2014 ANNUAL GENERAL & SCIENTIFIC PROGRAMME

---------- Lagos 2014 ----------

ABSTRACTS

The 8th Scientific Conference and Annual General Meeting was preceded by a preconference at the Lagos University Teaching Hospital - featuring lectures and practical demonstrations on Cosmetic/aesthetic dermatology by Dr Ayman El-Attar. The profile of this international facilitator is summarized below:

Dr. Ayman El-Attar is a double board certified, world renowned aesthetic physician and surgeon. He is a senior faculty of the American Board of Aesthetic Medicine. He founded Derma Laser Centres of New Jersey in October 2002. He graduated from Alexandria Medical School with honors in 1987. He completed residencies in both General Surgery and Family Medicine, and obtained a Masters' degree of Surgery in 1992. He was an assistant lecturer of Surgery at Alexandria University, and a visiting instructor of Surgery at the Medical College of Ohio. He then finalized his Ph.D thesis in 1998. Dr. El-Attar described the TOPAL procedure for office tumescent power assisted laser liposuction in 2009. He has several publications in the most reputable medical and surgical journals. He has taught physicians both in USA and in over 30 other countries about recent advances in aesthetic medicine and surgery. His professional membership includes:

- Fellow American Society For Laser Medicine and Surgery
- Faculty American Board of Aesthetic Medicine
- Faculty American Academy of cosmetic Surgery
- American Society of Liposuction Surgery
- International society of Dermatology
- International society of Hair Restoration Surgery
- American Academy of Family Physicians
- American College of Phlebology
- American Medical Association

The conference proper took place at the Golden Tulip Hotel and Conference Centre, Festac area of Lagos, Nigeria from June 18 to 21, 2014. The main theme for the conference was 'The Dynamics of Skin health in all ages'. The sub-themes were:

'Dermatoses in all ages',
'Investigative dermatology'
'Hair disorders' and
'Beauty in the African skin'

The opening ceremony was chaired by Dr. Sony Kuku. The guest of honour was the wife of the Governor of Lagos State, Dame Emmanuella Abimbola Fashola. The guest speaker was the Director General of National Agency For Food and Drug Administration, NAFDAC, Dr Paul, Botwev Orhi.

Many interesting papers were presented. Below are the abstracts of the presentations:

VITILIGO – A CHALLENGE IN OUR TIME

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This is 'Sweta Kustha' India's 'white leprosy'. 'Vitiligo attacks the soul and psyche'. Vitiligo has no regard for any race or social class.

There is a fairly long list of Celebs with Vitiligo. Michael Jackson was diagnosed with vitiligo in 1986. Autoimmunity is a common hypothesis in the temperate countries. These autoimmune diseases are extremely rare in Nigeria despite the high prevalence of vitiligo.

Other causes need to be considered or looked out for in Nigeria. It could be more practical from the point of treatment and prognosis to consider vitiligo as a clinical skin reaction pattern with many causes. The largest class of chemicals known to trigger contact/occupational vitiligo is the phenolic/catecholic derivatives. Many have been demonstrated to be preferentially cytotoxic to melanocytes. These chemicals are readily and commonly used in Nigeria.

As we move closer to the World Vitiligo Day - June 25, there is a need to consider Vitiligo in a new light regarding definition, aetio-pathogenesis, treatment modalities and prognosis.

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TRICHOSCOPY IN DIAGNOSIS OF HAIR DISORDERS

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Hair loss is common in those of African descent. Grooming practices and genetic predisposition have been blamed. Hair loss may be non-scarring or scarring and has been known to affect the quality of life of those affected. There is a need to diagnosis the causes of hair loss early in this environment so as to prevent further hair loss which may be permanent.

Trichoscopy is the examination of the scalp and hair with the aid of a dermatoscope or dermoscope. It improves diagnostic accuracy of hair disorders. Both the hand held and digital dermoscopes can be used. Trichoscopic findings include follicular and perifollicular signs, hair shaft abnormalities and vascular patterns. The latter are also seen, but are less obvious in the dark skin.

Findings on trichoscopy may suggest areas of activity which may aid the diagnosis from a scalp biopsy. Video dermoscopy could be helpful in pathogenesis of some hair disorders.

In conclusion, trichoscopy does improve diagnosis of hair disorders.

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DERMOSCOPY, A RELEVANT TOOL IN DERMATOLOGICAL PRACTICE

Dr. Adebola Ogunbiyi

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Dermoscopy is the examination of skin with the aid of a dermascope or dermoscope. Dermoscopy increases the accuracy of diagnosis of skin tumours, pigmentary disorders and some inflammatory skin disorders. In addition to magnification of the skin structure, structural changes, vascular patterns and colour variation in the lesions can be visualized aiding diagnosis.

In the dark skin, vascular changes are not easily seen. However some characteristic changes are helpful in diagnosis. These changes can also be objectively monitored and are useful in treatment of skin diseases. Changes seen in or around the hair follicles are also helpful in diagnosis of scalp and hair disorders.

Some applications of dermoscopy include the following:

- Diagnosis of benign skin tumors, e.g. trichofolliculoma, seborrheic keratosis.
- Distinguishing warts from calluses especially in acral lesions.
- Diagnoses of skin infections (entomadermoscopy). The mites are readily seen in ectoparasitosis.
- Useful in diagnosis of hair disorders (Trichoscopy).
- Diagnosis of melanoma especially in the fair skinned or in the acral lentiginous type seen in blacks.
- May be useful in distinguishing the various types of papulosquamous disorders which may be similar in presentation in the dark skin.
- Video dermoscopy (digital dermoscopy) is useful in documenting and following up skin lesions over time.
- It allows the patient to understand the pathogenesis of some disorders thus increasing compliance especially where life style changes are needed.

In conclusion, dermoscopy can be a useful tool in diagnosis and management of skin disorders in this environment.

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TREATMENT OF FOLLICULITIS KELOIDALIS – ANY NEW APPROACH?

Dr. Tahir Mohammed

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Folliculitis Keloidalis or Acne Keloidalis Nuchae is a

chronic scarring folliculitis characterized by keloid – like fibrotic papules and nodules affecting predominantly post-pubertal males of African descent, rarely occurring in women. With an unclear aetiology, it is often asymptomatic and mainly of cosmetic concern, impacting negatively on patients' quality of life.

Different treatment modalities that have had limited success rates include medical therapy with local and systemic steroids, local and systemic antibiotics, local retinoids and imiquimod. Surgical excision with primary closure or second intention healing have been reported, as well as Laser and Electrocautical excision with second intention healing have also been reported.

These procedures have no long term follow-up rates of recurrence after excision. Other novel therapeutic approaches include laser hair epilation as an alternative or adjunct to medical therapy; and Targeted UVB radiation that have both shown significant reduction in lesional count and sizes and improvement in histology of biopsied lesions.

