



SCIENTIFIC CONFERENCE ABSTRACTS

A Peculiar Case Of Darier's Disease In A Patient With HIV Infection

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INTRODUCTION: Darier's disease (Keratosis follicularis) is a rare autosomal dominant genodermatosis with mutations in the ATP2A2 gene which is necessary for the SERCA2 protein- a calcium pump. This causes abnormal intracellular Ca²⁺ signaling, notably involving the endoplasmic reticulum. The result is a loss of suprabasilar cell adhesion (acantholysis) and an induction of apoptosis (dyskeratosis). With a worldwide prevalence of about 1 to 4 per 100,000, it has no race or sex predilection and it is characterized by greasy hyperkeratotic papules in seborrheic areas. There are associated nail and mucosal changes and the disease usually runs a chronic course. Human Immunodeficiency virus (HIV) affects the immune system with depletion of CD4+ T cells and predisposition to numerous pathological states. The virus is not known to alter the genetic make-up of an individual. We report a peculiar case of histologically confirmed Darier's disease in a patient recently diagnosed to be HIV positive.

OBJECTIVE: To document a bizarre case of Darier's disease in a newly-diagnosed HIV patient and the clearance of symptoms on commencement of HAART.

METHODS: Clinical examination of a young man who presented with a two month history of worsening vegetative, warty-like malodorous lesions in the axillae, gluteal cleft, groin and nape. Routine investigations were carried out and a skin biopsy was sent for histopathology.

RESULT: Investigations revealed essentially normal haemogram with an elevated ESR and a positive retroviral status, whilst histology confirmed Darier's disease with characteristic suprabasal acantholysis in a dilapidated brick wall appearance. He was commenced on anti-retroviral medication as well as some skin care regimen. At a follow up visit less than 6 weeks later, his lesions were cleared with residual post inflammatory hyperpigmentation.

CONCLUSION: Darier's disease and its close differential Hailey-Hailey disease are genodermatoses. Their presence in HIV/AIDS requires further investigation and genetic analysis. Darier's disease in a patient with HIV/AIDS has only been reported once in available literature.

Keywords: Darier's disease, Hailey-Hailey disease, HIV/AIDS

Atypical HIV-associated Kaposi's Sarcoma and Response to Paclitaxel: A Case Report

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Keywords: Kaposi,sarcoma, Paclitaxel

BACKGROUND: Kaposi's sarcoma (KS) is a common skin tumor in HIV-infected persons usually correlating with advanced immunosuppression with CD4 counts <200 cells/uL. It is an AIDS-defining feature.

METHODS: We present the case history of JM, a 40-year old civil servant diagnosed who developed KS despite a relatively high CD4 count and was successfully treated with Paclitaxel.

RESULTS: JM, a 40-year old widow was diagnosed with HIV about 5 years ago following the death of her husband and while she was pregnant for her only child. She received PMTCT but defaulted after

delivery. She presented 3 years later with a few nodular lesions on the trunk and limbs. Skin biopsy confirmed KS. However, she declined recommencement of ARVs allegedly because of her CD4 count that was >700 cells/uL. She was lost to follow-up, but appeared about 9 months later with worsening of the skin lesions. The lesions at this time had covered the face, buccal mucosa, limbs and trunk. She was also coughing with haemoptysis, and mildly breathless. She accepted to start ARVs and was placed on tenofovir/lamivudine/efavirenz regimen. Despite virological suppression, the lesions got worse and efavirenz was switched to the protease inhibitor, atazanavir/ritonavir. She still became worse and more

dyspnoeic and was admitted and commenced on liposomal Paclitaxel 3-weekly pulse therapy. The dyspnoea, cough, pedal swelling and skin lesions resolved. She had marked neutropenia during the first 2 courses necessitating the use of granulocyte-colony stimulating factors. On follow up, she is stable with no recurrence of skin lesions.

CONCLUSION: Early commencement of ARVs can prevent the development of KS. However, the presentation of KS in this woman with a relatively high CD4 count consistently above 700cells/uL raises questions of whether there may be a subset of patients that will develop KS irrespective of the CD4 count.

Availability of Dermatology Laser Services in Nigeria.

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INTRODUCTION: Lasers represent the state of art in current dermatology treatment. They have been in use in the developed world as far back as the 1950s. They are useful in the management of a wide range of dermatological conditions. The study aimed to investigate the number of centres, the location and types of dermatology laser services offered in Nigeria.

METHODS: We performed an online search of the internet in three search engines using the following terms "laser services", "dermatology", "Nigeria" to identify World Wide Web sites offering laser services in Nigeria. To increase the yield we further entered the terms together with capital cities of all the states in Nigeria. The websites retrieved were evaluated for location of practice, types of lasers services offered and types of laser in use.

