

MARCH ANSWERS

QUESTIONS

1. What is the general descriptive term for this skin rash?
2. What are the clinical diagnosis and the differential diagnoses?
3. What is the most relevant investigation?
4. Name three recognized causative factors.
5. What are the treatments?

ANSWERS

1. Gyrate (figurate) erythema.
2. Erythema annulare centrifugum (EAC). EAC is an inflammatory dermatosis of unknown aetiology and is characterized by erythematous annular lesions that extend centrifugally. There are two clinicopathological types. In the superficial type, a classical lesion has a trailing scale; in the deep type, scale is absent and the advancing margin of a lesion is more elevated. Differential diagnoses of EAC include tinea corporis, erythema gyratum repens, erythema marginatum, and cutaneous lupus erythematosus.
3. Skin biopsy from the active margin of a skin lesion. The histopathological features of EAC usually show non-specific features. However, there may be a tight aggregate of superficial and deep perivascular lymphocytic or lymphohistocytic infiltrates, giving a "coat sleeve" appearance.
4. EAC is thought to represent a hypersensitivity reaction to a variety of agents, including arthropod bites, infections (bacterial, mycobacterial, viral, fungal, filarial), ingestion (blue cheese), drugs (nonsteroidal anti-inflammatory agents, antimalarial drugs), and malignancy. However, in many cases, a causative agent or an associated condition cannot be identified.
5. Topical steroids applied to the advancing border of the lesion may hasten recovery but do not prevent recurrence. Topical antipruritics and sedating antihistamines can be used if there is pruritus.