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REVIEW OF PATTERN OF ALOPECIA IN FEMALES

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Alopecia may be scarring or non scarring, localized or diffuse, reversible or permanent, confirmed to the scalp or universal.

Possible inflammation, pruritis, and scaling at site of hair loss must be considered. Underlying causes are varied, including androgenic, infection, drug related, poisoning, psychiatric, dermatologic, genetic/heritable, cancerous, and systemic illness.

Treatment depends on underlying cause. Psychological impact of hair loss in our culture where hair has significant aesthetic value needs consideration in the holistic management of these patients which could also be multi-disciplinary.

SKIN DISORDERS IN AN UNDERGRADUATE COMMUNITY IN NIGERIA

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Keywords: Undergraduates, Acne vulgaris, Pityriasis versicolor

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Introduction: Survey of skin disorders across the country revealed that most patients presenting are young adults in the 3rd decade of life. Whilst atopic dermatitis and alopecia areata occur at all ages, tinea capitis was the most common dermatoses in children of school age and acne vulgaris is a disease of the adolescents and young adults. This study was embarked on in view of the high frequency of consultations by university students noted as soon as the dermatology services were offered at the University medical centre and teaching hospital.

Aim: To document the spectrum of skin disorders commonly encountered in an undergraduate community necessitating visits to the dermatology outpatient clinic.

Methodology: This is a retrospective study at the medical outpatient clinic of the Babcock University Teaching Hospital (BUTH). Data of all students with dermatologic complaints between February, 2010 and March, 2014 from the clinic data base, were entered on the excel spreadsheet and analyzed using mainly descriptive statistics with SPSS 15 statistical package.

Results: Babcock University students accounted for 73.5% dermatology consultations over the study period. There was a female preponderance with the male to female ration 1:1.71. The mean age of presentation was 20.34 (SD20.34+3.15). The most common skin diagnoses made were acne vulgaris, pityriasis versicolor, dermatophyte infections, urticaria and seborrhoeic dermatitis in descending order.

Conclusion: This information is pertinent for health resources management and will serve as a tool for planning and allocation of funds especially in the setting of health insurance.

LASER TREATMENT IN FITZPATRICK SKIN TYPES 5 AND 6

R.A. Aranmolate

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While there are lots of myths that surround laser treatment in black skin, they also fall into the group of pigmented skin population. Visits to western society for laser treatment always come with a lot of scare on what to expect after the laser treatment.

It is true that the black skin is pigmented and can be foiled with a lot of complications when handling it. However, it is also true that results can be reproduced when the laser physician is well trained and does the necessary preparation and counseling before treatment is started in the client.

There are different kinds of laser machines and model, which could be classified as long pulse, short pulse and cold laser. This classification is based on the energy level of the laser machine and each has specific function.

Laser machines can also be classified based on the material used in its design e.g. Nd:YAG, Alexandrite, CO2, Ruby, IPL, Er:YAG and Argon and pulse diode laser. These machines address different issues based on the reasons clients' present.

Few complications were noticed in the laser treatment compared to what is supposed by many authors on the Fitzpatrick Skin type 5 and 6.

In conclusion, more physicians should embrace the use of laser machine in treatment of their patients.

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CHEMICAL PEELING IN SKIN TYPE 5 AND 6: WHAT YOU NEED TO KNOW

By R. Ayobani Aranmolate

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The skin represents the largest organ in the body which is heavily fortified with a lot of structures that the skin care physicians are very concerned about. There is an increase in skin care demand with more people concerned about the pigment and skin ailment e.g. sun burn, post acne pigmentation on their skin.

The dose used in this study is a sequence of clients that came to our clinic for one skin care or the other ranging from tattoo removal, sun burn, post acne scar, post traumatic hyperpigmentation and post-steroid hyperpigmentation.

Data collected include the age, sex, method of treatment, indication for treatment and complications.

Each client is handled differently using either mandelic acid, lactic acid, TCA, Jessner peel, B hydroxyl peel and Vitamin A propionate peel.

Most complications noticed were post peel hyperpigmentation and hypopigmentation. Often times they resolve without any treatment.

A follow up of at least two weeks was done on the clients.

In conclusion, the Fitzpatrick skin type 5 and 6 are more sensitive compared to other skin types and therefore the need for pre and post treatment for chemical peeling.

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PHYSIOLOGIC CHANGES IN GERIATRIC SKIN

Abiodun Osinubi FMCPH, MSC, DIP DERM.

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The skin, the largest organ in the body, also handles a lot of functions including:

- Provision of protective barrier against mechanical, thermal, physical and chemical injuries.
- Reduction of harmful effects of UV Radiation
- Prevention from loss of body fluids
- Regulation of Temperature
- Acts as sensory organ
- Role in immunological surveillance
- Synthesis of Vit D
- Aesthetic and Social/Sexual Function

Aging, chronologically and worsened by environmental factors, has a deleterious/diminishing effect on these functions.

These changes will be discussed.

FOLLICULITIS DECALVANS - MANAGEMENT OPTIONS

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Folliculitis decalvans (FD) is a primary cicatricial alopecia in which an inflammatory process targets the hair follicle, resulting in follicular destruction and permanent hair loss.

The etiopathogenetic process involves perifollicular inflammation leading to retention of telogen hairs. Staphylococcus aureus secondarily invades the lesion and contribute to the progression of disease. The most prominent feature of this disorder is the presence of tufts of 8-15 hairs that appear to emerge from a single follicular orifice in a "doll's hair" pattern. Management options include First-Line Therapies with antibiotics such as Tetracyclines, erythromycin, Co-trimoxazole, Cloxacillin, Vancomycin, Sulfamethoxazole-Trimethoprim, Rifampicin/Clindamycin, Dapsone. Second-Line Therapies include atherapies with laser such as with Nd-YAG laser, Surgical excision, and Modification of hair styles.

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Malignant Melanoma - A Review

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Melanoma is a malignant tumor of melanocytes. These cells predominantly occur in skin, but are also found in other parts of the body, including the bowel and the eye. Melanoma can originate in any part of the body that contains melanocytes. It causes the majority (75%) of deaths related to skin cancer. Worldwide, about 160,000 new cases are diagnosed yearly. Exposure to ultraviolet radiation (UVR) is one of the major contributors to the development of melanoma. The intensity and duration of sun exposure, the age at which sun exposure occurs, and the degree of skin pigmentation determine the risk.

Fair and red-haired people, persons with multiple atypical of dysplastic naevi and persons born with giant congenital melanocytic naevi are at increased risk. UVR does not appear to be significant risk factor for melanoma in blacks and other ethnic groups. Risk factors for the development of melanoma in blacks include albinism, burn scars, radiation therapy, trauma, immunosuppression, and preexisting pigmented lesions (especially on acral and mucosal regions). Several different genes have been identified as increasing the risk of developing melanoma. Early signs of melanoma are changes to the size, shape, borders or colour of existing moles or symptoms such as itching, ulceration or bleeding. These early features of melanoma are summarized by the mnemonic "ABCDE" (Asymmetrical, Border, Colour, Diameter and Evolution). Metastatic melanoma may cause nonspecific paraneoplastic symptoms, including loss of appetite, nausea, vomiting and fatigue.