RESULTS: Our search revealed 9 relevant websites of dermatology clinics, spas and med spas offering laser services in Nigeria. All (100%) of these centers are located in Lagos and Abuja only. Laser hair removal was the most common service offered, other indications were tattoo removal, acne scarring and stretchmark removal. The long pulsed Nd: YAG 1064nm laser was the most frequently available machine.

CONCLUSION: This study revealed that Laser services are poorly available in Nigeria. This service can be assessed only in the cities of Abuja and Lagos. Laser hair removal was the most widely available service.

Keywords:

Breaking the "Cycle" in Lip Licking Dermatitis

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Background: Lip licking dermatitis, (eczematous cheilitis, Lip licking syndrome) is one of the common easy to diagnose but difficult to treat dermatitis, because dermatologist do ignore or failed to tackle the involuntary act of lick-wet-dry cycle.

Objective - To assess the effectiveness of using common table salt and or metronidazole powder as deterrent/reminder to stop lip licking.

MATERIALS AND METHOD: 28 patients with lip lickers dermatitis were randomized in to 2 groups A & B with group B serving as control all received same routine treatment (hydrocortisone ointment, antihistamine and a scent free moisturizers) but in addition patients in group A were asked to apply common salt or a powder of crushed tablet of metronidazole over the topical medication around the mouth 3 times a day for 7days and all reviewed in 2,4,6,8weeks respectively, criteria for assessment being the presence or absence "licking sign" and its frequency.

RESULTS: 13 patients of the 14 (92.9%) patients in group A demonstrated negative licking sign, compared to all positive in control group B who still have the habit of licking their lips 1-3times in a minute within a 5 min interval despite the good response to treatment seen in all patients.

CONCLUSION: Managing lip lickers dermatitis is often very challenging dermatologist must take his/her time to explain/counsel the patient and guardian/parent that it's an involuntary act to an irritation around the lip, mere asking the patient to stop licking will not work as the action is not patient dependent. Hence managing this case must include safe, simple, acceptable, practicable measure that will break the lick-wet-dry cycle. which is here summarized with practical personal comparative analysis carried out in our Skin clinics.

Keywords: Lip licking, dermatitis, lick-wet-cycle

Case Report: Inherited Incontinentia Pigmenti in a 48hr Old Nigerian Neonate

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Incontinentia pigmenti (IP) is a rare, multisystemic X-linked, genetic disorder, characterized by sequential skin lesions, which occur, in addition to alterations in other tissues of neuroectodermal origin. It has an estimated worldwide prevalence of 0.2-0.7 per 100,000. However, there are few reported cases especially of the familial type in our environment. We report familial IP in a Nigerian mother and daughter.

A 4 day old female neonate was seen with a 2 day history of generalized blistering eruptions on the limbs and trunk. Her 25 year old mother was told she had similar rashes as a child. Physical examination of the neonate revealed generalized linear

erythematous skin lesions, characterized by vesicles and hyperpigmentation. Subsequent ophthalmologic evaluation showed hyperopic astigmatism in the right eye, as well as features of retinopathy in both eyes. Examination of her mother revealed hypopigmented and atrophic skin distributed mostly along blaschko lines of the trunk and lower extremities.

A diagnosis of incontinentia pigmenti was made in both mother and child.

Familial type of incontinentia pigmenti is less commonly seen than the sporadic cases. This report highlights the usefulness of parental examination especially for genetic disorders.

Condyloma Accuminata in Children. What could this Mean? A Case Report of a Nigerian Child

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KEYWORDS: Condyloma accuminata, HPV

Genital warts are common, highly infectious disease caused by Human Papillomavirus, it has attending medical and psychosocial impact especially in children. A case of a 3 year old kept by mother on working days with a Landlady while running her Master's degree course, was diagnosed with Condyloma accuminata. This came a month following discovery of bruises around the vaginal orifice while bathing. 20% Podophyllin in benzoin tincture was applied with remarkable results. However mother refused further investigation into the matter for fear of family crisis.

INTRODUCTION: Genital warts are a very common sexually transmitted disease in sexually active adults. Of importance is its association with worse conditions like HIV and anogenital precancer and cancer. Occurrence of genital warts in children requires thorough evaluation from maternal health preconception, conception, postpartum period to present day family social structure and values to prevent making premature conclusions

CASE REPORT: A 3 year old girl brought to our clinic with a history of growth in the genital area of 2 months, swelling was initially a papule, non-pruritic that progressed to extend over a large area of the external genitalia. There was however no ulceration or pain. Of significance was the mother's finding of bruises around the vaginal orifice while bathing the toddler one morning about 1 month prior to onset of growth, she was unable to obtain information from toddler as regards preceeding trauma to the site.

