QUIZ(1) and (2)

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Quiz (1)
A solitary nodule on the face of five years duration.

A 35- year old, Indian male patient presented with a solitary

asymptomatic nodule affecting his left cheek of five years duration. On examination a reddish, firm, smooth nodular lesion with the diameter of 2x0.5 cm affecting the upper part of the left cheek(Fig 1). The rest of the body surface was normal.

Laboratory investigations showed no abnormalities.

A biopsy of the lesion was done for histopathology as shown in fig. (2&3).

What is your diagnosis ???

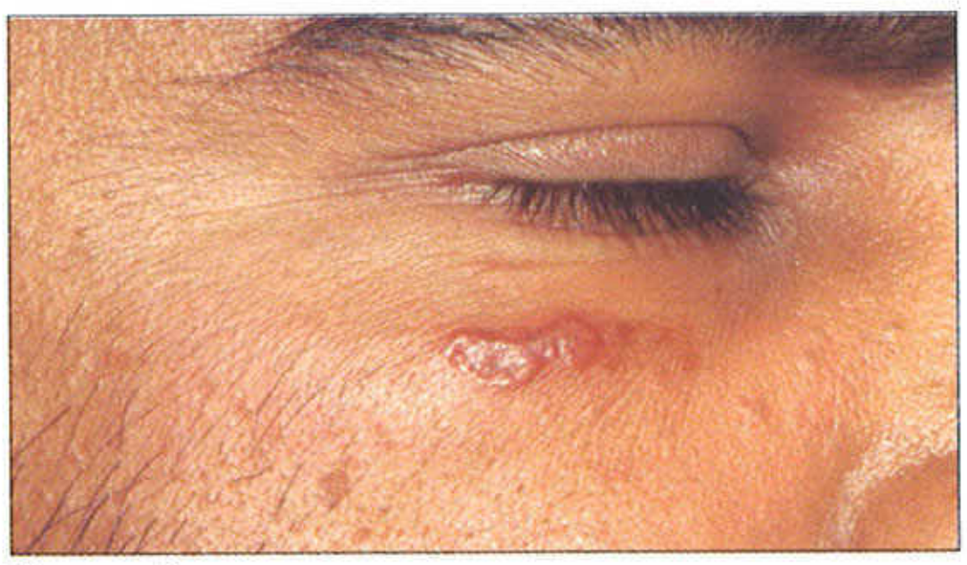

Figure -1

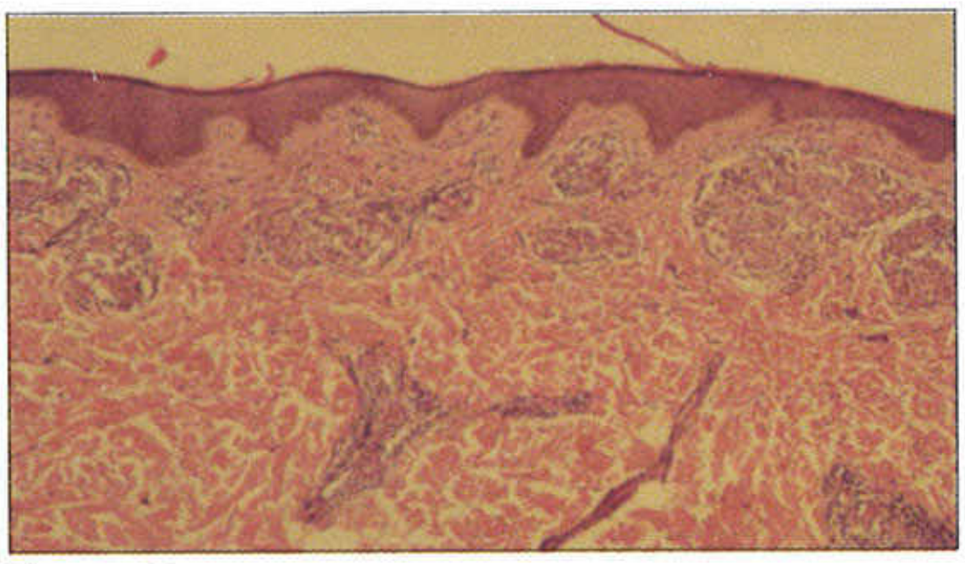

Figure -2

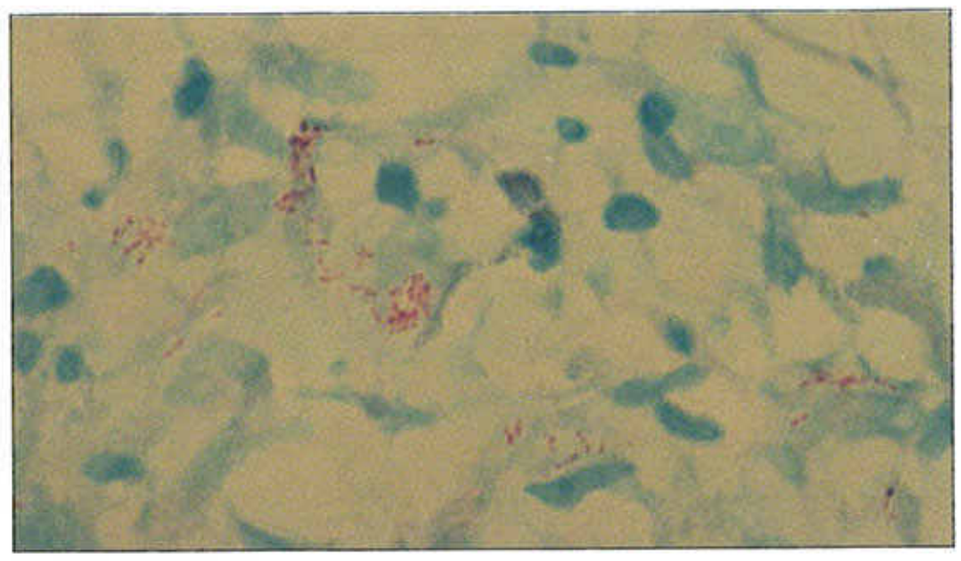

Figure -3

Quiz (2)
Multiple nodules on the scrotum.

A 30 year old, single man, presented with nodules on the scrotum that had gradually increased in size and number.

The patient had otherwise good health.

Examination of the scrotum showed approximately 15 whitish, firm nodules 5mm to 1cm in diameter distributed on the scrotal skin (fig.1). No other site of the body was affected. The results of the laboratory investigations were all within normal.

Biopsy specimen results are illustrated in figure(2).

What is your diagnosis ???

