common with most of the conditions requiring specialist consultation which is not readily available even in large cities in Nigeria, like Kano. In most cases of skin conditions therefore diagnosis and appropriate treatment are delayed or even denied with great impairment in quality of life of both the patients and their family.

To the best of the researcher's knowledge there has never been any documentation on pattern of skin disorders among paediatric age group in Murtala Muhammad Specialist Hospital Kano. This specialist hospital has been in existence for over 90 years and is one of the largest medical facilities in Africa reputed for admitting the highest number of in-patient in Sub-Saharan Africa. As such it is imperative to study the spectrum of paediatric skin diseases in this tertiary centre to assist in identifying diseases of greatest burden for public health intervention and future health planning.

METHODS: This was a cross- sectional study involving all children aged 0-14 years attending the specialist paediatric dermatology clinic of Murtala Muhammad Specialist Hospital Kano, Nigeria over 6 months period.

RESULT: A total of 338 children were included in this study. Out of which 173 (51.2%) were males and 165 (48.8 %) were females. A total of 40 diagnosed skin conditions were classified into 4 categories i.e infective, inflammatory, neoplastic, and miscellaneous. The most prevalent skin condition by category is infective with tinea capitis as the commonest skin condition observed in 48 patients (14.2 %).

CONCLUSION: Wide range of skin diseases are seen among children in Murtala Muhammad specialist hospital Kano and Tinea capitis constituted the highest burden of skin diseases among this paediatric age group.

Keywords: Skin Diseases, Children, Murtala Muhammad Specialist Hospital.

Gender Related Dermatoses: Real Or Fiction

Dr. Oninla O.A

The skin is the largest organ in the body constituting 15% of the total body weight. It is therefore paramount to address skin diseases. Of major importance in the aetiopathogenesis and pathophysiology of many of these diseases is the gender difference in the skin. Studies on endocrine effects on the skin have revealed that several important physiologic activities of the skin are either partly or wholly under the control of hormones secreted by different endocrine glands.

The skin is an endocrine organ involved in the peripheral conversion of sex hormones to active forms (testosterone and DHT in males and estradiol in females). Skin structures such as sebocytes, sweat glands and dermal papilla hair cells express enzymes that convert DHEA and androstenedione from adrenal cortex into testosterone and DHT. Aromatases convert testosterone into estradiol in the skin. The sebaceous glands, the outer and inner root sheath cells of anagen terminal hair follicles and

dermal papilla cells express aromatases.

Skin physiology is affected by sex hormones and thereby influenced by gender. The skin structure and skin appendages are also under the influence of sex hormones. Skin thickness, skin pH, sebum production and sweat rate are higher in males.

Sex hormones have been known to be responsible for various skin diseases and their expression in males and females. Excess testosterone in females results in androgenetic-dependent alopecia or hirsutism while excess testosterone predisposes to severe acne in males and removal of testosterone in males results in failure of beard growth and reversal of male-pattern hair loss.

Sex steroids have a differential effect on the immune system in men and women. Androgens are anti-inflammatory and depress both cellular and humoral immunity resulting in men having higher susceptibility to skin infections. Estrogens stimulate the humoral immunity and causes development of autoreactive B cells, and inhibit apoptosis which results in survival of autoreactive T cells. Autoimmune diseases such as SLE and allergic contact dermatitis (related to occupation) occur more in women as a result of these effects.

Further studies of dermatological conditions in relation to measured hormone levels as well as skin physiological changes in both genders are needed. Many such studies have been carried out but few studies on the effect of gender on skin diseases have been done in Nigeria.

Climate Change and Dermatoses

Dr. Daniel Gbujie

Climate change can be caused by several factors including variations in solar radiation, oceanic processes, and also human activities like; use of fossil fuel, deforestation, industrial processes and agriculture practices. It is responsible for the rising temperature, melting of the arctic ice cap, rising of sea levels, changes in precipitation patterns, and increased severe weather events, confirming that Climate Change is a real. It affects socio-ecological, food, economical systems and security system. Making the Climate Change crisis one of the greatest challenges of the 21st century. The presentation is to raise awareness among dermatologists about the impact of Climate Change on the skin, though research show that Climate Change affects human health.

However, just a few studies focus on how this change affects the skin, since it is the most exposed organ to the environment with this in mind it is not surprising that skin lesions are inclined to have a high sensitivity to climate change. This presentation will highlight those factors that contribute to the formation of the dermatosis.

Heck's Disease in Three Children Treated By Electrocautery and Zinc Gluconate.

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INTRODUCTION: Focal epithelial hyperplasia or Heck's disease is an infrequent asymptomatic condition caused by human papillomavirus types 13 or 32 affecting the mucous membrane of the mouth and is commonly seen in young individuals.

OBJECTIVE: We present 3 cases of Heck's disease treated with Electrocautory ablation and Long-term oar Zinc Gluconate.

METHODS: 3 children with Heck's disease aged between 6 and 12 years were treated by Lesional ablation using a hand held battery operated electrocautery under light Ketamine anaesthesia with uneventful immediate post cautery recovery followed by longterm oral Zinc Gluconate at low doses.

RESULTS: Patients had total clearance of their lesions with none recurrence during follow up.

CONCLUSION: Heck's disease can be effectively treated using simple electrocautery in low income environment with very good clinical outcome.

Idiopathic Scrotal Calcinosis – A Report of Three Cases Seen In Lasuth and Review of Literature

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BACKGROUND: Idiopathic scrotal calcinosis is a rare, benign idiopathic disorder defined as the presence of a solitary or multiple calcified nodules within the scrotal skin. There is some controversy regarding its pathogenesis. It occurs mainly in men between the ages of 20 and 50 years and presents as hard, smooth, largely asymptomatic papules or nodules on the scrotum. Surgical excision of the lesions is the treatment of choice but recurrence of nodules can occur.

CASE REPORT: We report three cases of adult males aged 27, 28 and 45 years seen in the Dermatology Clinic of LASUTH with multiple asymptomatic scrotal nodules for 3 years or more. Histopathological features were in keeping with Idiopathic scrotal calcinosis. They were co-managed with Urology and had surgical excision of the affected scrotal skin with no report of recurrence post-surgery.

CONCLUSION: This case report aims to shed light on this rare benign condition and review existing literature. Clinical and histopathological photographs will be discussed.

Key Words – Scrotal Calcinosis, Scrotal Nodules

The Use of Biologic Therapy at the Dermatology and Rheumatology Clinic of Lagos University Teaching Hospital, Lagos, Nigeria

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INTRODUCTION: There is a growing trend in the use of biologic therapy which is increasingly being indicated for an array of conditions in Rheumatology and Dermatology. The use of biologics in resource poor settings is limited because of their cost and availability. This explains the very small growth of their usage in our setting. Data regarding their use, dosage, side effects and prognosis are lacking. There are some promising reports from a private rheumatology clinic in Lagos; however use of biologics in public and tertiary healthcare institutions in Nigeria is lacking.

We present a series of cases where biologics were used in the treatment of some dermatological and rheumatological conditions at the Lagos University Teaching Hospital.

METHODS: Case notes of all patients who received biologic therapy over a five year period (January 2012 – December 2016) were reviewed. These patients met the standard diagnostic criteria for the conditions. Baseline investigations were carried out prior to biologic therapy.