Mother is on a Master's degree program, while father is a naval officer outside town, she dropped off the little girl every morning on week days at her landlady's place who has a grown son that assists her

with child care.

Mother's pregnancy was unremarkable. Routine booking screening test, RVS, HbsAg, Anti HCV, VDRL where all negative. There is no history of similar growth in father or mother, nil medications either topical, oral or parenteral had been used prior to presentation. Patient is the first and only child of parents in a monogamous setting. They live in a 3 bedroom flat. Father comes home on weekends when he is off duty as a naval officer. On physical examination, she was a young child who appeared withdrawn and avoiding eye contact. She was not pale, anicteric, afebrile, nil finger clubbing, nil pedal oedema. Examination of external genitalia showed grouped verrucous papules forming 6 x 4 cm plaque involving the lower part of the mons pubis, anterior labial commissure and the upper aspect of both labia majora, CVS, chest, abdomen and CNS showed no abnormality. A diagnosis of Condyloma accuminata in a ? sexually abused child was made. Patient was screened for RVS, VDRL HbsAg were all negative, urinalysis, urine m/c/s were normal, CBC parameters were within normal limits. FBS – 84mg/dl. Patient's mother was counselled on the nature of disease and our suspicion of a possible abuse. We then suggested that mother makes an alternative arrangement for child care during week days while she went for her Master's programme. 20% podophyllin in benzoin tincture was applied by the physician with adequate lubrication with emollient, mother was told to wash off after 4 - 6 hours. She was to repeat procedure after being shown how, alternate daily for 3 days.

On follow up a week later we found a more friendly child now been taken care of by grandmother who now lives with them. The lesions have completely cleared.

Cosmetic Skin Bleaching in Sub-saharan Africa: How to Fight against this Practice?

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Skin bleaching is a common practice in sub Saharan Africa and the most commonly used product are hydroquinone and high potent corticosteroids but also mercury, glutathione and Fruit acids. The prevalence of skin bleaching is very high; by example a prevalence of 67% was found among women in some area in Senegal(Wone I and al Dakar Med 2003). The economical weight is very high representing 19% household income (Diongue M and al Med Sante Trop. 2013). This practice is responsible of high morbidity and mortality. Indeed 52% of women presenting in dermatologic care unit had at least one skin disease associated with skin bleaching (Mahe A and al 2004).

The skin diseases associated with cosmetic skin bleaching are: cellulitis on leg, skin cancers, For all these reasons it's a veritable challenge to fight against this phenomenon which had a high impact on dermatological practice in sub-saharan Africa. For an efficient fight, it is desirable to conduct joint actions by all African dermatologists. Among these actions public awareness is a key action.

The collection of motivations made from qualitative surveys has shown that the main motivation is aesthetic order. The participants to the surveys

declared that they were in an aesthetic logic and were using depigmenting products in order to «look more attractive» and «take good care of themselves/their bodies». Cosmetic skin bleaching was therefore seen as a ceremonial tool just like hair-dressing, fine clothes, and makeup. So the skin belongs to a big «aesthetic set» that comprises clothing, the hair style, overweight and perfume. Some other reasons given by women involved in cosmetic skin bleaching are obtaining the homogeneity of the complexion and skin brightness. Furthermore, utmost importance is given to the consistency of the skin which must be soft, firm with smooth contours. For most women becoming beautiful is synonym of "Take care of your body". The men encourage practice and sometimes pay the skin bleaching product for dual aesthetic and erotic valence. The comprehension of these motivations is necessary to formulate message of prevention. Therefore an advocacy by African dermatologists nearby African states would be a solution for this health priority. The expected results are the expected results are recognition of cosmetic skin bleaching with corticosteroids, hydroquinone Glutathione and mercury as hazardous materials as well as the tanning booths.

Diffuse Necrotic Ulcerations Revealing Lepromatous Leprosy Lucio's Phenomenon?

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INTRODUCTION: Lepromatous leprosy represents the anergic form of the infection by Mycobacterium leprae. Immunoallergic reactions do habitually occur over the course of the disease. Lucio's phenomenon, described in 1852 by Lucio and mostly encountered in South America, is a particular immunoallergic manifestation characterized by necrotic lesions. We report a case.

