

What are the chances of his developing:

1. Vesicular skin lesions
2. Mucosal lesions
3. Cardiovascular or other systemic involvement
4. Thromboembolic phenomenon
5. Recurrence
6. Complete cure

ANSWERS

1. The most probable diagnosis is pemphigus vegetans. Patient has been adequately treated for secondary syphilis. Avitaminosis or Behcets' does not result in fleshy growths in perineal region. Other evidence of avitaminosis or Behcets' was absent. Condylomata acuminata do not produce ulcerative lesions on lips.

2. Biopsy of perineal growth should be adequate to differentiate between secondary syphilitic lesions, pemphigus vegetans, Behcets' or condylomata acuminata. Avitaminosis cannot be assessed by any of these.

3. The patient may develop oral ulcerative or bullous lesions but vesicular skin lesions are unlikely to develop since this patient presents the benign Hallopeau variety of P. Vegetans. The involvement of cardiovascular system or thromboembolic phenomena are not likely.

The patient is likely to have recurrences like in other forms of pemphigus, but the prognosis is much better compared to other variants of pemphigus.

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WHAT IS YOUR DIAGNOSIS ?

Fifty-four year old female diabetic patient was admitted with history of fever for one week and swelling of the left leg for 10 days. An year ago patient was treated for filarial fever on the basis of positive blood smear for microfilaria.

Differential diagnosis

1. Filarial lymphagitis
2. Cellulitis
3. Erysipelas
4. Erysipeloid

(Fig. at Page No. 178)