Results: Seven cases received biologic therapy. The conditions involved were: SLE, Bullous pemphigus, Rheumatoid arthritis, Hiadradenitis suppurativa, Spondyloarthritis and Polymyositis. Five patients received Rituximab (a CD12 B-Cell monoclonal antibody depletory) and 2 patients received Etanercept (anti-TNF receptor blocker).

Five patients had a favorable outcome. The patient with psoriasis had no marked improvement and was lost to follow up, while the patient with SLE died from surgical complications

CONCLUSION: Biologics are an effective modality of treatment to be considered in managing dermatological and rheumatological diseases where other therapies have failed.

Key words: Biologic therapy, biologics, rheumatology, dermatology, Nigeria

Sezary Syndrome in a 65 Year Old Schezophrenic Patient: A Case Report

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INTRODUCTION: Sezary syndrome is the leukaemic variant of cutaneous T-cell lymphoma characterised by a triad of generalised erythroderma (now defined as affecting >80% of body surface area), lymphadenopathy and the presence of 5% or more malignant T cells with cerebriform nuclei (known as Sezary or Lutzner cells) in peripheral lymphocytes in the blood (1).

OBJECTIVE: We are reporting this case of Sezary syndrome as it is one of the rare causes of generalised exfoliative dermatitis (GED).

CASE REPORT: We present a 65 year old known schizophrenic patient with 3 years history of recurrent pruritus, erythroderma and two months history of recent onset mushroom-like skin tumours. Examination revealed generalized erythroderma affecting more than 80% total body surface area, significant peripheral lymphadenopathy, ectropion, generalized alopecia, onychodystrophy with subungual hyperkeratosis, palmoplanter keratoderma and fissures. Peripheral blood buffy coat examination showed sezary cells which constituted more than 18% of total circulating lymphoid cells and histology report of the wedge biopsy of skin tumour confirmed mycosis fungoides. A diagnosis of mycosis fungoides/sezary syndrome stage IIIB (T4, N1, and M0) was made and patient was commenced on cytotoxic chemotherapy using weekly methotrexate, oral prednisolone and antihistamines were added. She had some improvement following initiation of above therapy. Two months later she relapsed and finally succumbed.

CONCLUSION: There is need for high index of suspicion on elderly patients presenting with recurrent pruritus and erythroderma. Skin biopsy is advocated on all patients with erythroderma for early detection of cutaneous T-cell lymphomas.

Diseases of skin appendages and autoimmunity.

Update on HIV Infections and Dermatological Manifestations

Adeolu Akinboro

The dermatologic manifestations of HIV/AIDS are intricately complex. These manifestations are broadly divided into two: primary and secondary dermatologic manifestations. Both primary and secondary manifestations found in human immunodeficiency virus (HIV)-infected disproportionally are also present in immune competent individuals. The role of the HIV in the pathogenesis of primary skin manifestations are still subject to ongoing investigations.

The advent of highly active antiretroviral therapy (HAART) and the attendant variable achievement of viral suppression worldwide have significantly changed the landscape of the dermatological manifestations of HIV. In the developed countries, HAART had led to the decline of certain secondary skin diseases that are mainly opportunistic infections and the main concern in those countries is now the primary dermatological manifestations. In Africa, dermatologic manifestations still skewed towards the secondary manifestations due to late presentation of new cases, inadequate coverage and other abnormalities in the care continuum. Nevertheless, the burden of primary dermatologic disorders is also growing.

In this symposium, the rising scale of primary HIV skin diseases shall be considered, and the need to prepare for its increasing burden as coverage is up going, while recent update on the secondary dermatologic manifestations are discussed

Keywords: HIV/AIDS, dermatologic manifestations,

Spectrum of Rheumatologic Disorders in a New University Teaching Hospital, Southwestern Nigeria: Dermatologists As Stop Gap Of Care.

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INTRODUCTION: Rheumatologic diseases may not be as uncommon as previously reported among African population[(1,2)]. Increase awareness has brought the diseases to the fore in recent times. Studies have shown that Rheumatoid arthritis, for instance, is common among Nigerian with homogeneous black population, although reports in Africa have also emanated from Southern Africa [(3,4)].The present study was carried out to determine the prevalence and pattern of rheumatologic diseases in an outpatient Dermatology clinic of a new teaching hospital in Ogbomoso, Oyo state southwestern Nigeria. No resident Rheumatologists in the hospital.

METHODOLOGY: A retrospective study design was made to review cases seen at the Dermatology clinics as well as the admission records of the Department of Internal Medicine between January 2012 to October 2016.

RESULT: Five hundred and seven (507) patients were seen over the period. Of this, 4.73% (24) were rheumatologic diseases. Of the rheumatology diseases, there was a female preponderance of 62.50%. The age range of patients was between 18-71 years, with a mean age ±SD of 40.04 ± 14.49. The documented diseases included dermatomyositis (20.83%), systemic lupus erythematosus (+16.67%), Discoid lupus erythematosus (16.67%), rheumatoid arthritis (16.67%), gout (12.50%), systemic sclerosis (8.33%), scleroderma (4.17%%), muscle rigidity (4.17%).

CONCLUSION: Rheumatologic diseases are not as uncommon as previously thought. A high index of suspicion and the presence of Physicians with good knowledge of the diseases will help to identify cases. Prompt referral to the experts will serve to stem the tide of the debilitating complications.

Anca Negative Eosinophilic Granulomatosis With Polyangitis (churg Strauss Syndrome) in a Young Nigerian Woman: A Case Report

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INTRODUCTION: Churg-Strauss syndrome (CSS) is a rare systemic vasculitis of unknown aetiology characterized by necrotizing small-vessel vasculitis and eosinophil-rich granulomatous inflammation of tissues and vessels, associated with asthma and eosinophilia [1]. This syndrome is more common in patients with bronchial asthma. Diagnosed is made by the presence of any four or more of the six criteria according to American college of Rheumatology including; asthma, eosinophilia greater than 10%, paranasal sinusitis, pulmonary infiltration, histologically confirmed vasculitis and neuropathy.[2]

CASE REPORT: A 36year old lady with a year history of recurrent symptoms of bronchial asthma, itchy hyperpigmented skin rashes on the dorsum of the hands and feet, symptoms of peripheral neuropathy and rhino-sinusitis. She had been placed on asthma medications but with poor control. Examination showed an acute on chronically ill looking, wasted young woman who was pale, febrile, anicteric with vasculitic maculopapular eruptions

on the dorsum of her hands and feet. She was tachypniec (RR=30bpm) and centrally cyanosed with an SPO2 of 88% on room air and had mild pitting pedal oedema. ENT examination showed nasal polyps. Spirometry showed an obstructive pattern of pulmonary function abnormality with minimal reversibility. Her full blood count showed leucocytosis (total white cell count 20.2 x 10^9/L), and marked eosinophilia of 25%. Serology for c-ANCA, p-ANCA and rheumatoid factor and LE cells were negative. A chest x-ray showed widespread pulmonary infiltrates with hyperinflation. There was no facility for nerve conduction studies and skin biopsy was not done.

Based on the clinical features of difficult to treat bronchial asthma, pulmonary infiltrates, nasal polyps, peripheral neuropathy and peripheral blood eosinophila, a diagnosis of Churg-Strauss syndrome was made and treatment with seretide diskus inhaler, Atrovent inhaler, Salbutamol inhaler and oral Prednisolone were instituted. She was followed up for one year and showed clinical improvement evidenced by 8kg weight gain in three months, and a progressive fall in the eosinophil count to 20% at the fourth month of therapy and 5% at one year.