OBSERVATION: Mr. S.F, a 62-year old farmer was referred to our department of dermatology for diffuse chronic wounds. The onset of the disease traced back to two years prior to the referral by a spontaneous depigmentation of his face, which has steadily evolved with tiny red spots that ulcerated later. The lesions, initially localized to the legs have progressively been extended to the arms and chest. A family history of leprosy was noted in the paternal aunt. At the physical exam, we found a dysphonic, non febrile and skinny (BMI= 17.32) patient. The skin on the chest and limbs was wrinkled, ulcerated and often crusted at various

extinct with infiltrated bases. Infiltrated earlobes, enlarged nose, congestive nasal mucus membrane and a swelling of the wrists were also noted. Neurological exam found a hypertrophy of the trunk of several peripheral nerves (radial, ulnar, fibular and superficial auricular). The rest of the physical exam was normal. Numerous Acid fast bacilli was found at various sites (bacillary index 5+). Except an anemia with 9 g/dl, the rest of the biological exam was normal. The diagnostic of the lepromatous leprosy with Lucio's phenomenon was mentioned. While the treatment with antiseptic plus antibiotics was unsuccessful on the ulcerations, a huge improvement was noted within 10 days with thalidomide plus WHO chemotherapy.

CONCLUSION: Usually described in South America, the Lucio's phenomenon can also be seen in Africa. Besides typical cutaneous lesions, necrotic wounds must be among the cutaneous signs that may reveal leprosy.

Keywords: Lepromatous leprosy – Lucio's phenomenon –Mali

Extensive Granuloma Faciale in a Nigerian Man Treated with Dapsone

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BACKGROUND: Granuloma faciale (GF) is a rare, chronic disease of uncertain aetiology, which predominantly affects the face. Lesions are usually solitary, often asymptomatic and not associated with any systemic illness. Most cases have been reported in White Caucasian patients and only two cases had been reported in Blacks. We report the case of a Nigerian man with extensive facial lesions successfully treated with dapsone.

CASE REPORT: A 55-year-old man presented with a one-year history of multiple asymptomatic skin-coloured to red-brown, smooth, firm, well defined discrete to confluent papules, nodules and plaques of varying sizes on the dorsal nose, alar nasi, eye brows, forehead, frontal scalp margin, cheeks and chin. Histologic examination of a 4 mm punch biopsy showed a mixed dense infiltrate of neutrophils, lymphocytes, eosinophils and occasional mast cells in the papillary and upper dermis. The infiltrate is separated from a normal epidermis by a grenz zone. A diagnosis of granuloma faciale was made and he was treated with oral dapsone 100mg daily. Over the course a year, all the lesions gradually became flat

and eventually disappeared leaving slightly depressed hyperpigmented scars.

CONCLUSION: There have only been two previous reports of GF in blacks in the literature. Koplon and Wood were first to report a case of GF in a 43-year old African American man in 1967 and this was followed later by Jacyk who reported a similar case in a 36-year old Nigerian man. Unlike these cases, our patient presented with extensive disease on both the face and scalp margin which responded completely to dapsone, which is the oral medication reported to be of most benefit, as in our case. The clinical differential diagnoses of GF include sarcoidosis, lymphoma/lymphocytoma cutis, discoid lupus erythematosus, basal cell carcinoma, rosacea and Jessener's lymphocytic infiltrate. The cause of GF is unknown and it has been suggested that GF is a chronic form of leukocytoclastic vasculitis mediated by an Arthus-like phenomenon maintained by an unidentified persistent antigen or by locally produced Ig aggregates. Notwithstanding its name, there is no true granuloma formation in GF.

Keywords: Granuloma faciale, dapsone, grenz zone.

Gender Differences in the Clinical and Immunological Responses of HIV Positive Patients after the Introduction of Antiretroviral Therapy: A 2 Year Retrospective Study in a Resource-limited Setting.

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BACKGROUND: Gender differences can influence treatment outcomes in patients with Human Immunodeficiency Virus (HIV) infection and Acquired Immunodeficiency Syndrome (AIDS).

This retrospective analysis was undertaken to determine the role that the gender of patients had in the clinical and immunological responses to first line Anti-Retroviral Therapy (ART).

METHOD: Case notes of 227 HART naïve HIV positive subjects attending the Virology Research Clinic, of the Obafemi Awolowo University Teaching Hospital, Ile Ife, Nigeria were retrospectively analyzed for their clinical and immunological responses to therapy at commencement of ART and every 6 months thereafter for 2 consecutive years (between Jan 2006 and Jan 2013). Subjects were 18 years and above and their bio data, weights, BMI, and CD4 cell counts were documented and analyzed using the SPSS Version 16.

RESULTS: Of the 227 HIV positive subjects that were studied, 32% were males and 68% females. Mean ages

at initiation of ART for males and females were 42 years and 36 years respectively. The pre-ART BMI in males (21.26) was slightly higher than that of females (20.94) but the initial CD4 cell count was higher in females at initiation of ART (183 cells/ml for males and 198 cells/ml for females.)

