SELF ASSESSMENT PROGRAMME

A 36 year old healthy young man presented with asymptomatic, red, scaly plaques on trunk and extremities of 2 years' duration. More and more lesions over the time had been appearing, a few of them developing small nodulation on top; some of them were mildly itchy. There was no loss of sensation nor any paraesthesias. The patient had not taken any treatment and there was no spontaneous remission.

Examination revealed a healthy, well-built individual who had multiple erythematous, slightly atrophic, scaly plaques on the back, abdomen, thighs, legs and forearms. The lesions were ill-defined. Sensations on the patches were normal. Dariers' sign was positive. Some juicy nodulation was present on the chin, neck and leg lesions. The cervical lymphnodes were palpable 1-2 cm. in size, discrete, non-tender. Peripheral nerves were not thickened nor tender.

Which of the following diagnoses was most likely?

1. Chronic superficial dermatitis
2. Mycosis fungoides
3. Parapsoriasis en plaque
4. Borderline leprosy
5. Mastocytosis
6. Hodgkin's disease

Which of the investigations is likely to be most helpful?

1. Skin biopsy—a) H & E
   b) Ziehl Neelsen
   c) Toluidine blue
2. Slit and Smear
3. Lymphnode biopsy

The histology of the skin biopsy showed a dense infiltrate of the histiocytes together with a large number of mast cells that showed metachromasia with toluidine blue. No AFB were demonstrated.

Which of the diagnoses is more likely now?

1. Mastocytosis
2. Mycosis fungoides

Which of the following lines of treatment ought to be followed?

1. Anti-histaminics
2. Corticosteroids
3. Antimitotic agents

The patient was started on a combination of systemic corticosteroids and cyclophosphamide—weekly doses of 750 mg of cyclophosphamide and daily dose of 30 mg of Prednisolone. Within four weeks, the lesions regressed.

What is the prognosis of life or recurrence?

(For answers see page No. 347)

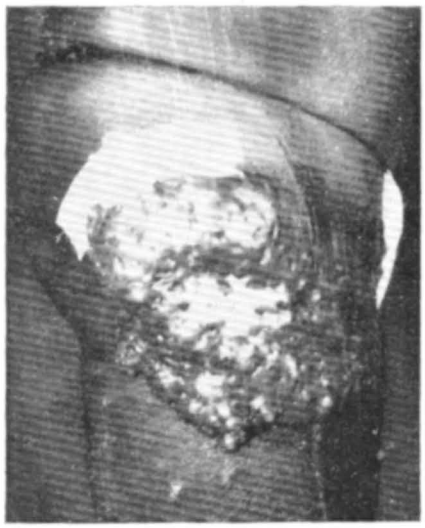


Fig. 1 Mycetoma of the thigh caused by N. asteroides

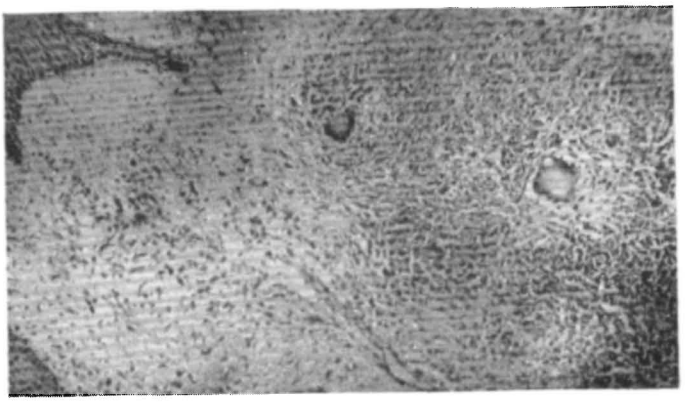


Fig. 2 Biopsy of the lesion showing hyperkeratosis and chronic granulomatous changes with Langhan's cells. (haematoxylin and eosin × 100)