CONCLUSION: CSS should always be suspected and looked for among treatment-resistant asthma patients especially in resource poor settings.

Successful Treatment of Recalcitrant Perianal Condylomata Acuminata Using Intralesional Measles, Mumps, Rubella (MMR) Vaccine: A Case Report

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Keywords: Condylomata acuminata, HPV, MMR Vaccine

BACKGROUND: Condylomata acuminata are soft, pink cauliflower- like lesions with an irregular surface. They are usually seen on moist partially keratinized epithelium and are caused by human papilloma viruses and transmitted primarily through sexual contact. Several destructive and immunotherapeutic modalities exist for the treatment of warts. Recalcitrant warts represent a frustrating challenge for both patients and physicians. We report the case of a 75 year old man who was successfully treated with intralesional MMR vaccine, the first in our Centre.

CASE REPORT: A 75 year old retired civil servant, who presented with a 3 month history of multiple, pink colored, cauliflower- like papules and nodules on the perianal region. He had no history of anal intercourse. He had previously used podophyllin tincture. His HIV, HBsAg, Anti HCV Ab, VDRL screening were all negative. A clinical diagnosis of Condylomata acuminata was made and was confirmed by histology. He was initially treated with 5% Imiquimod cream, 0.05% tretinoin cream and lactic acid+ glycolic acid solution (collomack) without desired improvement. He was then given 0.4mls of intralesional MMR vaccine into the 2 largest nodules every 2 weeks for a total of 6 doses with complete clearance.

DISCUSSION: Condylomata acuminata are one of the most common sexually transmitted infections worldwide, usually resulting from infection with HPV types 6 & 11. Cell mediated immunity play a role in the rejection of warts and is the basis of immunotherapy. MMR is thought to act by eliciting a non- specific but strong inflammatory response against the HPV infected cells as well as through an interaction of stimulated macrophages, T- helper cells, neutrophils and natural killer cells. Several studies have demonstrated the efficacy of MMR vaccine in the treatment of non- genital warts, clearing both the treated warts as well as the distant warts.

CONCLUSION: This is the first case of intralesional Immunotherapy for warts reported from our center and we recommend that this modality of treatment should be considered especially for recalcitrant and multiple warts.

Succesful Treatment of Vitiligo in a Child with a Combination of Topical Vitamin D Analogue and Steroid

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INTRODUCTION: Vitiligo is an acquired disorder of skin depigmentation due to autoimmune destruction of melacytes. It affects 0.1- 4% of the world's population sparing no age group, sex or race. Vitiligo presents as asymptomatic white macules or patches that usually starts during childhood or in young adults. Vitiligo can be localized, generalized or universal. Treatment of vitiligo is often difficult in children as most of the modalities available for treatment cannot be used in them. Children with vitiligo have relatively better prognosis when compared to adults.

METHOD: Here we report a case of a 6year old boy vitiligo successfully managed with topical calcipotriene and Mometasone furoate 0.1% cream.

CONCLUSION: Combination of topical Vitamin D analogue and moderately potent steroid is promising in the treatment of childhood vitiligo.

Key words: Vitiligo, Childhood, Treatment

Acne Vulgaris: Practicalities and Challenges in the Black Skin

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Acne vulgaris is a chronic inflammatory disease of the pilosebaceous unit characterized by increased sebum secretion, formation of comedones, papules, pustules, nodules, and/or pseudocysts. It is a common skin disease affecting mainly adolescents all over the world. It is the commonest skin disease among adolescents in Nigeria.

The challenges and peculiarities of acne vulgaris in the black skin cut across the epidemiology, clinical features and the treatment options. These are compounded by the inadequate health education of the public and the associated complications of acne vulgaris. The management of acne vulgaris in the black skin requires a pragmatic approach to ensure appropriate treatment and favourable outcome.

Good Response To Chemotherapy In Advanced Mycosis Fungoides

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INTRODUCTION: Mycosis fungoides (MF) is the most common form of cutaneous T cell lymphoma. The mean age at presentation is 50 years with a male prepondrance. Histology is often confusing in early stage and therefore diagnosis could be delayed for several years. Wide range of treatment options are available for the treatment of MF. Outcome tends to be better when condition is diagnosed early.

METHOD: We report a case of 45 year old male with advanced tumorous stage mycosis fungoides, who showed remarkable response to chemotherapy involving cyclophosphamide, adriamycin, vincristine, and prednisolone

CONCLUSION: Although advanced mycosis fungoides has generally been associated with poor outcome, a few patients, such as ours, may however show good response

Generalised Idiopathic Acanthosis Nigricans - A Severe Presentation In A Nigerian Girl

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BACKGROUND: Acanthosis nigricans is characterized by hyperpigmented and velvety verrucous plaques observed as symmetric eruptions in intertriginous areas. It is usually associated with endocrine disorders, malignancies, certain medications and genetic syndromes. It is often localized to the flexor surfaces such as the axilla, posterior neck fold, anterior umbilical, popliteal and inguinal areas. Benign acanthosis nigricans is a rare form which may be familial- autosomal dominant genodermatosis or non-familial. It usually begins at birth or in childhood and may be generalized. The non-familial, generalized idiopathic variant has only been reported a few times in existing literature and was termed Generalized Idiopathic Benign Acanthosis Nigricans (GIBAN).

CASE DESCRIPTION: A 22 year old female student presented at the Dermatology Clinic of the University of Benin Teaching Hospital with a 12 year history of progressive hyperpigmented, hypertrophic and symmetric verrucous lesions. Symptoms first noticed on the neck and face but progressively involved the axilla, cubital fossa and trunk with no associated family history. Patient was of a normal Body Mass Index, not diabetic, not on any inciting medication and a thorough screening for endocrine and internal malignancy was negative. Skin examination revealed extensive velvety thickening of flexural areas with multiple acrochordons on the neck, axilla and cubital fossa and foul smelling sweaty effluents. There was marked, generalized hyperpigmentation involving the face, chest, abdomen, extremities and back. Nil mucosal, eye or nail involvement, nil tripe palm. Histopathologic analysis of a punch biopsy of the skin lesions was reported as acanthosis nigricans showing papillomatosis, hyperkeratosis with basket weave pattern, acanthosis with focal upward projections of finger-like dermal papillae and mild hypergranulosis with some perivascular lymphocytic infiltration in the superficial dermis. A diagnosis of Generalized Idiopathic Benign Acanthosis Nigricans was made and patient was counseled and commenced on moisturizers and topical 0.05% isotretinoin ointment, to be followed up closely on an out-patient basis.

CONCLUSION: Generalized acanthosis nigricans though rare, can be severe even in benign cases.

Keywords: Benign Acanthosis Nigricans, GIBAN, non-familial

Klippel – Trenaunay Syndrome: A Case Report In A 15-year Old Nigerian Girl

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INTRODUCTION: Klippel - Trenaunay syndrome (KTS) is a rare vascular disorder characterized by capillary malformation (port-wine stain), soft tissue and bone hypertrophy in combination with varicose veins with or without deep venous or lymphatic abnormalities. There has been few reports of KTS in West Africa and two reports in Nigeria involving the lower limbs.

We however report a case in an adolescent Nigerian girl, because of the rarity of this syndrome, not only in our environment but worldwide.