The differences in the mean BMI after 1 year and 2 years of therapy in the males were 1.68 and 2.29 and in females were 1.86 and 2.45 respectively. The p-values (p=0.09 and p=0.18). The differences in the mean CD4 cell count after 1 year and 2 years in the males were 153 and 251 cells/ml and in females were 229 and 346 cells/ml respectively and these differences were statistically significant with a p-value of 0.000 and 0.003 for the first and second year follow up respectively at 95% confidence interval.

CONCLUSION: Despite the late presentation of both sexes, female subjects showed a consistently better immune response to treatment than their male counterparts. Promoting early uptake of HIV treatment and adherence amongst men may improve their immunological outcomes

Hair Care Practices among Women in Lagos, Nigeria

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BACKGROUND: In women of African descent, various forms of hair loss are associated with hair practices. In Nigerian women, not much has been investigated and documented in this regard. This study aims to describe hair practices among females and to determine if there is an association between these hair practices and hair loss.

METHODS: This was a descriptive cross-sectional study carried out at Lagos University Teaching Hospital. The study population comprised of female nursing and medical students, shop vendors and junior administrative staff within the LUTH community. The study was carried out over a 4-month period. The study tool was a well-structured self-administered questionnaire that comprised of biodata, hair care practices and reports of hair loss.

RESULTS: Nine hundred and eighty-two persons were recruited with 41 non responders. Majority of the respondents were within the 17-25 age group and had attained tertiary level of education. With respect to hair practices, majority of respondents (72%) reported the use of weave-ons, more than half (57.8%) admitted the use of direct heat on their hair in the

form of tonging and straightening their hair and 79% of the respondents had relaxed (chemically treated) hair and was mainly using no-lye relaxers.

Among those with relaxed hair, 70.6% admitted to suffering from chemical burns following the use of hair relaxers. Eighty-nine per cent of respondents braid and plait their hair regularly, and 28.9% of them reported leaving in their braids/plaits for as long as 4 weeks. Tight hair braiding was reported in 40.9% of respondents, with 32.6% of them admitting to lots of hair loss. Well defined hair loss in the frontal area of the head was reported in 46%. This hair loss was attributed to hair braiding (40%) and the practice of leaving the braids in for long periods.

CONCLUSION: The pattern of hair loss noticed in this study was mainly frontal (traction alopecia) and was strongly related to the hair care practices. Traction alopecia is chiefly preventable, there is an urgent need for an awareness campaign for women to educate them in order to improve disease prevention.

Keywords: African hair, hair loss, hair practices

Histoid Leprosy: A Series of 3 Cases seen in Aminu Kano Teaching Hospital Kano, Nigeria.

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BACKGROUND: Histoid leprosy is a very rare variant of lepromatous leprosy with characteristic clinical, histopathological and bacteriological findings. Most cases follow inadequate treatment with dapsone monotherapy or multidrug therapy (MDT), a few, however, arise de novo. The clinical presentation of Histoid leprosy can mimic other inflammatory and some neoplastic conditions, especially if it arises denovo.

METHOD: This was a consecutive case series of 3 patients with histoid Leprosy.

RESULT: All the 3 cases presented with asymptomatic flesh coloured soft to firm papules and nodules on the face.

Histopathologies revealed dermal infiltration by nodular granulomata formed of spindle shaped histiocytes with pyknotic nuclei. Fite's stain for lepra bacilli showed plenty of acid fast bacilli. They were treated as multibacillary form.

CONCLUSION: High index of suspicion is required to diagnose histoid leprosy

Keyword: histoid leprosy, de novo, Nigeria

Intradermal Spindle Cell Lipoma in a Nigerian Woman – A Case Report

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BACKGROUND: Spindle cell lipoma (SCL) is a rare variant of lipoma (constituting about 1.5% of all lipomas) and has a characteristic clinical and histologic presentation. It predominantly affects

middle-aged to elderly men. SCL usually presents as a subcutaneous solitary lesion on the shoulders, back of neck and upper back and is usually asymptomatic.

METHOD: We present a case of intradermal spindle

cell lipoma seen in the dermatology clinic of our hospital which is a much rare form of SCL.

CASE REPORT: A 50 year-old Nigerian woman presented with a one-year history of a skin lesion on the right side of the upper part of her back which had apparently increased in size rapidly over the course of the year and which had started to itch. On examination, there was a 4cm by 4cm firm, lobulated nodule over the right scapular region of the back which had a distinct border and a purplish hue which on histologic examination of a 4mm punch biopsy showed a dermal lesion composed of numerous uniform spindle cells entrapping mature fat lobules admixed with collagen bundles and a few mast cells. The spindle cells were positive for CD34 and negative for S100 stain. A diagnosis of intradermal spindle cell lipoma was made and excision of the lesion was

recommended because of symptoms and for cosmetic reasons.