Ninety percent of Caucasian patients develop melanoma on skin that is regularly sun-exposed. In dark skinned individuals, however melanoma most often develops on non-sun-exposed skin, such as the foot, toenails and the mucous membranes of the mouth, nasal passages or genitals. The treatment includes surgical removal of the tumour if it is found early. For melanomas that are advanced or had recurred after surgery, treatments include chemo- and immunotherapy, or radiation therapy.

Melanoma has a 96 percent cure rate when detected early, yet the mortality rate in African American patients remain high and this has been directly linked to the advanced state of the disease at the time of diagnosis.

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ASTEATOTIC ECZEMA IN THE ELDERLY

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Skin changes are among the most visible signs of aging. Evidence of increasing age includes wrinkles and sagging skin as well as whitening or graying of the hair. Skin changes are related to environmental factors, genetic makeup, nutrition, and other factors

but the greatest single factor is sun exposure. This can be seen by comparing areas of your body that have regular sun exposure with areas that are protected from sunlight. Asteatotic eczema (lack of oil) or Xerotic (dry) eczema or Eczema craquele are all synonyms of the same clinical condition which is a common type of dermatitis that occurs as a result of very dry skin. It got its French name eczema craquele from its cracked appearance.

It is characterized by pruritic, dry, cracked, and fissured skin with a 'crazy pavement' pattern. It occurs most commonly on the shins of elderly patients, even though it may be widespread. It could be precipitated by the drying effect of a cold winter or excess washing. Other risk factors include lifelong dry skins due to various forms of ichthyosis, underlying AD, dry climate as found in desert or high altitude, dry in-door environment like that in an aeroplane travel or air conditioner. Overuse of soaps and astringents as well as excessive bathing, malabsorption of Zn and essential fatty acids, thyroid deficiency (hypothyroidism), use of diuretics and acitrecin are other risk factors. Copious amounts of ointment based emollients are the main stay of treatment, as well as use of steroids.

KEY WORDS: Astheototic eczema, Crazy pavement pattern, Emolients.

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ATOPIC DERMATITIS: HEALTH SEEKING BEHAVIOUR AMONG PATIENTS

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Introduction: Atopic dermatitis (AD) is a common pruritic, eczematous skin disease that runs a chronic and relapsing course. Due to the chronic nature, itching, disturbance of sleep and disruption in family interaction. AD is a source of distress to the patients prompting them to seek for help.

Objective: The study is aimed at documenting the health seeking behavior and utilization of health care services among patients with atopic dermatitis attending the dermatology outpatient clinic of the Lagos University Teaching Hospital, Yaba, Lagos.

Methodology: The study population consisted of 150 patients who presented with AD to the dermatology outpatient clinic of the Lagos University Teaching Hospital (DOP). They were serially recruited as they presented in the clinic.

Diagnosis using Hanifin and Rajka criteria was made by two consultants and a specialist registrar. Structured questionnaire was administered to capture socio-demographic data, clinical history and features of atopic dermatitis.

Result: General response to the question whether patients or carers have been educated about the nature of their skin condition arevealed that 100 (66.7%) of the patients had no knowledge about atopic dermatitis. Agents used by patients in an attempt at treatment included medicated soap 113 (75.3%), medicated creams 85 (56.7%), over the counter antibiotics 65 (43.3%), antiseptics 119 (79.3%), disinfectants 96 (64%). 64 (452.7%) and 69 (46%) drank and bathe with local concoction ('agbo') respectively.

Before coming to DOP various places where treatments were sought by patients included roadside chemists 56(37.3%), use of traditional medicine 31 (20.7%), spiritual centres 17 (11.3%), general practitioner 112 (74.7%) and dermatologist 62 (41.3%). Greater proportions of patients who have sought treatment from dermatologist have parents with tertiary level of education 47 (75.8%).

Conclusion: More than half of the AD patients studied had not assessed a dermatology service before, especially those from less educated background. At best a GP was seen. Hence, there is the need to partner more with GP's in the area of dermatology education while the dermatology association should work hard at creating awareness about the importance and availability of their services (both public and private) across the cadres of the Nigerian society. The mantra 'if you have a problem with your skin, see a dermatologist' might be timely.

SPECIFIC DERMATOSIS OF PREGNANCY IN EKSUTH, ADO EKITI SOUTH WESTERN NIGERIA

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Dermatosis specific to pregnancy are broadly classified early onset and late onset dermatosis. The early onset is Atopic eruptions of pregnancy. Those in late pregnancy are further classified into PUPPP, PPP and PG while others are dermatosis outside these broad classifications. Studies on dermatosis of pregnancy are limited in this environment despite the obvious fetal risks posed by some of these conditions.

We present a cross sectional study of 500 pregnant women attending antenatal clinic. Atopic eruptions of pregnancy (AEP) and pruritic papules and plaques (PUPPP) were the predominant lesions. Major risk factors were background atopic dermatitis, first pregnancy and twin gestation. No fetal risks recorded in children delivered from these mothers.

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FIXED DRUG ERUPTIONS (FDE) IN AN URBAN CENTRE IN SOUTH-SOUTH NIGERIA

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Keywords: Fixed drug eruptions, south-south

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Background: Fixed drug eruptions are adverse cutaneous reactions to ingested drugs, characterized by the formation of solitary or multiple erythematous patches, plaques, bullae or erosions that reoccur at the identical skin site within hours of ingestion of offending drug.

Objective: To describe the epidemiology of Fixed drug eruptions and give list of causative drugs in patients at the dermatology clinic of an urban tertiary hospital in the South-south region.

Methods: All consecutive patients with a diagnosis of fixed drug eruption seen at the dermatology clinic between January 2005 to January 2013 were included in the study. The diagnosis of fixed drug eruptions was made based on clinical findings of well circumscribed hyperpigmented macules or patches with sharp margins, normal texture and no scaling or erythematous patches, plaques, bullae or erosions.

Results: The diagnosis of fixed drug eruption was made in 99 out of 5106 (1.93%) patients, with a slight female preponderance. FDE affected all age groups, the youngest presented at 9 months of age and the oldest at 86 years. Majority of patients (64.6%) did not know the offending drug. The most implicated drugs were the sulphonamides (24.2%), followed by antibiotics made up of ampiclox, tetracycline and penicillin at 3.03% and Non steroidal anti inflammatory drugs (3.03%). The commonest site of presentation was the face (32%), especially the mucosa of the mouth, followed by generalized presentation (28%). Lower limb was (13%), upper limb (11%) and the trunk was (7.1%).

Conclusion: Fixed drug eruptions are a cause for great concern to patients. Consistent with some other studies, sulphonamides are the most implicated drugs.