CASE REPORT: 15-year old SS3 student presented with progressive enlargement of the right upper limb from 3months of age, with associated erythematous rash, noticed 2 years before presentation. She is a product of uneventful pregnancy and no family history of vascular anomalies. No preceding history of trauma.

On examination, enlargement of the right upper limb with port wine stains on the limb. Associated

differential warmth. No varicose veins nor thrills were present. Also had scoliosis.

X-ray of the affected limb shows increase in soft tissue mass with no bony deformity.

Doppler USS also shows dilatation of the right axillary and proximal brachial arteries on the right with aneurysmal dilatation, no venous abnormality.

DISCUSSION: KTS is a congenital condition of unknown etiology, with no racial nor sex predilection. It affect the lower limbs most commonly but can affect the arm, trunk, and rarely the head and neck. It is a triad of port- wine stain, varicose veins, and bony and soft tissue hypertrophy involving an extremity. Diagnosis is made when at least two of the three of the three features are present, as seen with the case presented above.

It is therefore important to report a case because of its extreme rarity.

Keywords; Congenital, Vascular, Hypertrophy.

Lichen Planus Sequel To Chronic Hydroxyurea Therapy In Sickle Cell Disease Patients – Two Case Reports.

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BACKGROUND: Hydroxyurea, is given to patients with myeloproliferative neoplasias, sickle cell disease, hypereosinophilic syndrome and psoriasis. It has been associated with numerous cutaneous adverse effects ranging from benign skin atrophy, xerosis, pruritus, alopecia, and lichenoid dermatitis to painful leg ulcers, actinic keratosis and non-melanoma skin ulcers.

OBJECTIVES: Cutaneous adverse effects of hydroxyurea have rarely been reported in Sub Saharan Africa where the burden of sickle cell disease ranks highest in the world. We aim to shed some light on the psychodermatologic impact of these skin events and re-emphasize the importance of performing a thorough skin examination for patients on hydroxyurea therapy.

CASE PRESENTATION: True Lichen planus following hydroxyurea therapy has rarely been reported . We therefore present two paediatric sickle cell disease patients aged 6 and 13 who presented with multiple pruritic, hyperpigmented , planar , papular lesions at 2 and 6 months respectively after commencement of hydroxyurea therapy. Histology of skin samples revealed Lichen Planus. Lesions resolved after commencing potent topical steroids and withdrawal of hydroxyurea.

CONCLUSION: Cutaneous adverse effects of hydroxyurea therapy are often overlooked or underestimated because they are usually benign and the burden of the primary illness overshadows these skin events. The gravity of this psychodermatologic burden cannot be over emphasized and dose modification or complete withdrawal of hydroxyurea may be employed to combat these adverse effects.

Juvenile Systemic Sclerosis With Calcinosis Cutis In Six-year Old Boy

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BACKGROUND: Juvenile systemic sclerosis is a rare multisystemic connective tissue disease in children (● 16 years) characterized by symmetrical fibrosis of the skin and internal organs. We report a case of juvenile systemic sclerosis with calcinosis cutis.

CASE REPORT: A 6-year old boy presented with whitish discoloured skin rashes of 2 years duration which started on the extensor aspects of the upper limbs and spread to the axillae, the trunks, the palms and soles. There were no symptoms of Raynaud's syndrome. Apart from occasional exertional dyspnoea, there were no systemic symptoms. No history of prior exposure to toxic agents.

On examination, there were firm to hard whitish papules and nodules on the axillae, elbows, knees and lower abdomen. Extirpation revealed whitish, gritty, material. There were depigmented patches on the palms, soles, skin overlying the small joints of the hands and foot, abdomen and knees. He had thickening of the skin of the dorsum of the fingers with reduced extension of the proximal interphalangeal joints.

Laboratory investigations showed hypercalcemia, hyperphosphataemia and hyperproteinaemia. Antinuclear and anti-topoisomerase antibody (scl70) were positive but anti-centromere antibody was negative. Haematological and renal indices were unremarkable. He had a restrictive spirometric pattern. Chest X-ray showed bilateral hilar fullness with prominent upper lobe vessels. Skin biopsy showed calcinosis cutis. A diagnosis of juvenile systemic sclerosis with calcinosis cutis was made.

He was placed on oral prednisolone and lisinopril daily, and he is being followed-up.

CONCLUSION: Juvenile systemic sclerosis with calcinosis cutis is a rare multisystemic disorder that requires high index of suspicion to diagnose in early childhood.

Lichen Simplex Chronicus With Malignant Transformation: A Case Report.

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INTRODUCTION: Lichen simplex chronicus (LSC) is a chronic, recurrent form of dermatitis characterized by few or single heavily lichenified plaques. It is seen more in females between 30 – 50 years. Sites of predilection are; scalp, nape of the neck, extensor surfaces of extremities, ankles and anogenital region.LSC is usually benign, however malignant changes have been previously documented. We however report a case of a female patient with LSC with malignant transformation after 8 years. We report this case to highlight the need to examine existing lesions in patients with chronic dermatitis.

CASE REPORT: A 55 year-old female trader was referred with changes and recent onset bleeding in a recurrent rash on the gluteal cleft of 8 years duration.Examination revealed a hypopigmented, lichenified and symmetrical plaque measuring 14 x 10 cm with peripheral hyperpigmentation. A fungating mass was seen at the center of the lesion. Biopsy of the lesion showed a focus of severe dysplasia involving the whole thickness of the epithelium with vascular invasion in the dermis. A diagnosis of invasive squamous cell carcinoma was made.

CONCLUSION: Malignant transformation of chronic dermatitis is rare (marjolins ulcer).This case highlights that it does occur. Warning signs of malignant transformation are; abrupt change in morphology of the lesions with ulceration, bleeding and foul – smelling discharge. Therefore, frequent examination of existing chronic dermatitis is key to early detection of malignant transformation.

Intervention in Dermatology

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Keywords: Hair transplant, Lichen planopilaris

INTRODUCTION: Lichen planopilaris (LPP) is an idiopathic inflammatory disease of the hair. It is a known cause of primary scarring alopecia. The treatment is mainly by the use of steroids and immune modulators. There are reports of exacerbation of LPP and appearance of LPP after hair transplant. However, hair transplant may be done for LPP patients only when the disease is in remission.

OBJECTIVE: We report a case of a Nigerian woman who received follicular unit hair transplant following a diagnosis of lichen planopilaris.

METHOD: Mrs. A.A, 35 years old civil servant who developed itchy, scalp hair loss 5 years ago with associated significant psychological effects. Examination, dermoscopic and histologic findings supported a diagnosis of Lichen planopilaris. Follicular unit hair transplant was done six months after the control of symptoms using anti-inflammatory agents (Steroids). Donor strip excised from the occipital region was sectioned into follicular units which were transplanted into the areas of alopecia.

RESULT: The outcome of the procedure was satisfactory. Patient made significant progress with growth of the transplanted hairs. Eight months after the transplant, patient developed a relapse of the symptoms of LPP which affected the transplanted hairs.

CONCLUSION: Hair transplant can be a treatment option for patients with LPP. However, such patients must be in remission before the procedure.

Nail Dermoscopy

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BACKGROUND: The dermatoscope is a non invasive tool which magnifies skin surface structures and also highlights some structures beneath the skin. Despite the heavy pigmentation in the dark skin (Fitzpatrick skin types 4-6) the dermatoscope has been found very useful in the diagnosis and management of various nail disorders.

