



# 2015 NAD CONFERENCE ABSTRACTS

## Bullous Systemic Lupus Erythematosus as the Index Presentation of Systemic Lupus Erythematosus - Case Report

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Bullous systemic lupus erythematosus is an autoantibody-mediated sub-epidermal blistering disease that occurs in patients with Systemic lupus erythematosus. It is a rare subset of the disease that is often associated with autoimmunity to Type VII collagen.

In patients with Bullous SLE, antibodies directed at the basement membrane zone likely mediate the blistering phenotype by directly interfering with adhesive connections at the dermo-epidermal junction. Induction of complement-dependent inflammation leads to tissue injury and dermo-epidermal separation.

We present a case report of two patients, both female, aged 31 years and 29 years who both presented at the Skin Clinic LASUTH with vesiculo-bullous lesions as an initial manifestation of SLE. They developed widespread erythematous vesicular lesions with tense bullae that were non-itchy and painful. The lesions were

associated with mild fever, weight loss and joint pains.

Both had vesiculo-bullous lesions on the neck, chest, axillae, trunk and oral mucosa, involving about 30% of the skin surface area.

Connective tissue disease screening was positive and ANA, DsDNA were also positive. There was no other specific organ involvement at the time of presentation. Skin biopsy in both cases confirmed an auto-immune sub-epidermal blistering lesion.

They were both treated with Dapsone and high dose methylprednisolone and made remarkable improvement and currently attend follow up at the Dermatology and Rheumatology clinics in LASUTH.

Our case report illustrates that generalized vesiculo-bullous lesions can be the sole, initial presentation of SLE. It also contrasts Bullous SLE with possible differential diagnoses like Cutaneous SLE, Epiderma Bullosa Acquisita and Bullous pemphigoid.

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## Visual Defect in Oculocutaneous Albinism is not associated with Gross Structural Anomaly

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**Keywords:** Oculocutaneous Albinism, Ocular Scans, Vision

**Background:** Albinism is a heterogeneous group of inherited non progressive disorders of melanin metabolism. The two main types are Ocular Albinism (OA) in which pigment is absent only in the eyes and Oculocutaneous albinism (OCA) in which the eyes, skin and hair lack pigment. The tropical environment, without the protective effect of melanin predisposes the African oculocutaneous albino to skin cancers. In the eyes fovea maturity is impaired leading to poor vision. All forms of albinism, regardless of phenotype, have the same distinctive visual impairment that confers visual acuity ranging from 20/40 (6/12) to 20/200 (6/60) that significantly limits their education, occupation and recreation. This study set out to use

ultrasonography to detect correctable ocular structure anomaly in visually impaired oculocutaneous albinos who also have sun damaged skin.

**Materials and Methods:** In a prospective study, the eyes of 57 consenting Nigerian Oculocutaneous albinos referred from the Dermatology to Radiology for ocular scans were investigated with B-mode ultrasonography. The results were compared with matched controls and analysed by simple descriptive statistics.

**Results:** The age range of the study population was 15 to 62 years (mean 24.6 years) and male to female ratio was 1:2. Of the albinos, 98% and of the controls 91.2%

had normal ocular scans. Vitreous echoes were found in 7% of all participants and one (1.8%) of the control participants had cataracts. No cataract or other gross structural anomaly was detected in any of the orbital

structures of the albinos.

**Conclusion:** Ultrasonography reveals no ocular structural abnormalities peculiar to Oculocutaneous albinism.

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## Leprosy: A Resurgence

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**BACKGROUND:** About 95% of humans are naturally immune to what can be called the world's "least contagious communicable disease". Leprosy is a chronic granulomatous infectious disease caused by *Mycobacterium leprae*, the clinical manifestations are largely confined to the skin, peripheral nervous system, upper respiratory tract, eyes, lymph nodes, joints and testes. Global prevalence of leprosy in 2014 stood at 180,464 cases, while the number of new cases detected during 2013 was 215,557. According to the Leprosy Mission Nigeria, there were 3,500 new cases in 2012, the number increased to 3,805 in 2013. The objective of this case is to highlight the increase in cases of Leprosy in the University of Port-Harcourt Teaching Hospital.

