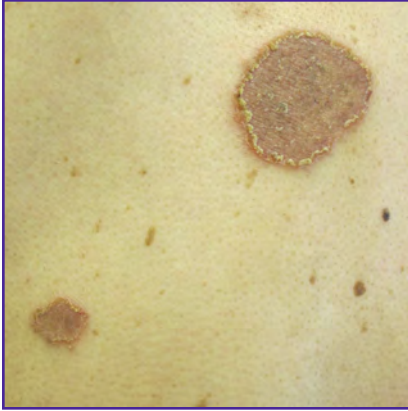


Case 5



Oval Plaques on the Back

A 64-year-old male presents with multiple, pruritic, well-demarcated, oval plaques with a well-defined border on the back of ten months duration. Incidentally, lesions of seborrheic keratosis are seen in the surrounding areas.

Questions

1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

Answers

1. The diagnosis is nummular eczema.
2. Nummular eczema is characterized by sharply defined, coin-shaped to oval, erythematous, eczematous plaques. The initial lesions are uniform groups of erythematous to violaceous papules and vesicles, which become inflamed and might weep with time and itching. The lesions enlarge by confluence or peripheral extension to form the discrete, round or oval, erythematous, scaly, lichenified, hyperkeratotic, and hyperpigmented plaques that are typical of chronic nummular eczema. The size of the lesion varies from 1-10 cm in diameter. The lesions are usually symmetric and pruritic. Sites of predilection include the lower extremities, followed by the upper extremities.
3. Successful treatment requires avoidance of precipitating factors, optimal skin care, and pharmacotherapy. Potent topical corticosteroids are the mainstay of therapy. Topical immunomodulators such as tacrolimus and pimecrolimus are not as fast or effective as potent topical corticosteroids in the treatment of nummular eczema although they can be considered in the maintenance phase of treatment. Patients with generalized severe or refractory disease may require treatment with narrowband ultraviolet B phototherapy, systemic corticosteroids, systemic methotrexate, or, rarely, systemic cyclosporine.

Provided by: Dr. Alexander K. C. Leung and Dr. Benjamin Barankin