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GENDER DIFFERENCES IN DERMATOSES AT OBAFEMI AWOLOWO UNIVERSITY TEACHING HOSPITALS COMPLEX ILE-IFE

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Background: Gender differences in dermatoses have been little explored. Few studies report the differences in dermatoses according to sex. Reports are often scarce even in dermatology texts about predominant sex of various skin diseases. Knowledge of sexual predilection can help in understanding the epidemiology and thereby control or treatment of these diseases. The aim of this study is to determine the dermatoses associated with gender in this geographical area.

Aims and Objectives

(i) To determine and compare the gender

differences in the dematoses presenting in this area

(ii) To observe the dermatoses that is significant with gender

Materials and Methods: A prospective cross-sectional survey of new patients with dermatological conditions at the Dermatology Clinics of OAU Teaching Hospitals' Complex (OAUTHC), Ile-Ife, Osun State, Nigeria, was performed between October 2009 – September 2012. Demographic data on age, sex and symptoms, and the diagnosis of presenting skin conditions were recorded.

Results: Patients studied were 1013, aged 18-90 years, and 55% females. Acne keloidalis nuchae, folliculitis/carbunculosis, seborrhoeic eczema, lichen simplex chronicus, and Hansen's diseases were significantly associated with male gender. Drug reactions, seborrhoeic keratosis, miliaria rubra, and popular urticaria were, however, the only significant diseases in females.

Conclusion: Many dermatoses such as acne keloidalis nuchae, seborrhoeic eczema, seborrhoeic keratosis, and miliaria rubra were significantly associated with gender. Factors predisposing to gender predilection will need to be elucidated.

Keywords: Gender, skin, dermatoses

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QUALITY OF LIFE IN ATOPIC DERMATITIS

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Introduction: Quality of life (QOL) is the degree of enjoyment and satisfaction experienced in everyday life. Most studies on quality of life among atopic dermatitis (AD) patients have been carried out in the western world. In view of the increasing prevalence of AD, a Nigerian study assessing patients' perspective of the disease impact on their QOL is imperative. This will help the clinical decision-making wholistic, in line with WHO definition of health.

Objective: This study is aimed at highlighting the areas of the patients' life most affected by AD among affected patients attending the skin clinic of the Lagos University Teaching Hospital, Yaba, Lagos.

Methodology: For the purpose of this study, the Dermatology Life Quality Index and the Children's Dermatology Life Quality Index for those less than 16 years was employed to evaluate the effect of atopic dermatitis on the quality of life of 150 affected patients.

Result: The overall dermatology life quality ranged from 0 to 28, with overall mean of 9.47±7.3. Only 6% (9 patients) did not report impairment in quality of life. 54% (81 patients) had mild impairment, while 32% (48 patients) had moderate and severe impairment in quality of life respectively. The mean score for the 6 subscales are Symptoms and feelings 3.2 ± 2.00, Leisure 2.21 ± 2.55, Personal relationship 1.23 ± 1.75, Treatment 0.96 ± 0.99, Sleep 0.95 ± 1.07 and Daily activities 0.79 ± 1.07.

Conclusion: Majority of the patients reported impairment in their quality of life, ranging from mild to severe, as a result of AD. Symptoms and feelings domain had the highest subscale mean score. This study agreed with previous studies in the western world that AD impacts on quality of life of affected patients. Hence, in addition to physical therapy, psychological and educational support for the patients should be part of the management bedrock for a long term control.

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CHARACTERISTICS OF VIRAL WARTS IN PORT-HARCOURT, NIGERIA

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Keywords: Characteristics, viral warts

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Background: Viral warts are caused by Human papillomaviruses (HPV) which are very widespread to ubiquitous in humans, causing subclinical infection or a wide variety of benign clinical lesions on skin and mucous membranes. Viral warts can

manifest as common warts, plantar warts, flat warts and epidermodysplasia verruciformis. The most common presentation of mucosal HPV infection is condyloma acuminatum (genital warts).

Objective: To describe the epidemiology and clinical profile of viral warts in patients of the dermatology clinic of an urban tertiary of University of Port-Harcourt Teaching Hospital.

Methods: All consecutive patients with a diagnosis of viral warts seen at the Dermatology clinic between January 2005 to January 2014, were included in the study. The diagnosis of viral warts was inclusive of verruca vulgaris, genital warts, epidermodysplasia verruciformis, plantar warts. It was based on clinical findings of firm hyperkeratotic papules with vegetations for common warts, plantar warts disrupt normal line of fingerprints with red or brown dots representing thrombased capillary loops. Epidermodysplasia verruciformis was diagnosed by pityriasis versicolor, skin coloured hypopigmented lesions on the face and the trunk. Genital warts were characterized by cauliflower-floret kerat otic lesions which may be isolated or form voluminous confluent masses.

Results: The diagnosis of viral warts was made in 129 (2.53%) of 5106 patients, with a slight male preponderance. Viral warts affected almost all age groups with youngest being a year old and the oldest 63 years. Majority of the patients were over 16 years (1.88%). There were 58 (45%) of patients with verruca vulgaris, 37 (28.7%) with genital warts and 17 (13.1%) each with plantar warts and epidermodysplasia verruciformis.

Conclusion: Common warts were the most frequent type of warts, as alluded to in many studies. Majority of the patients with warts wee above 16 years old.

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KNOWLEDGE AND ATTITUDE OF PATIENTS TOWARDS THE STATE OF URTICARIA AT THE DERMATOLOGY CLINIC OF LAGOS UNIVERITY TEACHING HOSPITAL, LAGOS

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Keywords: urticaria, knowledge, attitude

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Background: The increased prevalence of urticaria and its associated deleterious effects on the body is of growing concern in our environment. Most sufferers and potential sufferers seem not to be knowledgeable on the condition and the knowledge, attitude and practice of patients about urticaria is not documented in our environment.

Aims and Objectives: To evaluate the knowledge, attitude and practice of dermatology patients to urticaria in the dermatology clinic of the Lagos University Teaching Hospital (LUTH).

Methodology: This was a cross sectional study carried out among patients selected at the dermatology clinic, LUTH, through simple random technique. Information about socio-demographic data, knowledge and attitude to urticaria were obtained from them using a semi-structured questionnaire.

Results: There were 120 participants. The modal age group of respondents was 26-30 years and the 41 and above age group (27.3%). Although, all the respondents attained at least primary school certificate, the awareness about urticaria was in 54.5% of the respondents. Of the 110 respondents, 24 (21.8%) of them had urticaria and ingestants caused urticaria in 9(40l.9%) patients. 45.5% of the respondents did not know the cause of urticaria. 29.1% of the respondents knew about urticaria from the hospital, while 3.6% knew about urticaria from television. Regarding opinions on how to make people aware of urticaria, 40 (36.4%) respondents believe health educating masses, 12 (10.9%) believe seminars should be organized, 34 (30.9%) agree that public enlightenment campaign through television, radio, newspaper, flyers, jingles will play a role to get people aware, while 24 (21.8%) have no idea.