Nail disorders are common in our environment. Their aetiology is multifactorial and many of the patients we see decline to have nail biopsies or nail clippings. The results from blind clippings or biopsies may not be helpful at times. Dermoscopy of the nail fold capillary, nail plate, and hyponychuim have been found useful in the diagnosis of fungal infections, papulosquamous and connective tissue diseases. The yield of diagnosis from biopsy sites or skin scrapping can be increased with the aid of a dermatoscope

MATERIAL AND METHODS: This presentation provides an overview of the usefulness of nail dermatoscopy in the management of our patients at the University College Hospital Ibadan. We present the usefulness of dermoscopy of the nail fold capillary, nail plate and hyponychium in the management of patients seen in the skin clinic.

RESULTS: We highlight dermoscopy features seen in patients with psoriasis, lichen planus, onychomychosis, onychomycotricoma, nail matrix nevus, dermatomyositis, scleroderma and melanonychia.

CONCLUSION: We conclude that Dermoscopy is a useful tool in the management of patients with nail disorders in a low resource setting like ours.

Fox-Fordyce Disease: A Rare Pubertal Pruritic Occlusion Disease.

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Keywords: Fox-Fordyce disease, Puberty, Occlusion.

Fox-Fordyce disease also known as apocrine duct occlusion, apocrine miliaria or sweat retention disease is a rare skin disorder characterised by chronic pruritus occurring predominantly in females in the pubertal period between the ages of 13 and 35 years. We report the presentation of a 21 year old female undergraduate who presented to our clinic with a five year history of pruritic, non-painful, rashes in the axilla, peri-areolar region and genitalia. Rashes were noticed at the onset of puberty when hair started growing in the pubertal hair bearing areas, the axillae initially, they however became persistent, progressively increased in size and number and subsequently involved the peri- areolar regions and genitalia. There is associated significant pruritus which is worse in hot and humid periods, no associated pain, discharge or exfoliations. No similar history in any other member of the family.

General physical examinations revealed an anxious young adult, with an approximate body mass index of 21kg/m^2. She was otherwise stable. Cutaneous examination showed multiple, peri-follicular, discrete, hyperkeratotic, dome shaped, skin colored, monomorphic, papules in the axillae, peri-areolar and anogenital regions. There was absent sweating. Other systems were essentially normal.

Fasting blood sugar and two hour post prandial were within normal limits. All other laboratory investigations also within normal limits. Presently awaiting the result of histopathology and for trial of topical steroid or calcineurin inhibitor thereafter. She is yet to be seen again at the clinic.

CONCLUSION: Fox-Fordyce Disease (FFD) is a rare, chronic, pruritic, inflammatory disorder of apocrine glands but is it really as rare as we thought in the tropics? It is said to be worse in the tropics because of the hot climate and increased humidity. Due to the rarity of the disease, a high index of suspicion is needed to identify cases.

Update on Hair and Scalp Disorders in Nigeria

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INTRODUCTION: Hair and scalp disorders are seen in Nigeria like in other parts of the world. There are various conditions affecting the scalp leading to alopecia which may present as scarring or non scarring alopecia. Hair disorders have varying aetiology though majority of them also have the resulting effect of causing hair loss.

BACKGROUND/DISCUSSION: Common causes of non scarring alopecia seen in Nigeria include androgenetic alopecia , alopecia areata and telogen effluvium. Scarring alopecia is grouped into four major types; lymphocytic, neutrophilic, mixed and non specific. Conditions which give rise to the lymphocytic type of scarring alopecia include Chronic Cutaneous Lupus Erythematosus, Lichen planopilaris and Central Centrifugal Cicatricial Alopecia (CCCA).Neutrophilic type of scarring alopecia is caused by folliculitis decalvans and dissecting folliculitis. Acne Keloidalis and acne necrotica are classified under mixed type of scarring alopecia while others are non specific.

There are few studies that give some information on the prevalence of some of scalp and hair disorders in Nigeria hence more research is advocated into the epidemiology and management of scalp and hair disorders. Protocols for managing the various hair and scalp disorders need to be domesticated. A number of patients present very late to the dermatologist for treatment of their hair and scalp disorder just like most ailments in dermatology. This makes treatment more challenging.

CONCLUSION: Challenges of late of late presentation particularly in cases that lead to scarring alopecia can be handled by health education at various levels of health care. It is also advocated that more dermatologists should get consider developing more interest in the study of scalp and hair disorders including dermoscopic examination which yields a lot of information.

Fixed Drug Eruption In The University Of Nigeria Teaching Hospital: A 5-year Retrospective Study

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BACKGROUND/INTRODUCTION: Fixed drug eruption is a potentially dangerous condition. This study was aimed at obtaining a profile of patients who presented to the Dermatology clinic with fixed drug eruptions in the past five years.

METHODS: This is a descriptive study. Data was collected from out-patient records in the Dermatology clinic of the University of Nigeria Teaching Hospital between January 2012 and

December 2016. Data was analysed using SPSS version 22.

RESULTS: A total number of 45 patients were identified to have fixed drug eruptions, with an incidence of 0.99%. Female to male ratio was 3:1. Forty-seven percent of the study population were students. Fifty-five percent of them had taken drugs mixed from a chemist and had gone back to the chemist when the lesions occurred for more medications. The most common causative drug was sulphur-containing drugs, and the most common symptom was pruritus in the lesion site. The most common location was the upper limbs. 76.7% of them had 2 or more lesions.

CONCLUSION: There is an urgent need to institute prescription-only drugs and create more awareness in the populace in order to lower the incidence of this potentially dangerous condition.

Interventions In Dermatology: Botox, Fillers And Chemical Peels.

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Dermatology is a highly procedural field with a wide range of minimally and non-invasive interventions that are readily available and utilized to improve and hasten treatment outcomes.

This presentation will highlight the assesment of an aesthetic patient, indications for botox, fillers and chemical peels in dermatology, thier adverse effects, the aging face and recent developments and advancements in the use of botox, fillers and chemical peels.

The Role Of Cryosurgery In Management Of Widespread Viral Lesions At The Genito-urinary Medicine Clinic Of Lagos University Teaching Hospital

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BACKGROUND: Anogenital warts and Mollusca contagiosa are benign viral induced tumors occurring in immunocompetent and immune deficient persons. Treatment options include topical medication and physical destructive therapy. Patients who present at the genitourinary medicine (GUM) clinic with extensive genital warts and generalized Mollusca contagiosa are often immunocompromised with HIV infection or AIDS. Management is often challenging and lesions can be recalcitrant to treatment. Diverse combination therapies have been used with variable success. These include LASER, cryosurgery, electrocautery, immune modulators, imiquimod and calcineurin inhibitors, amongst others. Cost of therapy usually hampers management, with an attendant loss to follow up. Cryotherapy is an invaluable tool used for debulking and/or successfully treating these tumors in both immunocompetent patients and immune deficient patients. The following cases illustrate this.

METHODS: Two patients (one immune competent, one immunodeficient) with extensive anogenital warts and one with generalised Mollusca contagiosa and AIDS had cryosurgery. Each session involved 3 cycles of liquid nitrogen applied for 10 or 15 seconds and this was carried out fortnightly.