CONCLUSION: Our case is the much rarer variant of spindle cell lipoma – only a few cases of intradermal SCL have been described. Unlike in the subcutaneous variety which occurs predominantly in middle aged to elderly men in about 90% of cases, intradermal SCL is commoner in females (about 70% of cases) and constitutes about 13% of all spindle cell lipomas. Although intradermal SCL may be unencapsulated with poorly defined margins when seen histologically, they resemble the usual SCL in terms of clinical presentation and management. Despite the cellularity of SCLs, they are benign lesions which do not recur after excision.

Keywords: Intradermal spindle cell lipoma, spindle cell lipoma, benign neoplasm.

Knowledge, Attitude and Practice of Skin Lightening among Female Students in Lagos, Nigeria

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INTRODUCTION: Beauty is an element desired by every human. The term 'beauty' and 'fairness' have been used interchangeably in the African culture where dark skin colour is increasingly becoming an undesirable feature for women and this has led to increase in the practice of skin lightening. Skin lightening is the application of cosmetic products on the skin with the purpose of obtaining a lightened complexion.

METHODS: This study was a descriptive cross-sectional study involving female students at Lagos State Polytechnic. A total of 365 students were given a self-administered questionnaire to collect information regarding skin lightening. Statistical analysis was done using Epi-info statistical software, version 7.

RESULTS: Three out of every five respondents had used a skin lightening product and just over a quarter (26.3%) of the respondents were currently using a skin lightening product. The mean age of respondents when they started using skin lightening product was 19.5 + 3.34 years and most (65.7%) respondents started using the skin lightening products between the ages of 16 – 20. A large percentage (85.4%) of the respondents using skin lightening products applied the product all over their

body, mostly once daily. 66.7% of those that had stopped using a skin lightening product did so because of its adverse effects.

DISCUSSION: In this survey, more than a quarter of the respondents were current users of skin lightening products, while more than half had either used skin lightening products in the past, or were currently using skin lightening products. This is similar to a study in Senegal determining the use and adverse effects of skin lightening products, where 26% of the women were using skin lightening products, while 36% of the women had used them at some time.

CONCLUSION: The study demonstrates that the practice of skin lightening among female students occurs irrespective of age, ethnicity, marital status, religion and monthly allowances. This implies that people are concerned about their aesthetic appearance and will look for ways to improve it disregarding the costs and implications. There is a need to educate women on the dangers of using skin lightening products.

Keywords: skin lightening, Nigeria, female students

Pattern Of Skin Diseases Affecting Elderly Patients Attending Dermatology Clinic In A Tertiary Teaching Hospital In South-western Nigeria.

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BACKGROUND: Ageing is a universal though not uniform phenomenon that affects virtually all organ systems in the body including the skin. With increasing age, the skin undergoes a variety of degenerative and metabolic changes that affect its appearance, texture, integrity and function ultimately predisposing it to a variety of skin diseases the diagnosis of which may be challenging.

METHODS: The aim of this study was to describe the pattern of skin diseases in elderly patients attending the dermatology outpatient clinic in our environment.

We conducted a retrospective cross-sectional study using patients' clinical records. The clinical records of all patients \geq 60 years of age who attended the dermatology clinic between February 2014 and March 2016 were retrieved and information about their age, sex and diagnosis of skin disease(s) were extracted using a data proforma and the data obtained were analyzed using SPSS version 17. The level of statistical significance was set at $p < 0.05$.

RESULT: A total of 140 elderly patients were seen

during the study period comprising of 76 females (54.3%) and 64 males (45.7%). The mean age of the patients was 67.65 ± 7.40 . The proportion of patients with infectious and non-infectious skin diseases were 32.9% and 67.1% respectively. Fungal and parasitic infections were the most common infectious dermatosis accounting for 41.3% and 37.0% of all skin infections respectively. 24.5% of patients with non-infectious dermatosis had neurocutaneous disorders such as senile pruritus, lichen simplex chronicus and postherpetic neuralgia. Eczematous disorders (14.9%) and pigmentary skin disorders (14.9%) were also commonly encountered non-infectious dermatosis. There was no significant difference in the pattern of skin disorders in females compared with males $p = 0.310$.

CONCLUSION: Non-infectious skin diseases, particularly neurocutaneous disorders are a common cause of cutaneous morbidity among elderly patients seen at our dermatology clinic. These may be associated with psychological consequences and therefore must receive adequate attention including psychological intervention.