**METHOD:** The case records of a 26yr old female presenting to the University of Port-Harcourt Teaching Hospital, Rivers state was analysed and a discussion of the case made. The clinic records of leprosy cases between 2012 and July 2015 were also looked at and the

incidence, age and sex distribution compared.

**RESULT:** A 26yr old female who presented in May 2015 with a 6yr history of a progressive rash over her limbs, trunk and face. It was associated with loss of eyebrows, paraesthesia and lately, generalised body itch.

Examination findings revealed a young lady with leonine facie, loss of some eye brows, a universally distributed poor to well circumscribed plaques with multiple nodules over pinnae of ears, trunk and limbs. Nil neurologic deficits found. Skin slit smears showed a bacteriological index of 3+.

**CONCLUSION:** The number of new cases of leprosy has been found to be on the increase in the University of Port-Harcourt Teaching Hospital with about 83% diagnosed as lepromatous cases. It has been found that there is a low index of suspicion based on reduced awareness of leprosy among physicians. This could aid in the spread of leprosy.

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## Clinical Presentations of Behcet's Disease among Nigerians: a 4-year Prospective Study

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**BACKGROUND:** Behçet's disease (BD) is a chronic, multisystem, inflammatory pan-vasculitis of unknown etiology, with heterogeneous presentations in different parts of the world. It commonly involves the mucosae, skin, joints, eyes, and central nervous system. Behçet's disease is considered to represent an autoimmune reaction triggered by a yet to be identified infectious agent in a genetically predisposed person. It most commonly affects persons of Mediterranean or Far Eastern origin and is considered rare among Black Africans.

**OBJECTIVES:** This study was conducted to document clinical presentations of BD in Nigerians.

**METHODS:** A prospective study of the clinical and laboratory parameters of patients who attended dermatology and rheumatology clinics between 2007 and 2011 was carried out.

**RESULTS:** Fifteen patients (nine males, six females) were diagnosed with BD at a mean age of 33 years. The

mean age of onset of disease was 27 years. Oral ulceration was present in 100% of subjects and was the most frequent onset lesion, followed by genital ulceration in 93%. Skin, joint, vascular, gastrointestinal, and central nervous system (CNS) lesions occurred in 87, 80, 33, 20, and 13% of patients, respectively. Pathergy tests were positive in 38% of patients. Psychomorbidity was present in 60%. Remission was achieved with corticosteroids, nonsteroidal anti-inflammatory drugs, and disease-modifying anti-rheumatic drugs. Mortality was zero, but 27% of patients were disabled by blindness and 7% by CNS involvement.

**CONCLUSIONS:** This is the first report on BD in a sample of Nigerians. The clinical phenotype of BD follows the Middle Eastern pattern. The small number of patients may reflect the rarity of BD in Nigerians or the poor ascertainment of BD by relevant clinicians.

**KEYWORDS:** Behcets disease, African, uveitis, arthritis.

## Cutaneous (furuncular) Myiasis Presenting As Painful Papulonodular Lesions – A Case Report

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**BACKGROUND:** Myiasis is an ectoparasitic infestation of viable or necrotic tissues by the dipterous larvae of commonly the African Tumbu fly (*Cordylobia* *Athropopaga*) and the new world Humanbot fly. Contraction occurs when the hatched larvae penetrates the skin or other orifices and presents with a myriad of local and systemic manifestations.

**OBJECTIVES:** To highlight the need for a high index of suspicion in relatively affluent patients presenting with painful papulo nodular lesions

**CASE REPORT:** The index patient was afebrile and

presented with multiple painful papulonodular lesions with a central pore which was occluded with petroleum jelly, from which maggots were mechanically extracted afterwards.

**CONCLUSION:** Myiasis usually thought to be an opportunistic infestation of disadvantaged vulnerable populations living in non-hygienic conditions can also be seen in advantaged patients who live in relatively affluent neighbourhoods. This case also demonstrates the need for a detailed history and high index of suspicion in such patients to clinch a diagnosis and expedite prompt treatment.