Conclusion: Knowledge about urticaria is low from this study. Effort should be geared towards training nurses and other health care practitioners in proper dissemination of information. Increased awareness through the mass media should be encouraged. Government should also provide the enabling environment for proper care of patients.

THE PATTERN AND FREQUENCY OF SURGICALLY BIOPSIED BENIGN CUTANEOUS MELANOCYTIC LESIONS IN A TROPICAL COUNTRY – A RETROSPECTIVE 5 YEAR STUDY.

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Background: Melanocytic naevi are benign neoplasms or harmatomas, composed of melanocytes. Onset is found in early childhood and believed in part to be a response to sun exposure. Genetics also play a significant role. Generally in black Africans, these lesions are rarely biopsied because the risk of development of melanoma in such population is very low. This baseline study therefore highlights the frequency and various patterns of surgically biopsied benign cuataneous melanocytic lesions in Nigerian subjects.

Aims/Objectives: This study aims to determine the frequency and pattern of benign melanocytic cutaneous lesions in patients seen at the University College Hospital, Ibadan, Nigeria.

Methods: A retrospective study of all cases of surgically biopsied and histologicaly confirmed benign melanocytic lesions from the files and records of the Department of Pathology, University College Hospital, Ibadan, from January 2008 to December 2012.

Result: A total of 251 skin biopsies were received from the dermatology unit. Twenty-two cases were benign melanocytic lesions, constituting 8.8%. Female/male ratio was 1.4:1, mean age being 37.7 years. Of these, intradermal nevus was 11(50%), compound nevus a5(22.7%), junctional nevus 1(4.5%), dysplastic nevus 3(13.6%), spitz nevus 1(4.5%) and atypical nevus 1(4.5%). Sites included the face 8(36.3%), trunk 7 (31.8%), acral region 4(18.2%), scalp 2(29.1%) and neck 1(4.5%).

Conclusion: Even though some melancytic nevi can serve as precursors for development of malignant melanoma, these premalignant lesion are rarely encountered in the cohort of patients we see in our practice. Primary prevention and screening for early lesions are considered the most promising approach to a reduction of melanoma mortality.

Keywords: Melanocytic, Benign cutaneous nevi, malignant melanoma.

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SPECTRUM OF CLINICAL PRESENTATION IN PATIENTS WITH ATOPIC DERMATITIS

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Introduction: Atopic dermatitis (AD) is a pruritic, eczematous skin disease that runs a chronic and relapsing course which often occurs in association with asthma, allergic conjunctivitis and rhinitis. Worldwide, AD is on the increase and Nigeria is not spared. Diagnostic features and modes of presentation of AD have been documented. However, it is important to know the ones that are common in Nigerian population

Objective: To document the spectrum of clinical presentation among AD patients accessing health care services at the Lagos University Teaching Hospital dermatology clinic, Yaba, Lagos.

Methodology: A prospective study of AD patients was carried out at the dermatology clinic of LUTH, Lagos over a period of 17 months. A Hanifin and Rajka criterion was used for diagnosis. A total of 2832 patients were seen out of which 150 had AD.

Results: The frequency of presentation of AD was 5.3% with a male to female ration of 1:1.4. Age ranged from 3 months to 77 years. Out of the patients 74% and 65.3% had fathers and mothers with tertiary level of education respectively. Patients were from predominantly monogamous family (90.7%) and smaller family unit (47.3% had $\leq$ 2 siblings). In infancy 34.0% developed AD, at 5 years of age 70.7% of the study population had developed AD and at 10 years of age up to 78.7% had AD while 12% and 9.3% had their onset between 11-19 years and $\geq$ 20 years respectively. Among the patients 28%, 30%, and 34% had fathers, mothers and siblings with features

of atopic diseases respectively. Frequencies of other atopic state were significantly higher among AD patients compared to general population (AD alone 44.0%, asthma 12.7% vs. 6.6%; allergic rhinitis 38.0% vs 29.6%; allergic conjunctivitis 38.6% 12.4%). Common exacerbating factors reported by patients were heat (78.7%) and sweat (67.3%).

With respect to the distribution of skin lesions, 15(10%) had unilateral involvement . 135(90%) had bilateral involvement, out of which 123(82%) had bilateral symmetrical and 12(8%) had bilateral asymmetrical distribution of skin lesion. The most common minor features of AD among the patients were Dennie-morgan fold (82.7%), periorbital darkening (82%), anterior neck fold (78%), palmar hyper linearity (77.3%) and xerosis (70%).

Conclusion: AD and concomitant atopic conditions in the same patients and among siblings of affected patients are on the increase. This portends health care burden with its attendant cost for families. AD lesions were mostly bilateral symmetrical in distribution. The minor features found to be commoner include Dennie-morgan fold, periorbital darkening, anterior neck fold, palmer hyper linearity and xerosis. Further studies among AD patients in Nigeria will be required to confirm the consistency of occurrence of these commoner features.

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TRICHORRHEXIS NODOSA IN A 28 YEAR OLD NIGERIAN FEMALE

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Introduction: Hair loss in African female is common. Some result from problems affecting the scalp while others are due to hair shaft abnormalities. Although Trichorrhexis nodosa is said to occur commonly in blacks, there is paucity of such cases in our environment. We report the case of TN in a 21 year old Nigerian female.

Report: A 28 year old lady was seen in the clinic with a 21 year history of recurrent hair loss. She claimed her mother and mother's sisters also had similar problems. The first presentation was after she had chemicals applied to her hair. The hair would grow back but would remain short. There were no other associated abnormalities. On examination, her hair was short with reduced hair density in the occipital area. Hair pull test was positive, Dermoscopic features showed perifollicular scaling and a few white spots. Higher magnification of pulled out hairs showed nodular thickening along some hair shafts and splitting of hair shaft into fibres. A diagnosis of Trichorrhexis Nodosa was made.

Discussion: Trichorrhexis Nodosa is a condition in which hair shaft split longitudinally into many small fibres. It may be inherited or acquired. The hair shaft may be affected proximally as was the case of our patient or distally. Acquired causes are due to use of chemical or physical trauma (heat, relaxers).

Conclusion: TN may not be uncommon in our environment; we report this case to encourage detailed investigation of patients with hair loss or hair breakage.

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GENERALIZED DOWLING-DEGOS DISEASE – CASE REPORT AND REVIEW OF LITERATURE

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Aims and Objective: To describe the clinical Features of generalized Dowling-Degos disease and to review current literature on the management of Generalized Dowling-Degos disease.

Background: Dowling-Degos disease is a rare genodermatosis that presents in early adulthood with flexural reticulate pigmentation, comedone like lesions and facial pits. It is due to mutations in keratin 5 gene. There are six clinical variants. Widespread hyperpigmented macules are seen in the generalized form.