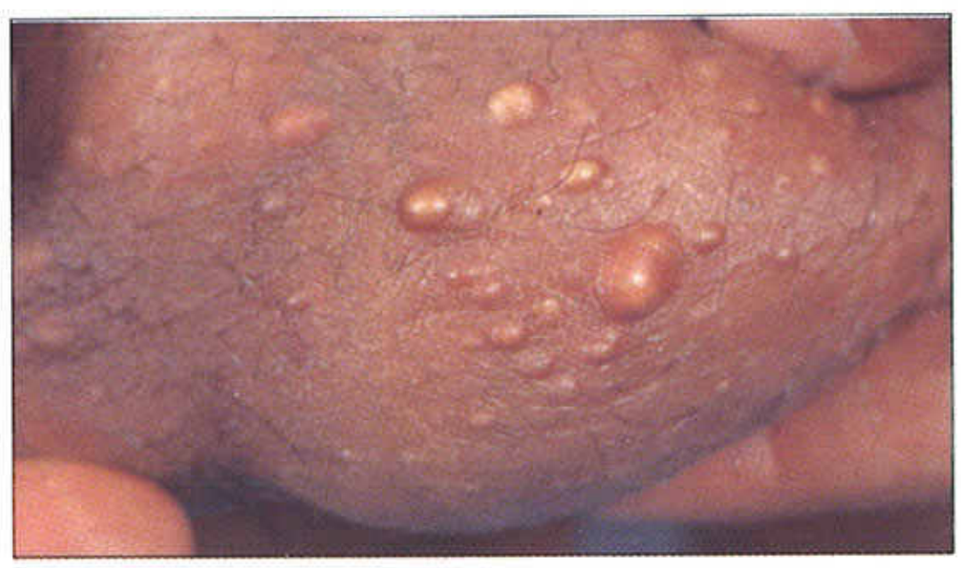

Figure -1

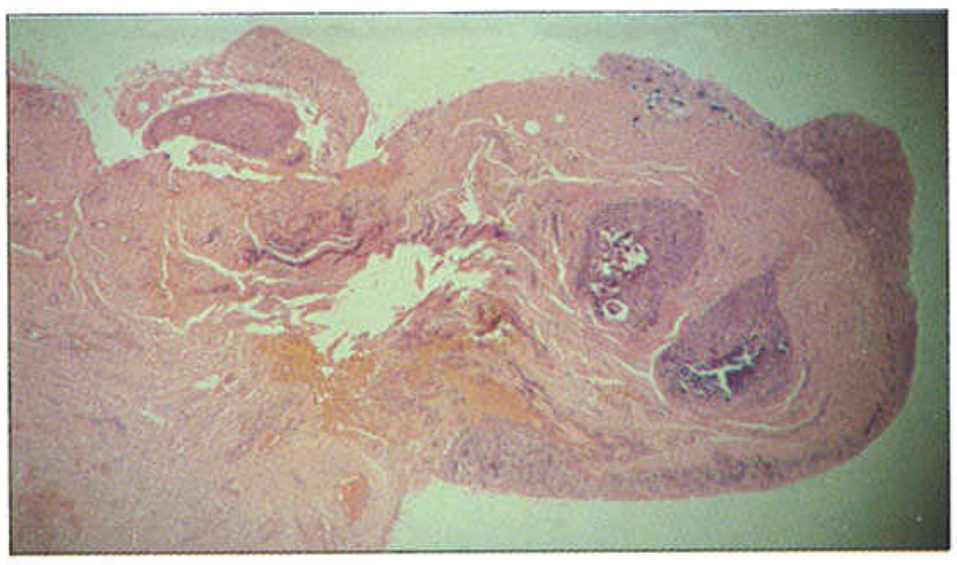

Figure -2

ANSWERS OF THE QUIZ(1) and (2).

Answer of quiz (1)
A solitary nodule on the face of five years duration

The Microscopic finding of the biopsy showed:
Extensive cellular infiltration, macrophages with vacuolated cytoplasm(lepra cells) (Fig.2). Fiteís stain showed macrophages packed with lepra bacilli (Fig.3).

Diagnosis: The diagnosis of multibacillary Lepromatous Leprosy is reached on histopathological bases.

Comment:

Primary cutaneous lesions of Lepromatus Leprosy(LL) disease include hypopigmented macules, ill-defined nodules and plagues usually distributed bilaterally and symmetrically affecting the face, ears, arms and legs. There is a loss of outer third of eyebrow and sensory changes usually slight.[1] Histologically: (LL) are highly variable, the classic nodule, complete with a grenz zone, dermal foamy macrophages usually packed with lepra bacilli.[2]

Our patient presented with a solitary nodule on the face of five years duration without spread to any other site of the body and with no neural affection, such unusual presentation must be differentiated from other nodular lesions commonly affecting the face in particular, nodular sarcoidosis, Lupus vulgaris, cutaneous leishmaniasis and lymphocytoma cutis. It is not easy to distinguish these diseases clinically from (LL), but their histologic features are unique and diagnosis can be made on this basis.[3] Single lesion in leprosy and its management was reported[4]. With treatment, arrest of the active granulomatous process is anticipated and life expectancy is normal, if untreated, (LL) disease is progressive often resulting in amyloidosis, disfigurement and deformity of the face, hand, feet and blindness.[5]