RESULTS: All solitary warts, Mollusca contagiosa lesions and majority of anogenital lesions reduced significantly following cryotherapy. Perilesional post inflammatory hypopigmentation was the most common side effect.

CONCLUSION: Cryotherapy is an inexpensive and invaluable modality of treatment. It is effective for treating extensive anogenital warts and generalized *Mollusca contagios*a. With the HIV/AIDS scourge, recurrent and recalcitrant benign tumors will besiege the Genito-Urinary medicine physician. Cryotherapy is beneficial to patient, physician and society with respect to financial burden, treatment and prevention of disease transmission.

Keywords: Anogenital warts, Molluscum contagiosum, Cryotherapy, immune deficient

Tumours, ulcers and systemic disease and the skin

Case Series: Spectrum of Squamous Cell Carcinoma in 6 Patients with Genital Warts

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BACKGROUND: Condylomata acuminata (venereal or genital warts) is caused by human papillomavirus (HPV) and is one of the most common sexually transmitted diseases. In recent times there has been a wealth of research on the epidemiology, molecular biology, and clinical behaviour of HPV infections and their close association with a variety of human squamous cell cancers. Most malignant cutaneous neoplasms involving the genitalia are squamous in origin and are associated with human papillomaviruses (HPVs).

CASE SERIES: This is a case series of 6 (5 males and 1 female; ages 25 to 55) of the 53 patients who presented at the LASUTH Skin clinic with genital warts within the last one year that were found to have various stages of genital squamous cell carcinoma. There was also a notable increase in the total number of cases of genital warts seen in the last one year when compared with previous years. The diagnoses were confirmed via skin biopsy. However, HPV genotyping was not done due to the financial implication of the tests. The patients were treated with surgical excision and/or hyfrecation. Those with extensive lesions were co-managed with Urology and Plastic surgery.

CONCLUSION: This case series emphasizes the importance of the consideration of malignant transformation in patients presenting with genital warts. It also highlights the need for the vaccination of both males and females against Human Papillomaviruses to prevent genital warts and HPV associated malignancies.

Key Words – genital warts, human papillomavirus, squamous cell carcinoma

Xeroderma Pigmentosum:a Rare Genodermatosis With Disfiguring Facial Basal Cell Carcinomas

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Keywords :xeroderma pigmentosum, basal cell carcinoma, tropics

BACKGROUND: Xeroderma pigmentosum is a rare autosomal recessive disorder characterised by photosensitivity, pigmentary changes, premature ageing, neoplasia and defective DNA repair. Estimated incidences vary from 1 in 40, 000 in Japan to 1 in 250, 000 in the USA, howeverincidence rated in developing countries is mostly anecdotal.

An illustrative case of xeroderma pigmentosum complicated by disfiguring basal cell carcinomas is highlighted

METHOD: A 14-year-old female adolescent presented with a 2-year history of multiple recurrent ulcers on the face. She developed skin problems at about 2 years of life with increasing skin dryness and generalised hyperpigmented macules. There's history of photophobia without visual impairment or neurologic symptoms. Examination findings revealed generalised lentigines, with xerosis and multiple shallow ulcers and nodules on the face. There was a destructive ulceration of the right alar nasae and bilateral corneal opacities. A clinical diagnosis of xeroderma pigmentosum with actinic keratosis and basal cell carcinoma was made. Skin biopsy done confirmed basal cell carcinoma. She's presently being co-managed with the plastic surgeons and the ophthalmologists.

CONCLUSION: Xeroderma pigmentosum in a child living in a developing tropical country is usually associated with a poorer prognosis. Factors such as late presentation, poverty and ignorance often put these children at increased risk of poorer outcomes. There is a need to raise more awareness about the disorder in order to provide adequate supportive care and enhance the quality of life of affected patients.

Cutaneous Correlates of Metabolic Syndrome in Ogbomoso: A Cross-sectional Study Using The National Cholesterol Education Program's Adult Treatment Panel III Criteria

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BACKGROUND: Metabolic syndrome (MetS) and cardiovascular diseases occur worldwide, and people of colour are disproportionately affected with consequent high morbidity and mortality. Human skin reflects internal diseases hence cutaneous associations of MetS was studied.

OBJECTIVES: To examine cutaneous correlates of MetS as defined by NCEP ATP III criteria.

METHODS: 197 apparently healthy male and non-pregnant female adults attending the General Outpatient Department of LAUTECH Teaching Hospital, Ogbomoso were included. Metabolic syndrome was diagnosed using NCEP ATP III criteria and the participant's skin examined for skin diseases. Data was analyzed using SPSS 20.

RESULTS: The prevalence of MetS was 32.9%, of which 86.2% of participants were females. Joint pain was significantly present (p=0.003) among participants with MetS. The presence of flat feet increases the odd of MetS by 2.2, (95%CI) 1.1 – 4.3 and obesity by 4.0 (95%CI) 1.8-9.1. Prevalent skin disorders associated with MetS reflected the dominance of central obesity; flat feet (38.5%), striae (32.3%), varicose vein (12.3%), acrochordon (12.3%), erythrasma (6.2%) and Candida intertrigo (7.7%). Candida intertrigo increases the odd of central obesity by 10.9 (95% CI) 1.2 – 97.8, flat feet by 4.0 (95%CI) 1.8- 9.1, and striae distensae by 2.9 (CI) 1.2 – 6.8, in binary logistic regression. Participants with both striae distensae and flat feet were significantly obese and hypertensive. Flat feet was significantly associated with higher mean total cholesterol and LDL-c, (p=0.046 and 0.008 respectively).

CONCLUSIONS: Flat feet and striae distensae are cutaneous correlates of MetS and obesity. Patients with these conditions are recommended for MetS screenings.

Key Words: Skin Diseases; Metabolic Syndrome; Striae distensae; Flat feet

A Case Report on Coexistence of Acne Keloidalis Nuchae and Folliculitis Decalvans In An African Male; A Treatment Challenge

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INTRODUCTION: Follicular disorders are common in men of African descent. Aetiology is multifactorial and presentation is varied with multiple disorders occurring in the same patient. We report a coexistence of both Folliculitis Decalvans (FD) and Acne Keloidalis Nuchae (AKN) in an African male, highlighting the treatment challenge.

MANAGEMENT AND OUTCOME: A 33yr old male, presented with 8 years history of recurrent painful pustules with oozing on the scalp. Subsequently he developed firm nodules on the occipital area which bled on contact. He had used various antibiotics and kenalog injections. Examination revealed a healthy young man with pustules, nodules, crusting and erythema with tufted hair involving the vertex and temporal regions. On the occipital region he had multiple papules and keloid-like plaques.

A diagnosis of FD and AKN was made.

He was commenced on steroid lotion, antifungal shampoo and tetracycline. There was no significant improvement after 6months. He was then commenced on Isotretinoin, prednisolone and clindamycin. After 4months, there was significant resolution in inflammation as well as hair regrowth in most parts. This however relapsed while the medications were being tailed off.

DISCUSSION: AKN and FD are both chronic inflammatory processes involving the hair follicles on the scalp with different proposed aetiologies. Both are classified as primary cicatricial alopecias. While FD causes a neutrophilic inflammation, AKN causes a mixed lymphocytic/neutrophilic inflammation. There a very few reports on the coexistence of these two conditions. Clinical features are as found in this index case. Treatment is very challenging especially for FD in this environment. Recurrence rates are variable.