Case report: A 26 year old woman who presented with ten year history of generalized asymptomatic skin pigmentation which has worsened since onset. There was no family history of similar skin lesions. Physical examination revealed generalized hyperpigmented macules and facial pits.

Conclusion: The generalized form of Dowling-Degos disease is a recognized clinical variant. Management of this disease may pose a therapeutic challenge.

PROGRESSIVELY ENLARGING ANNULAR PLAQUE AND CUTANEOUS NODULES – AFRICAN HISTOPLASMOSIS

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Aims and Objectives: To highlight the clinical features and management of cutaneous Histoplasma duboisii infection, a rare but potentially curable differential diagnosis of cutaneous tumours.

Background: African histoplasmosis is a deep fungal zoonotic infection caused by Histoplasma Duboisii which presents with granulomas in the skin, bone and lungs. It is endemic in west and central Africa. There have been reports of isolation of Histoplasma duboisii in bat caves in the eastern part of Nigeria.

Case report: We present a case of a 54 year old HIV negative man who presented with a 7-year history of multiple slowly progressively enlarging skin nodules and annular plaques on the scalp. Histopathology of biopsied scalp lesions showed features consistent with Histoplasma duboisii infection-African histoplasmosis. This was confirmed by resolution of symptoms with systemic antifungal therapy.

Conclusion: This case highlights the importance of excluding potentially treatable infective causes such as deep fungal mycoses in cases of skin tumours particularly in the tropics.

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ANGIOKERATOMA OF THE FORDYCE – AN INTRIGUING CASE REPORT

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Introduction: Angiokeratoma oaf Fordyce is a rare condition comprising small painless, dark red to purple papules with a rough scaly and hyperkeratotic surface. They are composed of surface dilated capillaries likened to scrotal 'pimples'. They are a benign condition that can cause great cosmetic and psychosocial disturbance to the patient. Surgical excisions, LASER, cryotherapy, electrocautery are some of the modalities of treatment as medical therapy is not very encouraging.

Case summary: A 35 year old man with a 4 year history of 'pimple-like' eruptions on the scrotum with associated body itch presented to the skin clinic. He had sought treatment in various places where he was treated for venereal diseases amongst other diseases but he did not improve. He presented to us and was placed on topical 1% hydrocortisone cream and anti-histamine tablets. A biopsy was taken for histology which confirmed Angiokeratoma of Fordyce. He was counseled on other management modalities which included surgical excision, LASER, cryotherapy, electrocautery and sclerotherapy. However, he defaulted and was lost to follow-up after some months.

Conclusion: Angiokeratoma of Fordyce, though a rare condition does occur. The dermatologist should be able to recognize this condition clinically with histology for confirmation. Once this is done he should counsel and reassure the patient oaf its benign nature so as to avoid unnecessary investigations and treatment.

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ADULT ONSET SEGMENTAL NEUROFIBROMATOSIS IN ADO EKITI: POST CONCEPTIONAL MUTATION OR GONADIAL MOSAICISM OF NFI?

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Adult onset segmental NF is described in which there is restricted distribution of café au lait macules, freckling and Neurofibromas onone half of the body in addition to not crossing the midline. There was associated elephantiasis nervosa as confirmed by skin biopsy and all happened in late adulthood contrary to early childhood.

This report highlights the importance of missing this clinical condition, the need to avoid downplaying the intensity of investigations as would have been otherwise expected in a case of post zygotic mutation.

The discussion also explained the possible genetic mechanisms knowing that gonadial mosaicism has been demonstrated in patients with segmental NFI who had offsprings with complete NFI. Could this also be a fusion of NF 5 and NF 7?

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INFANTILE HAEMANGIOMA TWO CASES OF INFANTILE HAEMANGIOMA TREATED WITH PROPRANOLOL

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Heamangioma is the commonest vascular tumour in infancy. Although not obvious at birth, haemangiomas usually appear within the first two to four weeks of life. It goes through phases of proliferation and involution. The rapid proliferation phase lasts three to nine months and, is followed by an involutional phase. This usually leads to complete disappearance of the lesion within a span of 5 to 7 years. Most haemangiomas do not require treatment, some however do. Treatment may be in the form of parenteral steroid, interferon, vincristine, Imiquimod, surgical resection and laser therapy. Of recent propranolol was discovered serendipitously to be effective. It was found to induce accelerated involution of haemagiomas without significant side effects. We present here 2 cases of haemangioma that were treated with propranolol with impressive outcome.

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ACROANGIODERMATITIS: A CASE REPORT

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Acroangiodermatitis (pseudo-Kaposi saecoma) is an uncommon, but not a rare disorder that occurs mostly on the extensor surfaces of the lower extremities. It is usually bilateral, but unilateral cases have also been reported. It is more common in males. It is associated with chronic venous insufficiency; distal arteriovenous shunts in patients undergoing hemodialysis, vascular malformations like Klippel-Trenaunay Syndrome, Prader-Labhart-Willi syndrome and it also occurs following limb amputation. It arises from hyperplasia of pre existing vessels and there is lack of spindle cells and slit like vessels on histology, unlike in Kaposi's sarcoma.

We present the case of a 56 year old man with biventricular failure secondary to dilated cardiomyopathy who presented with bilateral leg swelling up to the knees with hyperpigmentation on both lower limbs and other associated skin changes of chronic venous insufficiency with erythematous nodules. Histology showed numerous small vessels in the deep dermis with deposition of red blood cells. The blood vessels were lined by endothelial cells and there were lymphoplasmacytic infiltrates. It is important to recognize this condition and exclude Kaposi sarcoma. Antibiotics, surgical elimination of shunts and intermittent pneumatic compression is helpful in treating this condition.

Keywords: acroangiodermatitis, Kaposi sarcoma, chronic venous insufficiency

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PERFORATION OF THE SOFT PALATE IN BULLOUS PEMPHIGOID IN A YOUNG ADULT: A CASE REPORT

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Bullous pemphigoid is an autoimmune vesiculobullous disease that predominantly affects older people in their sixth and seventh decades of life. Oral mucosal and perforation of the palate is a rare presentation.

We report a case of bullous pemphigoid with extensive soft palate involvement and keloid formation in a 43 year old female trader who presented with recurrent generalized vesiculo-

bullous skin eruptions for eight years, returning after a period of default with keloid formation, dysphagia, nasal regurgitation of oral feeds and difficulty with talking.

Skin examination revealed generalized vesiculo-bullous skin eruptions with erosions and a few intact bullae, keloidal scars on healed lesions, and oro-pharyngeal involvement with distortion of the phaynx and perforation of the soft palate.

Histology of skin biopsy specimen showed sepaxration of the epidermis from the dermis, vacuolization of the basal layer as well as eosinophilic, neutrophilic and lymphocytic infilterates all consistent with bullous pemphigoid. Immunoflourescence staining however could not be done due to non availability.