Pigmentary Mosaicism in Two Infants: Phylloid Hypermelanosis and Linear and Whorled Nevroid Hyperpigmentation

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Keywords: mosaicism, phylloid, whorled, linear

BACKGROUND: Pigmentary mosaicism is used to describe alternating areas of hypo or hyperpigmentation with normal skin due to the presence of 2 or more distinct cell populations that are genetically or karyotypically different in a homozygous individual. Manifestation is usually within the first 2 years of life presenting along the lines of blaschko, in a checkerboard, phylloid or patchy pattern without midline separation. We report 2 unusual cases of pigmentary mosaicism presenting in infancy.

METHOD: Two male infants were seen by the paediatric dermatology unit on account of a bizarre pattern of hyperpigmentation of the skin noticed at birth. The 1st child was on admission at the neonatal intensive care unit on account of fetal macrosomia and severe perinatal asphyxia. Leaf-like hyperpigmented macules were seen with various

cutaneous and extracutaneous abnormalities. Transfontanelle ultra-sonography revealed intracranial calcifications. The 2nd child was 6 weeks old with swirls and whorls of hyperpigmentation along the lines of blaschko, recurrent stridulence and hypertonia. They were managed for phylloid hypermelanosis and linear and whorled nevroid hypermelanosis (LWNH) respectively.

CONCLUSION: Phylloid hypermelanosis and LWNH are rare presentations of cutaneous mosaicism. They may be confused with disorders like incontinentia pigmenti and congenital melanocytic nevi. Most cases have been associated with multiple congenital anomalies and developmental delays. There is no definitive treatment as yet and management is multidisciplinary including psychological support to the family.

Prevalence and Aetiological Factors of Acne Keloidalis Nuchae in South-South Nigeria

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INTRODUCTION: Acne keloidalis nuchae (AKN) is a chronic scarring eruption of papules and plaques which can become keloidal. Located in the occiput of the scalp and often associated with hair loss. More commonly found in men and rarely in women. It has been said to be associated with androgens, close shaving of hair and mechanical friction from collars.

METHODOLOGY: A three year retrospective study from 2012-2014 in which case folders of patients who presented with AKN at the dermatology out patient clinic was checked for age, sex and aetiological factors.

RESULTS: A total number of 1304 patients were seen in the clinic during that period with 31 (2.4%) of

patients having AKN. Thirty were men with only one female. Male to female ratio 30:1. Age range was from 18-51 years, with an average of 27.1 years. Majority were in the third decade 19(61.3%). Aetiological factors consisted of history of clean shaven hair (80.6%), friction from collars (48.4%), shaping of the hairline at the occiput during haircuts (64.5%) of patients.

CONCLUSION: AKN is a cosmetically disfiguring condition that negatively impairs on the quality of life of sufferers, therefore more research has to be done in the areas of aetiology and management.

Keywords: Acne Keloidalis nuchae, aetiology and South-south

Prevalence of Sexually Transmitted Diseases (STDs) among Female Inmates of Kirikiri Prisons, Lagos, Nigeria.

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BACKGROUND: STDs are those diseases caused by over thirty bacterial, viral and parasitic agents and infestations predominantly transmissible through sexual intercourse which maybe vaginal, oral, anal and at times transmissible from mother to child.

OBJECTIVES: To determine the frequency and pattern of STD syndromes, identify risk factors, relationship between HIV seropositivity and other STDs among female inmates in Lagos State.

Method: 76 consenting female inmates and 80 controls were recruited, clinically assessed along with relevant laboratory investigations. Based on etiological / Syndromic diagnosis, patients were classified into these syndromes- VDS, GUD, LAP and HIV / AIDS.

RESULTS: STD syndromes were - VDS 47(61.8%) for inmates and 33(41.3%) for controls, $p=0.0078$ (fisher exact), GUD 1(1.3%) inmates and 0(0%) controls, $p=0.487$ (fisher exact), LAP 4(5.3%) inmates and

5(6.3%) controls $p=0.532$ (fisher exact), HIV 9(11.8%) inmates and 3(3.8%) controls $p=0.054$ (fisher exact). The difference between inmate and control populations was statistically significant in VDS and HIV, $p=0.008$ and 0.05 respectively. For STD patterns, Chlamydia was 17 (22%) for inmates and 5 (6.3%) for control, Bacterial vaginosis 12 (15 %) for inmates and 14 (17.5%) for control, $p=0.472$ fisher exact. Candida infection was present in 8 (10.5%) inmates and 22 (27%) controls, $p=0.472$ (fisher exact). Gonorrhoea was present in 1 (1.3%) inmate and 0(0%) control, $p=0.487$ (fisher exact). There was a statistically significant difference between the inmate and control populations for chlamydia and HIV, $p=0.003$ and 0.05 respectively.