## Ankyloblepharon, Ectodermal Dysplasia with Cleft Lip/Palate (Hay-wells Syndrome) in a Nigerian Child

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**Key words:** Ankyloblepharon, ectodermal dysplasia, cleft lip/palate, Hay-wells syndrome

Hay-wells syndrome is a rare condition, which was first described in 1976 by Hay and Wells in 7 individuals from 4 families. We present a case of a term female neonate delivered with extensive skin erosions,

dysplastic nails, sparse hair distribution and a cleft palate but with no ankyloblepharon.

A note on the complications suffered by this child, background and management of this rare condition.

## Erythema Induratum of Bazin - A Case Report

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Erythema induratum of Bazin (EIB) is a tuberculid, and a form of cutaneous tuberculosis. EIB is diagnosed based on cutaneous findings, a positive tuberculin skin test, evidence of tuberculosis and histopathological findings.

A 23-year-old lady, female undergraduate presented with recurrent nodules on the legs. Initial diagnosis was made with the aid of histopathology that revealed lobular panniculitis, epithelioid cells, lymphocytes and giant cells surrounding foci of caseous necrosis which was suggestive of erythema induratum of Bazin; polymerase chain reaction was positive for DNA of *Mycobacterium tuberculosis*. She received antituberculous therapy (ATT) for six months with complete resolution of lesions. She had a relapse two and a half years later after exposure to patients with pulmonary tuberculosis.

She had a heightened response to the tuberculin skin test and she was recommenced on ATT with resolution of lesions.

Cutaneous tuberculosis is an uncommon manifestation of tuberculosis, with a higher prevalence in India and China.

This case illustrates the potential for occurrence and relapse of EIB in our environment and the need to advise such individuals to avoid close contact with patients with tuberculosis.

**KEYWORDS:** Erythema induratum, *Mycobacterium tuberculosis*, polymerase chain reaction, antituberculous therapy.

## Familial Trichoepitheliomas: A Family's Dilemma – Case Report and Literature Review

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### INTRODUCTION

Multiple Familial Trichoepitheliomas are also known as Epithelioma adenoids cysticum. They are rare, benign skin tumours believed to develop from hair follicles. They usually affect the face, but may also involve the neck, scalp or upper trunk. They gradually increase in size and number with time. Multiple Familial Trichoepitheliomas are caused by mutation in the CYLD gene which is also responsible for the cause of two other related skin disorders: Cylindromatosis and Brooke-Spiegler syndrome. Multiple Familial Trichoepitheliomas have an autosomal dominant inheritance pattern. The major medical challenges this condition confer are cosmetic disfigurement, depression and very rarely aggressive conversion to malignancy.

### OBJECTIVES:

We present these cases of familial trichoepitheliomas in three sisters with literature review with the aim of documenting the occurrence and highlighting the management challenges

### CASES

We present 3 sisters aged 18, 20 and 23 years who came to the skin clinic, LUTH, Lagos with complaints of

lesions on the face occurring 8, 10 and 12 years ago respectively. The severity of the lesions varied among the sisters with the youngest having the least severity. The distribution was concentrated around the nasolabial fold, eyes, forehead, cheeks and nape. Their deceased mother and aunt were said to have had similar facial eruptions. They were worried because of the cosmetic disfigurement the condition posed and also the psychological challenges in relationships with the opposite gender.

A diagnosis of Multiple Familial Trichoepithelioma was made for each of them. They were educated and counseled about the skin condition and were recruited into our Genetic Study Database and were biopsied. The diagnosis of MFT was confirmed on histology and the patients were offered electrocautery or dermoabrasion.

**CONCLUSION:** MFT are rare skin disorders with moderate to severe cosmetic and psychosocial concerns to the affected individual. The treatment is usually by physical abrasive procedures or surgery for solitary lesions. Recurrence and scarring are major complications for all modalities of treatment.

**KEYWORDS:** Familial, Trichoepithelioma, Brooke-Spiegler syndrome.

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## Growing Trend of Tattoos in Nigeria

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Tattoo, which originated from the Tahitian word '*to mark*', is a form of body modification made by inserting indelible ink into the dermis to change its pigmentation. Tattoos are done for various reasons including social, cultural and religious purposes. It has been in existence since the 18<sup>th</sup> century and was mainly associated with sailors, lower class and even criminals. However, since the late 20<sup>th</sup> century, tattoo has undergone dramatic redefinition and has shifted from a form of deviance to an acceptable form of expression all over the world cutting across almost all age groups and socioeconomic class.

