

Curiositas (Dermatology)

In this edition of Curiositas we have a dermatology perspective on a range of interesting clinical cases.

INTERESTING CASE

Mrs X presents with a change in the colour of her nail.

1. Describe the changes to her nail.
2. What is the underlying diagnosis?
3. What treatment options are available?
4. What alternative remedies have been used to treat this condition?

Dr Emma Mack (Specialty Doctor in Dermatology) and Dr Donal O’Kane (Consultant Dermatologist) Belfast Health and Social Care Trust.



PATIENT SAFETY

Mr X is an in-patient with psoriasis, and has been prescribed Methotrexate. Can you identify the errors in this prescription?



Dr Emma Mack (Specialty Doctor in Dermatology) and Dr Collette McCourt (Consultant Dermatologist) Belfast Health & Social Care Trust.

POSTGRADUATE QUIZ

This 2 month old infant female presented with a 4 week history of a rapidly growing, ulcerated, ‘strawberry pink’ lesion on her lower lip.



1. What is the diagnosis?
2. In which phase of growth is this lesion currently involved?
3. What are the concerning features of this lesion?
4. How is this condition treated?

Dr Emma Mack (Specialty Doctor in Dermatology) and Dr Susannah Hoey (Consultant Dermatologist), Belfast Health and Social Care Trust.

UNDERGRADUATE QUIZ

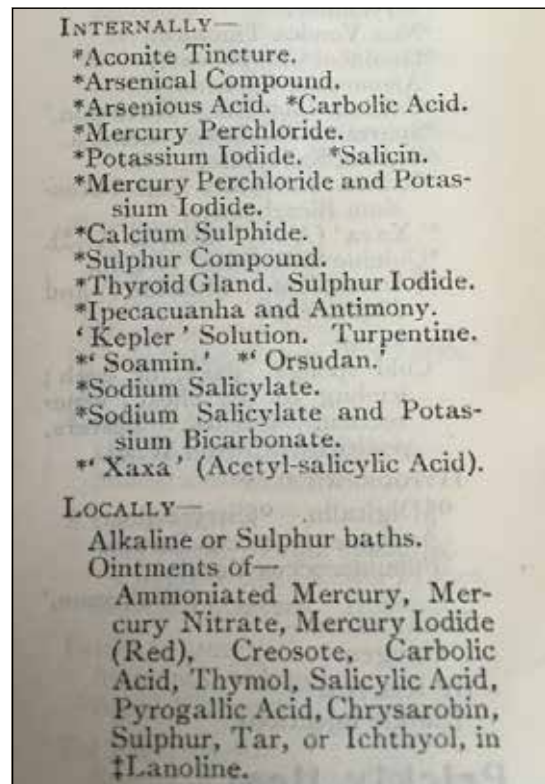
A 17 year old presents with this itchy rash approximately two weeks after being treated for tonsillitis.

1. Describe the rash.
2. What is the likely diagnosis?
3. Is there an association with the patient’s recent tonsillitis?
4. What are the treatment options?



Dr Matthew Costley (Core Medical Trainee) and Dr Collette McCourt (Consultant Dermatologist) Belfast Health and Social Care Trust.

HISTORICAL CASE



This extract was taken from a 1911 physician’s handbook, entitled ‘Wellcome’s Medical Diary’. What dermatological condition do you think this concoction of chemicals and potions was used to treat? Of course we would not recommend using these chemicals in current clinical practice!

Dr Gerry Gormley (General Practitioner, Carryduff) and Dr Emma Mack (Specialty Doctor in Dermatology) Belfast Health and Social Care Trust.

ANSWERS See overleaf

CONSIDER CONTRIBUTING TO CURIOSITAS?
Please refer to 'Curiositas: Guidelines for contributors' <http://www.ums.ac.uk/curiositas.html> and email umj@qub.ac.uk with your ideas and submissions.



CURIOSITAS: ANSWERS**INTERESTING CASE**

1. The nail has a striking green colour and is onycholytic.
2. The green colour of the nail is classical of 'Pseudomonas Nail' or 'Green Nail Syndrome', a condition caused by the colonisation of the nail plate by *Pseudomonas aeruginosa*.
3. The condition is usually treated with topical or oral antibiotics, and advice should be given to avoid immersion of the hands in water.
4. Soaking the affected nail twice daily in household vinegar can help to improve the condition³.

Dr Emma Mack (Specialty Doctor in Dermatology) and Dr Donal O'Kane (Consultant Dermatologist) Belfast Health & Social Care Trust.