Patient made remarkable recovery following treatment with oral steroids, azathioprine, antibiotics and nasogastric tube feeding. Following adequate counseling, she was discharged to the dermatology outpatient clinic and referred to the maxillofacial surgeons for soft palate repair.

In conclusion, physicians should look-out for this complication and patients should be informed about possible complications of bullous pemphigoid especially during an acute flare with a view to preventing them and improve the quality of life.

Keywords: Bullous, Pemphigoid, Keloid

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VASCULITIS WITH DIGITAL GANGRENE IN A PATIENT WITH HIV INFECTION: A CASE REPORT FROM EKSUTH, ADO EKITI

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A broad array of rheumatic syndromes is associated with HIV infections ranging from athralgia to reactive arthritis, myopathy and fibromyalgia to more severe necrotizing vasculitis. Vasculitic syndromes have been reported in 0.4-1 percent of patients with HIV infection. Caabrese has divided the vasculitides into four major categories-polyarteritis nodosa like illness (PAN) and other systemic necrotizing vasculitides, hypersensitivity vasculiatis, lymphomatoid granulomatosis and primary ongitis of the CNS. This PAN like illness presents most commonly as peripheral neuropathy or as ischaemic changes in the limbs in contrast. The high prevalence of renal involvement in idiopathic PAN. Various immunological tests done eluded possible conditions.

We present a patient with PAN like vasculitis with below knee amputation due to dry gangrene from vasculitis induced ischaemia. There is need for high index of suspicion in HIV patients.

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ACCELERATED IDIOPATHIC GUTTATE HYPOMELANOSIS: RISK FACTORS AND ASSOCIATED SKIN CONDITIONS

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Idiopathic guttate hypomelanosis (IGH) is part of the ageing process at often commence around the age of 40. However, in certain individuals, IGH is accelerated occurring much earlier and also numerous in number leading to accelerated variant of IGH. In this cross sectional study with controls, we examined the prevalence of IGH, the risk factors and associated skin conditions.

Accelerated IGH was more common that thought and risk factors like family history, pooar skin care, use of bleaching cream, xerosis, Fitzpatrick's stage 3-5, dry and sensitive skin as well as icthyiosis vulgaris constituted major risk factors.

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CASE REPORT SCLERODERMA WITH INTERSTITIAL LUNG DISEASE

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We report the case of a 38 year old female trader who was referred to the dermatology clinic from the general outpatient unit on presenting with 3 years

history of hypopigmental lesions on the face, scalp and upper trunk, inability to open the mouth wide and digital pallor on exposure of the fingers to cold.

Her complaints dated back to 3 years previously when she noticed hypopig mented rashes on the upper body which were generally asymptomatic, she later developed joint pains of the interphalangeal joints with stiffening of the fingers and reduced mobility though there was no swelling, digital pallor was noticed at about the same time. There is history of easy fatiguability, palpitations, inability to open the mouth wide with fissuring of the corners of the lips.

Cough not productive of sputum developed 6 month prior to presentation, there was difficulty with breathing but no fever or chest pain, she also had pain on swallowing.

Physical examination revealed a young woman, not in distress with patchy areas of alopecia on the scalp, hypopigmented macules on neck and trunk and thickened skin on finger tips.

ESR was elevated at 37mm/hr, Chest X-Ray showed reticulonodular opacities in the upper long zones suggestive of fibrosis, full blood count, urinalysis, electrolytes and urea, FBS, 2HPP were within normal limits. A diagnosis of scleroderma with interstitial lung disease is entertained. Results of antiribonuclease and topoisomerase antibodies and skin histopathology are being awaited.

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CUTANEOUS LEISHMANIASIS: AN ANCIENT DISEASE THAT STILL EXISTS

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Cutaneous leishmaniasis is a protozoan infection caused by an intracellular parasite of the Genus Leishmania. The vector responsible for transmission of the disease is the female sand fly of the Genus Phlebotomos in the old world and Lutzomyia in the new world. The increase in international travel, peace keeping military missions and HIV infection is causing a resurgence of the incidence of this old disease. It is a non-endemic disease in the southwestern part of Nigeria but it can occur in patients due to increased travel and working in endemic areas.

We present the case of a 39 year old military man who resides in Lagos, but was posted to Maiduguri for a peacekeeping mission. He developed multiple flesh coloured, firm non tender papules and nodules with central ulceration and serous crusting on both upper limbs, there was no systemic involvement. He was placed opn ketoconazole and levamisole as a result of unavailability of first line pentavalent antimonials and lesions improved significantly.

Keywords: leishmaniasis, ketoconazole, non endemic.

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CASE REPORT: NON-HODGKIN'S LYMPHOMA PRESENTING AS ULCERS

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Introduction: Cutaneous lymphomas are a heterogenous group of lymphoproliferative disorders of the T and B-lymphocytes with a low incidence of approximately 1:100,000/year. Cutaneous lymphomas are true imitators of many other skin diseases. Ulceration as clinical presentation of lymphoma is an atypical phenomenon. Patients with lymphomas and cutaneous ulcers have poor prognosis. A case of non-Hodgkin lymphoma presenting as ulcers is reported here.

Case Report: A 75 year old male presenting with three years history of recurrent multiple ulcers of the lower limbs, a month's history of painless abdominal swelling, weight loss and pruritus. Examination revealed a chronically ill-looking elderly man with significant submandibular lymphadenopathy, multiple ulcers on both lower limb of varying size3s, tender with necrotic floor, indurated base and rolled up edges, discharging purulent material (an ulcer superior to the right medial malleoli measuring 1cm, an ulcer superior to the left me3dial malleoli measuring 2cm by 3cm and on the lateral aspect of the left thing measuring 3cm by 4cm respectively. Also had splennomegaly.

CT – Abdomen was suggestive of lympho-

proliferative disorder, while skin biopsy histology showed Non-Hodgkin's lymphoma.

Conclusion: The relative rarity of cutaneous lymphomas makes it imperative that a high index of suspicion is needed to consider the possibility of cutaneous lymphomas in cutaneous ulcers. Early skin biopsy and histology is indispensable for prompt management.

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MULTIPLE FAMILIAL TRICHOEPITHELIOMA – REPORT OF DISFIGURING FACIAL TUMOURS IN TWO ENRELATED NIGERIAN FAMILIES.

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Multiple familial trichoepithelioma (MFT) aka epithelioma adenoids cysticum is a rare autosomal dominant genodermatoses characterized by the development of multiple skin-coloured papules in a predominantly centro-facial distribution. Trichoepitheliomas are benign hamartomas of the pilosebaceous apparatus, which may be solitary in the non-familial form or multiple in the inherited form. MFT may also occur as part of the Brooke-Spiegler syndrome which is an autosomal dominant syndrome characterized by the occurrence of several tumour types including cylindromas, trichoepitheliomas and/or other adnexal tumours, in various combinations. The gene mutation resulting in MFT is located in band 9p21, more recent reports have however shown novel mutations in the CYLD gene.