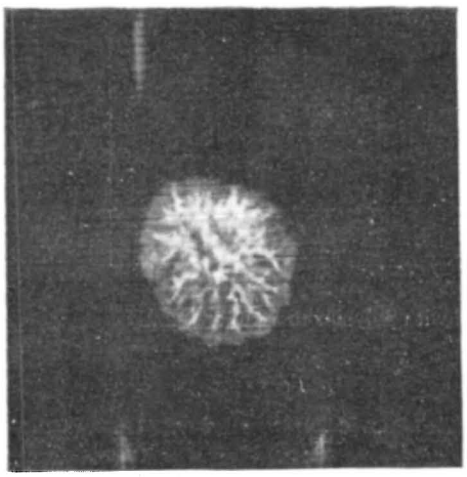


Fig. 3 Culture of N. asteroides on Sabouraud's dextrose agar, 10 days, at 37°C

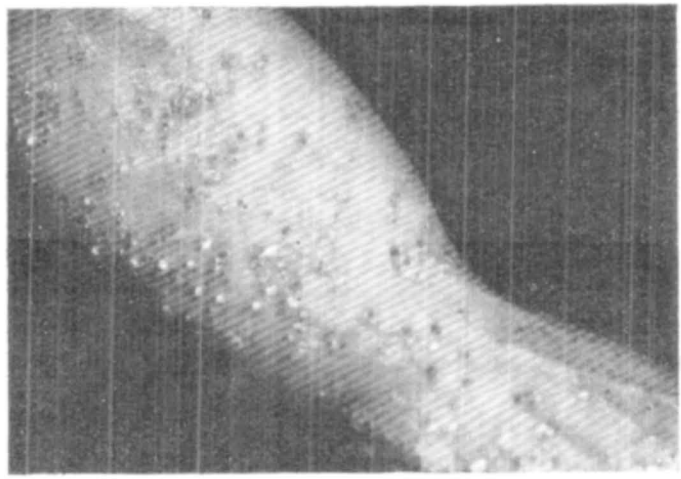


Fig. 1 Multiple, superficially located, pustules on the arm of a patient with subcorneal pustular dermatosis

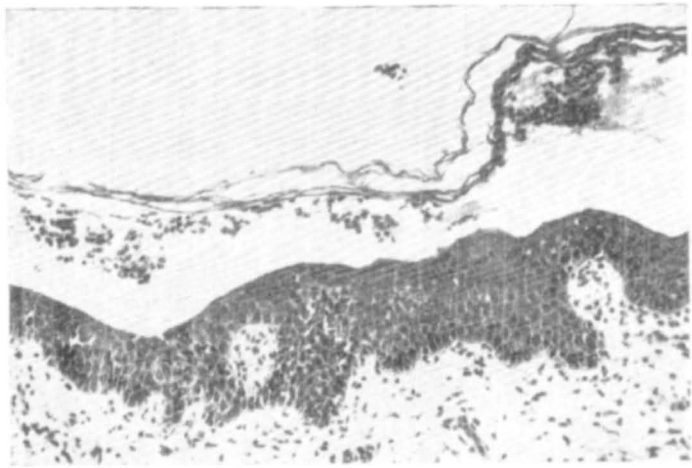
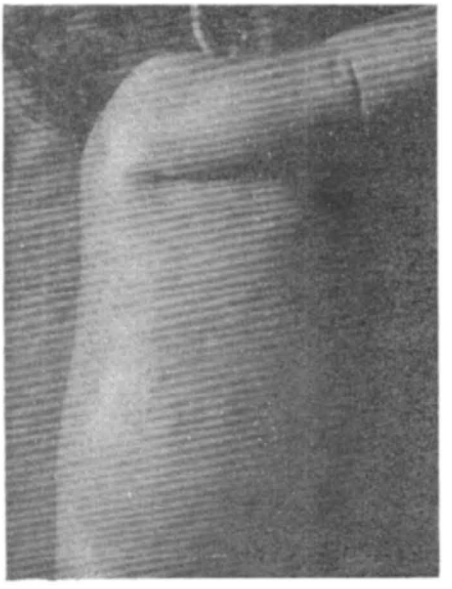


Fig. 2 Subcorneal pustule filled with polymorphs predominantly

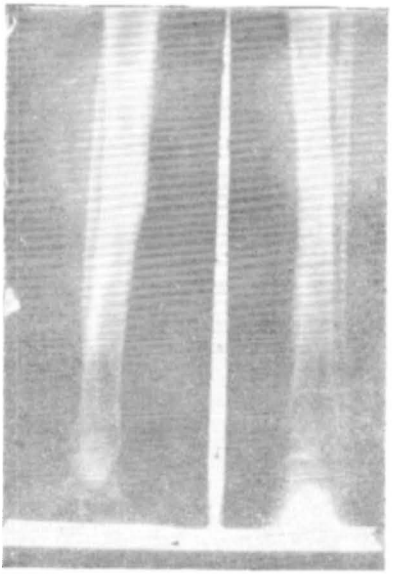
XERODERMA PIGMENTOSUM
— Radha Rani Aggarwal et al

Typical lesions of variable size.

LARVA MIGRANS
— P. A. Sarojini et al



Showing the advancing end.



PRECOCIOUS TERTIARY SYPHILIS
— K. Anandam et al

X-ray of the lower $\frac{2}{3}$ of leg. Periosteal reaction of tibia can be seen.