CONCLUSION: AKN and FD may coexist and are challenging to treat as seen in this index case.

HSV 1 & 2 Infection: Epidemiological and Clinical Issues of Importance

Uche R. Ojinmah

Herpes simplex virus infection affects skin, mucosal lining, and nerve tissue. The cutaneous manifestation of herpes simplex virus was portrayed 2,000 years ago by the Greek historian Herodotus. This infection is lifelong with manifestation in a small proportion of those infected thus leaving a large pool of asymptomatic carriers/shedders of the virus as clinically unidentifiable pool for transmission. The recurrences of the painful or itchy vesicles of herpes simplex virus type 2 (HSV 2) are usually dreaded by the victims with much psychological stress, and strain on social relationship with reduction in job productivity. From the 1970s when the developed world started monitoring HSV 2 closely, it has presented public health concern because of its progressively increasing prevalence which some authorities say is of epidemic proportion in developing countries. Some authors also say that it is commoner among female population just like other sexually transmitted infections; more so in our social environment where women are made to play subordinate role in sexual and social relationships. Herpes simplex virus type 2 have also been found to have synergistic effect with human immunodeficiency virus (HIV) and co-infection of the two presents more severe burden to the immunity of the victim. This leads to increased morbidity and mortality with negative economic and social impact.

Assessing The Reliability of Clinical Diagnosis of Psoriasis in Resource Poor Countries

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BACKGROUND: The cost of accessing healthcare in developing countries is high. Factors contributing to this include poor or non-existent health insurance coverage, widespread poverty and high patient to doctor ratio. The cost of histological diagnosis of Psoriasis can pose additional financial burden to patients, leading to poor compliance with medication and poor follow up. The aim was to assess the reliability of a clinical diagnosis of Psoriasis compared with a histological diagnosis. We postulate that a clinical diagnosis alone may suffice in making a diagnosis of psoriasis in resource poor countries.

METHODS: Retrospective analysis of clinical data of 20 patients seen between August 2016 and February 2017 at the Dermatology clinic, Lagos University Teaching Hospital, Nigeria.

RESULTS: There were 12 males and 8 females aged between 11-68±39.75years.BMI ranged between 11.38 – 38±7.43. Ninety percent (18) had a clinical diagnosis of chronic plaque psoriasis,

2(10%) had guttate psoriasis. Sixteen (80%) had histological features of psoriasis due to presence of epidermal hyperplasia or presence of microabscesses of Munro or kogoj micropustules. 3(15%) had histology features of chronic spongiotic dermatitis and 1(5%) had histology features of lichen simplex chronicus.

CONCLUSION: This study shows that clinical diagnosis of plaque psoriasis by a dermatologist in a developing country may suffice as the diagnosis to establish psoriasis. This may ease financial burden of the disease on patients. The small sample size and the main clinical diagnosis of plaque psoriasis in this study limit generalisation of these results.

This study shows that clinical diagnosis of plaque psoriasis by a dermatologist in a developing country may suffice as the diagnosis to establish psoriasis. This may ease financial burden of the disease on patients. The small sample size and the main clinical diagnosis of plaque psoriasis in this study limit generalisation of these results.

Keywords: Psoriasis, histology, resource poor countries

Mortality In Dermatology

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Dermatology is primarily a non- acute, outpatient centered clinical specialty that contributes little to mortality in general medicine, however certain conditions are life threatening and can/do cause mortality.

Several dermatological conditions are severe enough and may eventually result in these mortalities. These range from immunobullous disorders to drug reactions to infections and malignancies.

The causes of mortality in dermatological practice; factors contributing to it and its prevention are the some of the objectives of this discussion.

Widespread And Fungating Kaposi Sarcoma In An Hiv Negative Patient

Keywords: Kaposi sarcoma, HIV negative

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INTRODUCTION: Kaposi sarcoma is a vascular neoplasm of the endothelium cells that commonly occurs in patients with severe immunosuppression e.g HIV/AIDS e.t.c. Rarely it occurs in patients with no clinical or pathological evidence of immunosuppression these are the classic and endemic/African types ,both have a less aggressive course and are easier to treat. This however was not the case in this patient.

CASE PRESENTATION: A 51 year old clergyman presented to our center with complaints of skin rash on both feet for 3 years and bilateral leg swelling of 1 year. Skin rashes were initially papular but evolved to become nodules with varying degrees of ulcerations . Rash also progressed to involve the upper limbs and the trunk. No history of trauma , no history of exposure to risk factors for HIV infection and repeated HIV results were non reactive. Previous histology result from skin biopsy done from another tertiary hospital suggested chronic non specific dermatitis , mycology studies suggested subcutaneous mycosis. Physical examination revealed violaceous/purplish nodules on both feet , the forearms and the trunk, there was also bilateral limb swelling extending to the thighs. Histology done in our center showed features suggestive of Kaposi sarcoma although two HIV test done were both non reactive. Xrays showed no bone involvement, chest xray showed no lung involvement .

MANAGEMENT: Patient was given a combination of IV Bleomycin 15iu stat, IV Doxorubicin 30mg in IVF normal saline , IV

Vincristine 2mg every 4 weeks with remarkable response as evidence by disappearance of skin rash and resolution of edema. Response however failed after 4th cycle which prompted the use of Paclitaxel . Response paclitaxel also failed after 6th cycle. Patient has been referred for radiotherapy but yet to commence due non functional radiotherapy machines.

DISCUSSION: The pathogenesis of Kaposi sarcoma is uncertain but has been associated with Human herpes virus 8(HHV8).The epidemic /HIV type the commonest variant is known to be aggressive with wide spread cutaneous involvement and poor response to treatment. The classic and endemic types are indolent and localized to both feet, our patient though HIV negative had widespread lesions . High index of suspicion is required for early treatment and good prognosis.

Skin Failure: Pattern, Causes And Outcomes In A Southwestern Tertiary Dermatology Unit

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INTRODUCTION: Skin failure is a dermatologic emergency that requires urgent management and encompassing care to forestall the attendant fatal outcome. Skin failure is characterized by the loss of normal temperature control, mechanical barrier, and loss of capabilities to maintain homeostasis of fluid, electrolytes and protein.

AIM AND OBJECTIVES: To determine the pattern, causes and outcomes of cases of skin failure that present over the last five years.

METHODOLOGY: A cross sectional retrospective study. All the records of patients managed for all varied causes of skin failure from 2012 till May 2017 was retrieved with the demographic profile, causes and outcome recorded. The data was collated and analysed.

RESULTS: There were a total of ten (10) patients with varied causes of skin failure were managed from 2012 to May 2017. There was an equal gender distribution. The age range of patients was between 12-76 years, with a mean age of 38.2 ± 22.9. The documented causes included Atopic Dermatitis- 4 (40.0%), Tinea corporis- 2 (20.0%), drugs-3 (30.0%), Hansen's disease 1 (10.0%). Nine patients (90.0%) were discharged while one death was recorded (10.0%).

CONCLUSION: Skin failure is a dire emergency and outcome depends on the etiology. Atopic dermatitis constitutes the commonest cause in this review with good outcome while mortality was high with severe drug eruption.

Multiple Xanthomas In A 14-year-old Girl With Familial Hypercholesterolemia

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INTRODUCTION: Xanthomas are lesions caused by the accumulation of Lipid-laden macrophages. They usually occur following primary (congenital) or secondary (acquired) dysfunction of lipid metabolism. They are often associated with accelerated atherosclerosis and cardiovascular disease.