We hereby describe two unrelated Nigerian families with MFT. Family A had 7 individuals affected in three consecutive generations, while family B had 14 individuals affected in four consecutive generations. All affected individuals showed typical clinical features of MFT, and biopsies taken were histopathologically consistent with the diagnosis. Genetic studies including polymerose chain reaction and exome sequencing were employed to map the implicated gene and chromosomal band; the results of which are still being awaited.

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CASE REPORT: DIAGNOSTIC DIFFICULTY – AN ELUSIVE CASE OF HANSEN'S DISEASE MIMICKING SARCOIDOSIS

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Background: Hansen's disease also known as Leprosy is caused by a slow-growing type of bacteria called Mycobacterium leprae (M. leprae). It is an age-old disease that has been around since biblical times and there are still cases till date especially in Asia and Africa despite concerted global efforts to eradicate the disease. Cchemotherapeutic agents are available and effective once administered appropriately and adequately

Methods: We report an elsive case of Hansen's disease wherein the only symptom was a nodule on the bridge of the nose in an otherwise healthy woman for more than one year. Repeated examinations and investigations in different tertiary centres were more suggestive of sarcoidosis than Hansen's disease and she was left untreated for the period. A skin biopsy was carries out for histopathology diagnosis.

Results: Histology confirmed borderline lepromatous leprosy.

Conclusions: This case demonstrates the need for a definitive diagnosis of leprosy to reduce the spread of this contagious disease especially in tune with the concerted global efforts.

HYPERTROPHIC LICHEN PLANUS

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Background: Lichen planus is a cell mediated immune response of unknown origin characterized by shiny violaceous itchy flat topped papules. Females are affected more commonly at ages 50-60 years. Etiology is unknown but evidence suggests that CD8+ve lymphocytes identify lichen planus specific antigens triggering the clinical expression of the disease.

The objective of this case is to highlight the association between viral hepatitis and lichen planus.

Method: The case records of a 51 year old female presenting to the University of Nigeria Teaching Hospital, Ituku-Ozalla, Enugu was analysed and a discussion of the case made.

Result: A 51 year old woman who presented in March 2014 with a two month history of generalized itchy skin rash that was initially on both wrists but spread to involve almost the entire body.

Examination findings revealed an anxious middle aged lady with extensive hyper pigmented slate grey plaques seen over all limbs, trunk, neck and lower face with Wickham's striae and evidence of koebnerization. No dystrophic nail changes. No oral or genital lesions.

A diagnosis of extensive hypertrophic lichen planus was made.

Investigation findings revealed positive serology to HepBSAg and HCVAb. Results of a complete blood count, liver function test, serum electrolyate urea and creatinine were within normal limits. Result of skin biopsy is being awaited.

Conclusion: Lichen planus may co exist and be triggered by viral disease more often than we know. The possible triggers should always be investigated for to broaden our understanding of the disease process and aid in treatment options.

CHEMOTHERAPY INDUCED PSOARIASIS IN AN ADULT NIGERIAN FEMALE.

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Introduction: Psoriasis is one of the papulosquamous disorders initially documented as rare in West Africa. Recently, more cases are being diagnosed or documented probably because of an increase in awareness or may be due to yet unknown factors leading to an increase. Psoriasis resulting from chemotherapy is uncommon and as we know has not been previously reported in this environment. We report a case of chemotherapy induced psoriasis in an adult Nigerian female.

Case Report: A 57 year old woman was diagnosed with ovarian carcinoma 8 months earlier and started on paclitaxel and cisplatin after surgery. She developed a scaly rash involving the scalp, face, ears, trunk and limbs. The rash were pruritic and increased in severity after each course of chemotherapy.

Other significant medical history was a history of hypertension and acid peptic disease of 5 years duration. Her drug history included antihypertensives, (Nifedipine but changed to Amlodipine in the last one year). There was no family history of similar rash, no history of alcohol or smoking.

Examination showed raised plaques with pin point bleeding on removal of scales. Her estimated % Body Surface Area involvement was 6.7%. Nail findings included pitting, onycholysis and multiple Beau's lines. Her estimated PASI and NAPSI score were 4.7 and 10 respectively with a PGA assessment of mild Psoriasis.

Histology of skin biopsy done revealed features in keeping with psoriasis.

Conclusion: Chemotherapy induced psoriasis is a rare but it does occur. Psoriasis in such patients should be managed properly as this affects the overall quality of life.

KERATOSIS WITH UNDERLYING CERVICAL INTRAEPITHELIAL NEOPLASIA – A CASE REPORT OF LESER-TRELAT

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Seborrheic keratoses is a chronic benign cutaneous condition characterized by multiple, small, hyperpigmented, asymptomatic papules on the face, commoner in adult blacks especially females. It is sometimes a sign of Leser-Trelat in adults. The Leser-Trelat sign is the explosive onset of multiple seborrheic keratosis often with an inflammatory base. This can be an ominous sign of internal malignancy as part of a paraneoplastic syndrome. In addition to the development of new lesions, preexisting ones frequently increase in size and become symptomatic. Although reported as rare, we present a case report.

The patient is a 49 year old woman with hyperpigmented papules on the face and the neck of five years duration which has however worsened, with the appearance of more lesions and itching, two weeks before presentation. There were no features suggestive of gastrointestinal, chest or genitourinary malignancy. No breast lump. Examination of the skin revealed multiple, firm, smooth, dark brown to black, flattened papules of varying sizes measuring between 2-4mm in diameter. Lesions were seen mainly on the face, the neck, upper back and upper chest.

Abdominopelvic Ultrasound, Paps Smear and Mammography were ordered. Abdominopelvic scan anad Mammography (BIRADS 1) were normal. However, cervical smear cytology showed few superficial cells but numerous intermediate and parabasal cells with pleomorphic hyperchromatic nuclei with scanty cytoplasm. Some of the nuclei were vesicular. A diagnosis of High grade squamous intraepithelial lesion – infliltrating carcinoma likely, was made. Thereafter, patient opted for total abdominal hysterectomy with bilateral salphino-oophoarectomy after consulting a gynaecologist. The skin lesions subsequently improved within 3 weeks of application of Podophylline paint.

This case underscored the need to investigate patients with seborrheic keratosis, even when there are no clinical features suggesting malignancy, and not just treat.

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ZOSTERIFORM POROKERATOSIS – A CASE IN A 7 YEAR OLD GIRL OF AFRICAN DESCENT.

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Abstract

Porokeratosis is an uncommon, inherited, autosomally dominant disorder of epidermal keratinization of uncertain cause. Five clinical variants of porokeratosis have been described. Zosteriform porokeratosis is an extremely rare presentation of linear porokeratosis with potential for malignant transformation. We report, for the first time, a 7 year old African girl with Zosteriform porokeratosis.

Key word: zosteriform, porokeratosis, cornoid lamella