Since the beginning of the 21<sup>st</sup> century, there has been a steadily increasing trend in tattooing all over the world and Nigeria is not excluded. Most times, tattoos are obtained through unsafe means by unauthorized personnel and associated with numerous health risks. Particularly of importance to the dermatologists are the hypersensitivity reactions, granulomatous skin disease and formation of both keloid and hypertrophic scars. The dermatological complications associated with

tattoos can occur either during inking or attempts at removal.

Patients frequently present to the dermatologists for solutions to the aforementioned complications and it is important to be able to proffer solutions and educate the patient on the various health risks that may be associated with tattooing. Treatment options exist but are not limited to the use of silicone gel for hypertrophic scars, use of intralesional steroids for both hypertrophic and keloid scars, Kligman's formula for hyperpigmentation and use of LASER for tattoo removal.

In conclusion, tattoos have become a widely accepted form of social expression in Nigeria. The complicated cases will ultimately end up with the dermatologists and it is necessary to be aware of the various complications that may arise from the procedure as well as removal and how to manage them.

**KEYWORDS:** Tattoos, complications, removal, management.

## HIV and Herpes Zoster Ophthalmicus: The Case Report

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**Keywords:** Herpes ophthalmicus, HIV, loss of vision

**OBJECTIVE:** Herpes zoster infection is a common first presentation of HIV infected individuals. It is a marker for the HIV infection in Africa and ocular affectation could be severe. We present a case of herpes zoster ophthalmicus in a HIV positive patient who was previously diagnosed but never accessed care.

**METHODS:** The medical records of the patient who is being managed at the Obafemi Awolowo University Teaching Hospital, Ile Ife, Nigeria were reviewed.

**RESULTS:** A 37 year old woman, who was diagnosed about five years prior to presentation but refused to access care who eventually commenced care and HAARTS about 3 months prior to this presentation.

She presented with a week history of painful, red, right eye with eventual loss of vision which she noticed 3 days after vesicular eruptions on the right side of her face.

Skin examination showed multiple, hypopigmented macules and patches with healing ulcers on the ophthalmic and maxillary divisions of the trigeminal

nerve

Ocular examination revealed mild right periorbital and lid swelling, intense, diffused hyperaemia of the conjunctiva, total epithelial loss with pigmented central endothelium.

Pupil was unreactive with deep layered hypopyon. Hutchinson's sign was positive. Fundoscopy revealed red reflex but poor view of the fundus. The left eye had a visual acuity of 6/9 otherwise was grossly normal.

Recent CD4 count was 367 cells/ul. A diagnosis of herpes zoster ophthalmicus with endophthalmitis was made and she was placed on oral acyclovir and ciprofloxacin, ophthalmic acyclovir, ciprofloxacin and atropin.

She was counselled for admission which she declined and the possibility of total visual loss of that eye. Follow up revealed total visual loss of the eye.

**CONCLUSION:** Herpes zoster infection can occur at any stage of the HIV illness but it is more common at low CD4 levels. Ocular affectation could be severe.

## Folliculitis Decalvans: Response To Triple Antibiotic Therapy

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**INTRODUCTION:** Folliculitis decalvans is a rare neutrophilic inflammation of the scalp characterized by recurrent painful, purulent follicular exudation leading to primary scarring alopecia. In a subset of patients with folliculitis decalvans, tufted hair folliculitis is the major presentation. It is an embarrassing and challenging disease with unclear aetiology and unestablished treatment guidelines. Various therapies, topical and systemic have been proposed in the literature including antibiotics, antifungals, corticosteroids, calcineurin inhibitors and laser treatment with varying results. We report on a 27 year old man with folliculitis decalvans successfully treated with a combination of minocycline, rifampicin and clarithromycin.