CASE REPORT: We report the case of a 14-year old girl who presented with a skin lesion at the inter-gluteal cleft since birth as well as 5 years' history of multiple painless, non-pruritic skin lesions of various sizes, located on multiple joints and the eyelids. She was initially diagnosed with Keloids by a general practitioner who had injected intra-lesional triamcinolone into the nodules on the elbows and knees with resultant scarring.

Examination revealed multiple soft yellowish-brown papules, plaques and nodules on the right eyelid, interdigital spaces, elbows, gluteal cleft and sub-gluteal area as well as large, hard protuberances on both knees anteriorly. A diagnosis of multiple xanthomas was made and confirmed by the histopathology of the lesions biopsied. Her fasting lipid profile was as follows: Total cholesterol - 826mg/dl, LDL cholesterol-763mg/dl, HDL-42mg/dl, VLDL - 21mg/dl and Triglycerides - 103mg/dl. ECG done was normal. Her older brother was found to have similar lesions, hypercholesterolemia and an ECG with ischaemic changes. Her father was also being treated for hypercholesterolemia. The final diagnosis was Familial Hypercholesterolemia.

CONCLUSION: This case report discusses the cutaneous manifestations of Familial Hypercholesterolemia which is rarely reported in Nigeria and highlights the importance of early recognition and treatment to avert cardiovascular complications.

KEY WORDS – xanthomas, xanthelasma, familial hypercholesterolaemia

The Efficacy Of Systemic Itraconazole In The Management Of Cutaneous Histoplamosis

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BACKGROUND: Histoplasmosis is an important systemic fungal infection that is usually asymptomatic or self-limited. However, acute pulmonary infections and severe progressive disseminated infection may be seen. Primary infection occurs in lungs and can also involve skin, lymph nodes, GIT, CNS, adrenals,bone marrow and spleen. It is caused by *Histoplasma capsulatum* a dimorphic fungus found in soil infected with bird excreta. The predisposing factors for histoplasmosis are immunosuppressed states.5-10% of cases develop progressive disseminated disease . Disseminated and extrapulmonary histoplasmosis is commonly seen among immunocompromised. These nonspecific symptoms can resemble other infections including tuberculosis and malignancies leading to diagnostic dilemma. The skin involvement, commonly seen in HIV positive cases, is rare in disseminated disease and occurs in only 6% of patients in the form of hyperpigmented, erythematous nodule, papule, or ulcerative lesions.

CASE REPORT: 38-year-old female, hair stylist ,recently diagnosed retroviral disease positive presented in Emergency unit of University of Benin Teaching Hospital with complaints of multiple ulcerated plaques and nodules on his face, neck, upper arms, legs and trunk since of 3 weeks duration. There was an associated history of fever with no other systemic findings. There was no history of similar rash in any close contacts, or contacts with soil, decayed vegetation or pets. Cutaneous examination showed multiple erythematous, discrete, slightly tender, ulcerated papules and nodules , over the face, neck, trunk, upper limbs, lower limbs, genital area and and back. CD4 count done was 61 cells/ul and VDRL test done was negative. Chest radiograph showed Poorly defined, widespread, small varying sized nodular soft tissue opacities in all the lung zones bilater ally. A direct KOH mount was prepared on a slide showed intracellular budding yeast cells with clear space around them based on which the fungus provisionally was identified as *Histoplasma capsulatum*. Wound swab for acid and alcohol fast bacilli was also done and was negative.Culture done yielded no growth of any organism.Patient was subsequently commenced on itraconazole at 400mg daily and she was also commenced on HAART. There was a dramatic improvement was observed with the lesions resolving completely with residual hypopigmentation with two weeks of commencement of systemic itraconazole.

CONCLUSION: The early manifestations of disseminated histoplasmosis are non-specific. Clinical awareness and good diagnostic tools are necessary in differentiating it from its close differentials.This case emphasizes the role of KOH mount preparation for the diagnosis of histoplasmosis. Furthermore the patient' to systemic itraconazole was remarkable.

Keywords: Cutaneous; Disseminated; Histoplasmosis; KOH, Itraconazole

Case Report: Persistent Pigmented Erythematous Rash In The Dark Skin

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INTRODUCTION: Cutaneous telangiectasia with associated hyperpigmentation occurs rarely in this environment. Pigmented purpuric dermatosis and various angiokeratodermas can present with these features. We report a case of asymptomatic, chronic and recently progressive erythematous rash in a young Nigerian female. Diagnostic considerations following dermoscopy and histology are discussed.

CASE REPORT: A 42 year old woman presented with a 25 years history of dark, non - blanching, confluent erythematous patches in the right gleutal area. It however progressed to involve the right thigh, right leg, left gluteal area and lower abdomen within 6 months from presentation. Lesions were asymptomatic, with no history of pain, itch, bleeding or associated limb swelling. There was also no history suggestive of a bleeding disorder. Her family history, prior medical history and basic laboratory work up were unremarkable. Dermoscopy showed petechia, red gobules, and red dots on a background of erythema. Pigmented purpuric dermatosis (PPD) was diagnosed, based on history and dermoscopy. Histology however showed focal areas of hyperkeratosis as well as proliferation of dermal capillaries, which are more suggestive of angiokeratoma circumscriptum.

DISCUSSION/CONCLUSION: Cutaneous telangiectasia are varied and could be congenital or acquired. They could also be static or progressive. A lot of them are asymptomatic. However, where venous dilatation is involved, thrombosis may result. Predisposing factors such as trauma and venous hypertension should be avoided. Histology varies with the age of lesions, and this should be considered in making a diagnosis. Dilatation of blood vessels are common to all, however the presence of perivascular inflammation and hemosiderin deposits are commoner in PPD.

Key Words: Pigmented purpuric dermatosis, Angiokeratoma, Telangeictasia.

Familial Xeroderma Pigmentosum In A Nigerian Child Complicated By Invasive Squamous Cell Carcinoma

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BACKGROUND: Xeroderma Pigmentosum is a rare disorder transmitted in an autosomal recessive pattern characterized by defective DNA repair. It results in photo sensitivity, xerosis, poikiloderma, pigmentary changes, premature skin aging and malignant tumor development such as melanoma and squamous cell carcinoma..

CASE SUMMARY: A 6 year old boy who presented to our dermatology clinic initially at age 3 with widespread mottled hyperpigmented and hypopigmented macules with photosensitivity. Two siblings had similar skin lesions, one of whom had died from complications of growths on the skin. A clinical diagnosis of xeroderma pigmentosum was made. Genetic confirmation could not be made due to unavailability.

The parents were counseled and he was started on Isotretinoin and sunscreen, but was lost to follow up. He presented 2 years later with multiple fungating lesions on the scalp and face with right eye involvement.

Tissue biopsy confirmed a diagnosis of invasive squamous cell carcinoma with cranical CT showing cranial extension in a child with xeroderma pigmentosum

CONCLUSION: Xeroderma pigmentosum is a rare hereditary disorder characterized by increased sensitivity to UV radiation and development of cutaneous malignancy. Sun avoidance and protection is key to prevention of cutaneous malignancy. Genetic counseling is important in limiting further occurrences.

Keywords: xeroderma pigmentosum, photosensitivity, xerosis, invasive squamous cell carcinoma.