Linear Syringocystadenoma papilliferum

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Introduction: Syringocystadenoma papilliferum (SCAP) is an uncommon benign hamartomatous adnexal tumor. It presumably arises from pleuripotential cells and histology exhibit either apocrine or eccrine differentiation; however, it is still classified under tumors with apocrine gland differentiation. [1] The lesions are usually seen at birth or in childhood. Most tumors are located on face and scalp, often with co-existent Nevus Sebaceous. [2] SCAP frequently presents as multiple warty papules which may be translucent or pigmented. The lesions increase in size with papillomatous expansion at or around the time of puberty. Histopathology is confirmatory and immunohistochemistry further differentiates between apocrine or eccrine origin. Abstract: A 13 years old female patient presented with multiple lesions over posterior side of the right thigh shortly after birth, the lesions were progressive in course associated with itching and traumatic bleeding. On examination, there were multiple erythematous dome shaped papules over the upper posterior side of the thigh with typical Blaschko-linear distribution, also papillomatous plaques in the upper part of the lesions with yellowish slough, crusting and ulceration was seen on some of the. A punch skin biopsy was performed and low power field examination revealed a cystic dilatation in the dermis connected to the overlying epidermis, the cyst was composed of papillae and ducts High power examination showed the ducts were lined by columnar cells that showed decapitation secretions of apocrine type, the surrounding stroma showed many plasma cells

Conclusion: Features such as Blaschko-linear distribution over the thigh and de novo development shortly after birth made our case unique and encouraged us to report this case for its rarity.

References:
1. Melnik B, Schmitz G. FGFR2 signaling and the pathogenesis of tumors with apocrine or eccrine differentiation; however, it is still classified under tumors with apocrine gland differentiation. [1]

Infraorbital lichen sclerosus et atrophicus

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Introduction: Lichen sclerosus et atrophicus (LS) is a chronic, inflammatory disorder of the anogenital and extragenital skin. Women are more commonly with the highest prevalence occurring in the peri- and post-menopausal period. Although, LS most commonly occurs around the anus, vulva, and foreskin of the penis, approximately 15% of patients present with extragenital lesions of the neck, shoulders (1, 2). Most cases of extragenital LS are asymptomatic, but pruritis occasionally occurs. Abstract: A 19 year old man presented with a hypopigmented patch on left infraorbital area gradually progressive over the last one and half year. On examination there was a well demar- cated solitary porcelain white patch on the left infraorbital area and left cheek, comedo-like plugs, crustations and violaceous border. The lesion was not sclerotic to palpation and there was no associated erythema or telangiectasia. Examination of the patient’s remaining skin surface, with special attention to the anogenital region, revealed no evidence of pathologic lesions. Histologic examination of the skin biopsy demonstrated characteristic features of LS including thinning of the epidermis with loss of rete ridges, mild focal vascular degeneration, edema and hyalinization of the papillary dermis.

Conclusion: We present this case to demonstrate a unique site of presentation, a rare occurrence in a man and raise awareness of exclusive extragenital LS. It should be emphasized that 15% of patients with LS present with only extragenital lesions most commonly on the neck, shoulders, and rarely on the face.

References:

Multiple warty dyskeratoma
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Warty dyskeratoma is a benign epidermal proliferation that presents as a single skin colored papule or nodule with a central keratic plug on the face or neck. Multiple warty dyskeratomas are very rare mostly seen on the scalp, only five cases are reported till 2014. This is a case report of a 62 years old male with multiple warty dyskeratoma on the scalp, chest, abdomen and lower back with histological findings consistent with warty dyskeratoma.

Comparative study between fractional carbon dioxide laser versus intralesional steroids injection in treatment of alopecia areata
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Background: Effective treatment options for alopecia areata (AA) are missing. Few studies have reported the use of Fractional Carbon Dioxide (FCO2) laser for treating AA; however, the effectiveness of this therapy on a theoretical basis has not yet been comparatively analyzed. OBJECTIVE: We aimed to evaluate the therapeutic effect of FCO2 laser in AA and compare it with intralesional corticosteroids (ILCs) injection.

Materials and methods: Twenty patients with at least 2 patches of AA were collected for the study. The 1st patch was treated by Fractional CO2 laser session repeated every 2 weeks for 3-6 sessions. Meanwhile, the 2nd patch was treated with intradermal injection of Triamcinolone Acetonide every 1 month for a maximum of 3 sessions. Evaluation of the treatment response was done by physician clinical assessment through comparing patient’s photographs using Mean Improvement Score by Physician (MISP), patient satisfaction using a 10 point Visual Analogue Scale (VAS) and Folliscopic examination (hair density “hair/cm²”) before each session and 3 months after the end of the sessions.

Results: At the end of the study, there was a highly significant improvement (p < 0.001) with FCO2 laser rather than ILCs injection 3 months after the last session according to MISP, patient satisfaction and hair density by Folliscope. We found that upon treatment with FCO2 laser 35% of cases showed excellent improvement, 25% showed complete recovery, 15% showed marked improvement, 15% showed moderate improvement and 10% had minimal improvement according to MISP, while with ILCs about 55% of cases showed no or minimal improvement and 45% of cases showed moderate improvement. There was a highly significant patient satisfaction with FCO2 laser (a median of 9) compared to ILCs (a median of 3).

Conclusion: Our results suggested that FCO2 laser could be a better therapeutic alternative without serious side effects for treating AA in comparison to the traditional ILCs injection.

Systemic lupus erythematosus presenting as Stevens-Johnson syndrome: a case report
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Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are two life-threatening immune-mediated severe cutaneous adverse drug reactions characterized by different extents of epidermal necrosis and mucosal breakdown [1]. Other rare causes such as systemic lupus erythematosus (SLE) and infections have been implicated, [2] with only a few cases reported in the literature. We report a case of a 21-year old male patient who presented to the ER with gradual onset generalized dusky erythema (more severe in sun-exposed areas), erosions, mild oral ulcers and positive nikolsky sign. Complete blood count showed pancytopenia. The patient was diagnosed as Stevens-Johnson Syndrome and he received treatment with improvement of the skin and oral lesions. The patient had no causal drug history. 2 months later, he presented with erythematous patches of the face, weight loss, arthralgia and epistaxis. Histopathological examination of the skin lesions showed features of discoid lupus erythematosus. Laboratory investigations showed positive ANA, Anti-ds DNA, anti-Ro, anti-La, anti-smith and anti-histones antibodies. The patient was diagnosed as SLE with initial presentation as SJS.

Juvenile hyaline fibromatosis: a case report
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Juvenile Hyaline Fibromatosis (JHF) is a rare hereditary disease with progressive course that should be highly suspected in any patient with early onset papulonodules, joint contractures and gingival hypertrophy. The gene that causes JHF has been mapped to 4q21, 2. We report a 2-year old male child presented with erythematous patches over the nape of the neck and in the peri-anal area of gradual onset and progressive course together with gingival hypertrophy, joint contractures and osteopenia noted in limb x-rays. Microscopically, there were benign spindle cells with background PAS positive ground substance. These