**CASE REPORT:** A 27-year old male medical doctor presented in February 2015 with 6years history of recurrent, painful scalp lesions and hair loss. Lesions worsened despite use of antifungals and antibiotics. Examination revealed 75 percent scalp involvement of occipital, vertex, and temporal regions. Lesions consisted of pinkish indurated mass with areas of serous exudation, erosions and hair loss ranging 2-15cm in diameter. Tufted hair could be observed within the lesion and keloids at the periphery of the occipital

region. Patient was placed on isotretinoin 80mg daily and clindamycin 300mg bid for 2months with no improvement. On review, morphology ranged from papular lesions with exudation to pustular boggy nodular masses and the formation of new hair shafts in non-scarred scalp areas. Patient was subsequently placed on minocycline 100mg, rifampicin 150mg and clarithromycin 250mg bid for 4weeks. Review after 2 weeks showed remarkably reduced inflammation. Patient acknowledged significant improvement in quality of life.

**CONCLUSION:** Though treatment guidelines for folliculitis decalvans does not exist; triple combined antibiotics using minocycline, rifampicin, and clarithromycin is shown to induce a rapid remission and decrease in patient's discomfort.

**KEY WORDS:** Folliculitis decalvans, minocycline, rifampicin, clarithromycin

## Psoriasis and Metabolic Syndrome

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Psoriasis is a chronic inflammatory skin disorder affecting 1-3% of the population. It is characterized by epidermal hyperproliferation, abnormal keratinocyte differentiation, angiogenesis with blood vessel dilatation, and excess Th-1 and Th-17 inflammation. A recent meta-analysis suggests that several systemic conditions like metabolic syndrome, cardiovascular disease, diabetes, psychological disorders or inflammatory bowel disease are prevalent in psoriasis patients. Metabolic syndrome defined as a cluster of risk factors including central obesity, atherogenic dyslipidemia, hypertension and glucose intolerance, is a strong predictor of cardiovascular disease that confers a cardiovascular risk higher than the individual components.

Although the exact pathogenic mechanism is not known, certain pro-inflammatory cytokines like TNF-

$\alpha$ , IL-6 that are found in psoriatic plaques are known to contribute to features of metabolic syndrome such as hypertension, dyslipidemia and insulin resistance. In Addition, several factors may contribute to an unfavourable cardiovascular risk profile in patients with psoriasis, such as cigarette smoking, alcohol consumption, obesity, physical inactivity, homocysteinemia, psychological stress, and depression, all of which are more prevalent in patients with psoriasis.

Patients with psoriasis should be evaluated for risk factors of metabolic syndrome and provided appropriate treatment, especially when disease is severe. Such treatment regimens should affect the metabolic syndrome and cardiovascular disease risk. ■



### History of ASDV

The name **African Society of Dermatology and Venereology (ASDV)** was coined at a meeting held in Kenya in 2014 which had African dermatologists in attendance. It was agreed by all present that there was a need for African Dermatologists to have an umbrella body uniting all African dermatologists with the aim of improving the quality of skin care of Africans, particularly through research and training. Those present included dermatologists from Kenya, South Africa, Nigeria, Rwanda and Ghana. The last World Congress of Dermatology in Vancouver (Canada) in June 2015 provided an opportunity for another meeting of African dermatologists. This meeting was initiated by some of the members of the initial group that had met in Kenya, who were present in Vancouver.

The meeting in Vancouver was chaired by Dr Evans Kamuri from Kenya. At this meeting, 35 African dermatologists were able to attend at such short notice; Interim executives were elected and mandated to go ahead and register the association, since the initial

group had worked and developed a bi-lingual constitution for the society. The interim executives were charged to lead the society and arrange an inaugural scientific meeting in 2016. Thereafter, plans for elections of a substantive ASDV executive would be undertaken in Nigeria. At the meeting, it was also decided that the 1st scientific meeting of the society will be held in Abuja, Nigeria from the 12th – 16th July 2016 and it will be held in conjunction with the 10th Annual Scientific Conference of the Nigerian Association of Dermatologists.

An email account and letterhead logo for the society was created and gradually a mailing list has been built up of African dermatologists based on contacts made individually and through contacts at conferences and societies across Africa.

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