POSTGRADUATE QUIZ

1. The diagnosis is of an infantile haemangioma (IH), a benign proliferation of endothelial cells.
2. This lesion is in the 'proliferative' phase, which involves rapid growth.
3. Potential complications in this case include the evidence of ulceration and the potential functional impairment from obstruction of feeding. Other important features could include bleeding, pain, compression of underlying structures or the cosmetic appearance of the lesion¹.
4. Oral propranolol is indicated in this case in order to reduce the risk of developing the above potential complications.

Dr Emma Mack (Specialty Doctor in Dermatology) and Dr Susannah Hoey (Consultant Dermatologist), Belfast Health and Social Care Trust.

PATIENT SAFETY

Methotrexate is taken weekly and the prescriber should strike out the six non-methotrexate days in the administration section. The day of planned administration should be noted in the 'special instructions' section. Methotrexate must always be taken on the same day of the week. Ideally, avoid prescribing for Mondays, as there are reports of 'Monday' being misread as 'Morning'. Routes of administration include oral tablets or liquid, and subcutaneous injection. The increased bioavailability of subcutaneous methotrexate leads to increased toxicity^{2,3}. Prescribers should therefore not write 'PO/SC.'

Dr Emma Mack (Specialty Doctor in Dermatology) and Dr Collette McCourt (Consultant Dermatologist) Belfast Health & Social Care Trust.

UNDERGRADUATE CASE

1. There are multiple well-demarcated small 'drop-like' erythematous plaques across the trunk, with evidence of scaling.
2. The diagnosis is guttate psoriasis.
3. Guttate psoriasis is associated with streptococcal infections, typically of the upper respiratory tract e.g. tonsillitis or pharyngitis.
4. Guttate psoriasis may self-resolve over weeks to months.

Topical therapy with emollient, vitamin D analogue or topical steroid is commonly used. Narrowband ultraviolet B is an effective treatment for widespread plaques. Antibiotic therapy is prescribed for active streptococcal infection⁴.

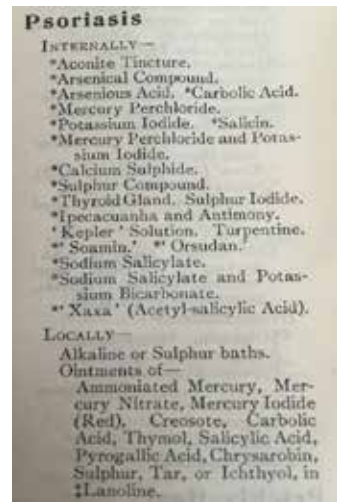
Dr Matthew Costley (Core Medical Trainee) and Dr Collette McCourt (Consultant Dermatologist) Belfast Health and Social Care Trust.

HISTORICAL CASE

The condition was psoriasis. Curiositas was bemused to see the use of 'Arsenical compound' and 'Mercury'. Reassuringly treatment of this important condition has advanced. There are numerous guidelines resources about the treatment of Psoriasis, including NICE⁵ Curiositas wonders what we might be using in the next 100 years?

Dr Gerry Gormley (General Practitioner, Carryduff) and Dr Emma Mack (Specialty Doctor in Dermatology) Belfast Health and Social Care Trust.

(Extract from 'Wellcome's Medical Diary, 1911 reproduced with kind permission from the Wellcome Library, London)

**REFERENCES**

1. Burge S, Wallis D. 'Oxford Handbook of Medical Dermatology' First Edition, published in Oxford, Oxford University Press (2011); p 124, 550- 551; ISBN 978-0-19-955832-21.
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4. Wilson JK, Al-Suwaidan SN, Krowchuk D, Feldman SR (2003) 'Treatment of psoriasis in children: is there a role for antibiotic therapy and tonsillectomy?' Paediatric Dermatology; **20**: 11
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MEDICAL STUDENT SUBEDITOR INTERNSHIP

Curiositas would like to thank our two medical student sub-editors Dr Glenn Ritchie and Dr Michael Corr for the hard work and enthusiasm that they brought to Curiositas.

Now that Glenn and Michael are qualified doctors, we are looking for a new medical student to join the Curiositas editorial team. This internship will be, in the first instance, for 1 year. The role will involve contributing to the production of the Curiositas section. For further information on the post and the application process please email Dr Ian Bickle firbeckkona@gmail.com. Applications for this post will be accepted up until the 14th October 2016.



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