

Key to Picture Quiz

(1) Answer C – Lupus Vulgaris

This is cutaneous tuberculosis which is an uncommon form of extra pulmonary tuberculosis resulting from the infection of *Mycobacterium tuberculosis*. The lesions begin as a collection of discrete, red-brown papules that subsequently coalesce to form an indolent, asymptomatic plaque. The plaque gradually reaches a size of 0.5 – 10 cm and develops central clearing and atrophy. The borders may acquire a serpiginous or verrucous quality. Over the course of years, the plaques may grow to enormous sizes if untreated. In addition, ulceration and destruction of underlying tissues may occur, causing severe disfigurement.

(2) Answer D – Pellagra

Pellagra is due to deficiency of niacin and tryptophan. It is also called the “disease of the four Ds”(Dermatitis, Diarrhoea, Dementia and if untreated Death). The rash usually occurs resembling sunburns on the areas exposed. The rash may become severe with darker pigmentation, blisters, and skin sloughing on the face, neck, arms, and legs. Casal necklace is a feature where a hyperpigmented band or collar occurs around the neck. The hyper pigmented plaques and fissures of the hands and feet are called Pellagrous glove and boot.

(3) Answer C – Cutaneous Leishmaniasis

This is typically occurring at the site of inoculation of the protozoa *Leishmania* due to the bite of infected sand fly. Solitary lesions are typical though there can be multiple lesions. Initially it is a painless small red papule, which gradually enlarges up to 2 cm in diameter with a typical central ulceration.

(4) Answer A – Dermatomyositis

This is due to the microangiopathy affecting skin and skeletal muscles. Heliotrope rash is the bilateral violet or bluish-purple (colour of the flowers of *Heliotropium* family) discolouration of the eyelids with swelling of the eyelids and skin around the eyes. This can be itchy or cause a burning sensation.

(5) Answer E – Secondary Syphilis

This is characterized by rash and systemic symptoms. Non-itchy rash is the commonest form which frequently affects palms and soles. The lesions may be macular, maculopapular, papular, pustular, or annular. Macules on the palms and soles are highly suggestive of secondary syphilis.



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