



# Itchy serpiginous eruptions

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Miss Ina, an 18 year old female student with type 1 insulin dependent diabetes mellitus presented with erythematous pruritic skin lesion posterior to the medial malleolus of her right foot of two weeks duration. She noticed the skin lesions after a picnic at the beach during a recent holiday in Malaysia.



## Question 1

What is the diagnosis?

## Question 2

What aetiology agents are responsible for this lesion?

## Question 3

How would you treat this condition?

## Answer to last month's brain teaser

### Answer 1

This is a seborrheic keratosis, although nodular melanoma must be considered.

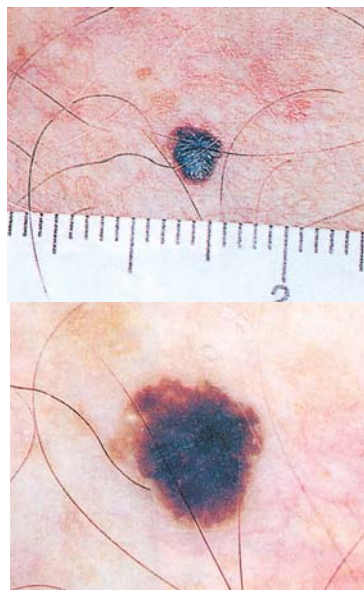
### Answer 2

The lesion has a well defined border and a focus of milium cysts. It lacks a pigmented network and other features of melanoma such as pseudopods and radial streaming.

### Answer 3

Although the milium cysts (and absence of positive features of melanoma) are almost pathognomonic of a seborrheic keratosis, excision biopsy is the most prudent course.

Photos reprinted with permission: Menzies S, McCarthy W H, Crotty K A, Ingvar C. An Atlas of Surface Microscopy of Pigmented Skin Lesions: Dermoscopy. Sydney: McGraw Hill, 2003.



Send your answers to arrive by 5 December. A voucher for medical books or medical equipment to the value of \$100 will be awarded for the first correct entry drawn. The winner will be notified by mail and the answer published in the December 2003 issue.

Address entries to:  
November Brain Teaser  
Australian Family Physician  
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The winner of the September Brain teaser is Dr Shamsuddin Mughal, Bribie Island, Qld