PERIORBITAL GRANULOMATOUS PLAQUE
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Case Presentation
A healthy, 9-year-old boy presented with a 6-week history of an enlarging, nontender, erythematous plaque in the right periorbital region. It had commenced as a small pink papule near the right lateral canthus after a cat scratch. Previous treatment had included topical mupirocin, several courses of systemic antibiotics, and acyclovir without improvement. The patient had continued to feel well without any fevers or chills, changes in activity level, or ophthalmologic symptoms.

Physical examination revealed an indurated, erythematous, slightly crusted plaque at the right periorbital region (Fig. 1). Several small, nontender, mobile, subcutaneous nodules were palpated radially along the right cheek.

A skin biopsy specimen was obtained for histopathological evaluation (Figs. 2 and 3) and tissue culture.

What is the diagnosis?

AN 18-MONTH-OLD CHILD WITH ORNITHINE TRANSCARBAMYLASE DEFICIENCY AND ARASH
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An 18-month-old boy with ornithine transcarbamylase deficiency (OTC) was admitted for replacement of his percutaneous endoscopic gastrostomy tube. He was noted to have an extensive papulosquamous eruption that had started on the face 4 months earlier and spread to involve the diaper area and extremities. He was irritable and had frequent loose stools. The rash had not responded to a trial of methylprednisolone aceponate 0.1% ointment. Other medical history included developmental delay and jejunal atresia, managed surgically.

Physical examination revealed an erythematous, scaly, slightly crusted plaque at the right periorbital region (Fig. 1). Several small, nodular, mobile, subcutaneous nodules were palpated radially along the right cheek.

A skin biopsy specimen was obtained for histopathological evaluation (Figs. 2 and 3) and tissue culture.

What is the diagnosis?

MULTIPLE COBBLESTONE-LIKE PAPULES ON THE INNER ASPECT OF THE LIP
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Case Report
A 12-year-old boy from Ecuador was referred to our department for evaluation of multiple, asymptomatic papules on the mucosal surfaces of the upper and lower lips that had evolved over 8 months. Past history and family history were unremarkable.

Physical examination showed an apparently healthy boy, skin phototype V, with multiple soft and slightly elevated, clustered papules, 5–7 mm in diameter, on the outer aspect of the lips, giving rise to a cobblestone appearance (Figs. 1 and 2). The tongue, palate, and cheek mucosa were not involved, and no similar lesions were noted elsewhere. The patient had good oral hygiene, and the rest of the physical examination was normal. No signs of malnutrition or vitamin deficiency were detected.

A 4-mm punch biopsy of an oral papule was performed. Representative histopathological features are illustrated in Figs. 3 and 4.

What is your diagnosis?
MULTIPLE COBBLESTONE-LIKE PAPULES ON THE INNER ASPECT OF THE LIP

Differential Diagnosis: Focal Epithelial Hyperplasia (Heck's Disease)

Microscopic Findings, additional studies and clinical follow-up

Histopathology disclosed an acanthotic mucosa, with parakeratosis, elongation of the rete ridges, and horizontal fusion of papillae. Koilocytes (balloon cells) were seen in the upper layers. An equivocal psoriasiform lymphohistiocytic infiltrate was seen in the superficial submucosa. In skin hybridization for human papillomavirus (HPV) showed positive nuclear staining. A two-step polymerase chain reaction (PCR) analysis for HPV genotyping was performed. DNA was amplified by PCR followed by HPV genotyping. HPV-13 DNA was identified. There was no evidence of outer ear infection. Treatment was prescribed, and spontaneous remission of the oral papules occurred within 3 months.

Discussion

Focal epithelial hyperplasia (FEH) or Heck's Disease is a uncommon disorder of the oral cavity produced by specific genotypes of HPVs, 13, 32 and 33. FEH is usually observed in children aged 2-13 years, with a 4.5:1 male to female ratio (1). There is a high prevalence in certain ethnic groups, such as American Indians and Eskimos, but there are isolated reports in Caucasians (1). Clinically, FEH manifests as multiple, soft, pink or white asymptomatic papules or nodules and confluent plaques in a cobblestone pattern developing on the mucosa of the lips, gums, tongue, and cheeks. Occasionally, similar lesions have been reported (2). Reactivation of latent HPV infection by the use of tobacco and/or alcohol, or simultaneous viral and/or con-

BLACK AND WHITE ASPECTS OF CUTANEOUS PATHOLOGY

PERIORBITAL GRANULOMATOUS PLAQUE

Diagnostic: Cat Transmitted (Feline) Sporotrichosis

Discussion

Given the antiquated notion of a cat scratch, cat scratch disease was clinically considered in this case, especially the escharodermal syndrome of Panzaut, which is associated with parakeratotic lymphohap- tocytosis. Coagulative necrosis, symmetric tenderness, and tenderness of the affected lymph nodes are additional features of the escharodermal syndrome of Panzaut, which were found to be lacking in this case. Moreover, the differential diagnosis tool, in terms of a cat scratch disease (1), the largest- sized lesion in this case favored a clinical differential diagnosis that included blastomycosis-like py- dermatitis, aspergillosis, blastomycosis, histoplasmosis, mycobacterial infection, and deep fungal infection (including Histoplasmosis, Coccidiodomycosis, and sporotrichosis).

Sporotrichosis is a subcutaneous mycosis caused by the yeast Sporothrix schenckii, which affects mainly the skin and lymph nodes. The disease presents as the lymphocutaneous (most common), cutaneous, disseminated disease. Lymphocutaneous disease shows involvement of cutaneous lymph nodes or skin lesions with remarkable lymphangitis and lymph node involvement, which may result in the development of other lesions. In few cases, nodules appear along the draining lymphatics, which may resolve spontaneously or remain on the skin. The cutaneous form of the disease presents with lymphadenitis, skin abscess; with or without a central umbilication. Cutaneous sporotrichosis may involve granulomas and/or a delayed hypersensitivity reaction. Disseminated disease most commonly occurs in the skin, bone, and sometimes in the pulmonary, gastrointestinal, bone, and central nervous system (2). This severe and sometimes potentially fatal disease may result in permanent disfigurement and dysfunction.

Acrodermatitis dysmetabolica is a term recently de-