

Case 3

Sore and Scaly Plaque

A 74-year-old man presents with a slightly sore, scaly, erythematous plaque on his right shin that has been present for the past year.

What is your diagnosis?

- Seborrheic keratosis
- Hypertrophic actinic keratosis
- Cutaneous lichen planus
- Discoid lupus erythematosus
- Ichthyosis vulgaris

Answer

Clinically, lesions of hypertrophic actinic keratosis (**answer b**) appear as asymptomatic to slightly sore, rough, scaly, poorly demarcated, erythematous papules or plaques on sun-exposed areas; lesions may be singular or multiple. Scales are thick, adherent, difficult to remove, and feel rough like a piece of sandpaper. The condition is more common in older, fair-skin individuals with chronically sun-damaged skin and in those who are immunocompromised. Wrinkles, freckles, and lentigines are often associated with the condition. Actinic keratosis has the potential to transform into squamous cell carcinoma.

Seborrheic keratosis typically presents as an asymptomatic, sharply demarcated, round or oval plaque with a stuck-on, warty appearance. Lesions are typically brown in colour and sometimes appear oily and shiny.

Cutaneous lichen planus is characterized by the six Ps: planar (*i.e.*, flat-topped), purple (*i.e.*, violaceous), polygonal, pruritic papules or plaques that affect the skin. The lesions of lichen planus are often superimposed by lacy, reticular, white lines, known as Wickham striae and are most commonly found in the mouth.



Discoid lupus erythematosus commonly presents with erythematous papules and/or plaques that feature overlying scaling and prominent follicular hyperkeratosis. Its lesions typically occur on sun-exposed areas.

The lesions of ichthyosis vulgaris usually appear during the first year of life. The scaling is symmetric and usually intensifies until puberty and subsequently decreases with age. The colour of the fine, fish-like scales varies from white to dirty-grey to brown. Scaling is most prominent on the extensor aspects of the extremities, particularly the shins.

Alexander K.C. Leung, MBBS, FRCPC, FRCP(UK&Irel), FRCPCH, is a Clinical Professor of Pediatrics at the University of Calgary in Calgary, Alberta.

Benjamin Barankin, MD, FRCPC, is a Dermatologist and the Medical Director at the Toronto Dermatology Centre in Toronto, Ontario.