Answer of quiz(2):
Multiple nodules on the srotum.

Histopathological finding showed:
Small and large faintly staining basophilic calcified masses in the dermis. In several places the calcium was missing.
No evidence of cysts seen.(Fig.2).
Diagnosis: Idiopathic calcinosis of the scrotum.
The deposition of the calcium in the skin is called calcinosis cutis which is classified into metastatic, dystrophic and idiopathic calcinosis cutis .[6]

Idiopathic calcinosis of the scrotum is an uncommon variety of idiopathic calcinosis for which no apparent cause can be found. It is characterized by multiple, firm , painless nodules on the scrotum that may sometimes break down to discharge a chalky material.[7]

Idiopathic calcinosis of the scrotum may be misdiagnosed clinically as epidermal or pilar cysts, however, it is believed to be a distinct entity and has a distinct histological finding.[8]Treatment of idiopathic calcinosis of the scrotum is obviously limited to surgical removal, since no satisfactory medical treatment has been found that would dissolve foci of pathologic calcification without demineralizing the bony skeleton.[9]

In fact the term ì Idiopathic ì admits that the likely cause of calcification remains undiscovered, therefore it is wisely recommended to follow patients with apparent idiopathic calcinosis of the scrotum to see if they later show signs of connective tissue diseases or abnormal elevation of calcium or phosphate levels.[10]

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