CONCLUSION: STDs are present in the prison population but represent pre-incarceration infection.

Keywords: STDs, inmates, HIV

Pruritus: A Case Report an Overlooked Cutaneous Manifestation of Hyperthyroidism.

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Keywords: Pruritus, Cutaneous manifestation, Hyperthyroidism.

Pruritus is a common dermatologic disorder with diverse causes. Its occurrence may be an important dermatologic clue to the presence of an underlying systemic disease. We report an unusual presentation of severe generalized pruritus in a 32 year old woman who was seen at the Dermatology clinic with a four week history of generalised pruritus. Antihistamine

and some basic investigations were ordered.

She defaulted from care for about five months after which she was noticed to have developed significant weight loss (about 25% of her previous weight) and associated palpitations. Her appetite had also increased. Pruritus was worse and severe enough to disturb sleep.

General physical examinations revealed marked weight loss, a stare gaze and an anterior neck fullness. Pulse rate was 112b/min, regular and bounding. Cutaneous examination showed multiple hyperpigmented patches, plaques and occasional nodules interspersed with hypopigmented macules and a solitary hyperpigmented and hyperkeratotic plaque on the left lateral malleolus.

Neck examination revealed a diffuse, soft, smooth and non tender mass measuring 6cm x 8cm in diameter and moved with deglutition on the anterior portion. Thyroid function test showed TSH 0.1 (0.5-3.7 miu/ul), FT3 11.0 pg/ml (normal: 1.4-4.2pg/ml) and FT4 3.1 ng/dl. Anti HIV ELISA was negative and all other laboratory tests were within the normal range.

She was then referred to the endocrinology clinic where a diagnosis of Grave's disease was made and was commenced on a combination of 10 mg of carbimazole and 40 mg propranolol twice daily. There was significant improvement.

12 weeks after the commencement of the above medications, palpitations have resolved, pruritus was reduced, only occasionally and mostly at the site of the lichen simplex chronicus. She had objectively gained 4kg and pulse rate was 86b/min, regular and of normal volume.

Conclusion: Pruritus is a significant cutaneous manifestation of systemic disease and the whole gamut of disease possibilities should be appropriately investigated.

SARCOIDOSIS -"THE GREAT IMITATOR"

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Sarcoidosis is a systemic granulomatous disease of unknown cause. Sarcoidosis can affect virtually every organ of the body. The lung is most commonly affected. Other organs affected are the liver, skin, and eye. Cutaneous lesions are present in 20%-35% of patients.

A 24 years old female patient from Gonder, northern part of Ethiopia is described with diagnosis of cutaneous sarcoidosis followed at ALERT hospital from November 2013- February 2014. Initially the patient had been treated with 02 cycles of antileishmanicidal drug having seen Leishmania

Donovan bodies on Slit Skin Smear with no much improvement after which elaborate and extensive investigations were done for sarcoidosis. Treatment was offered accordingly with satisfactory results.

Given the wide variability of clinical manifestations, sarcoidosis is one of the "great imitators".

This case signifies that it is necessary to consider clinical, epidemiological, radiographic,

laboratory, and histopathological criteria to make the diagnosis.

Smartphone Photomicrography – A Quick, Easy, Useful Technique For The Dermatologist

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BACKGROUND: Photomicrography – a photographic capture of an image seen through a microscope – is important for documentation, consultation, teaching and publication. The best images are obtained using specialized, dedicated digital cameras mounted on microscopes where images are retrieved and processed using proprietary computer software. These systems are very expensive and are often not available in resource-limited settings such as in Nigeria. Less expensive and simpler systems such as USB cameras, are available but these have lower pixels and produce poor images that are not suitable for teaching and publication. Camera adapters can be used to connect either "point and shoot" cameras or DSLR (Digital Single Lens Reflex) cameras to microscopes but, from our experience, are difficult to use because they require manual control of camera settings which is difficult to master. Smartphones with good rear

cameras are now widely available in Nigeria. Use of smartphone cameras to take photomicrographs is now being increasingly recognized as an easy, quick, acceptable means of capturing consistently high quality pictures

METHODS: Smartphone photomicrography requires a phone with a good (at least 8 megapixels) rear camera, a good binocular microscope, good added lighting (adequate ambient natural light or a lamp within a meter of the microscope) and steady hands. We describe a step by step technique of obtaining very good photomicrographs using a hand-held smartphone. The technique can be mastered in approximately 10 minutes. Images obtained can be processed in the smartphone or a personal or tablet computer and stored (in local memory or Internet Cloud such as Dropbox or GoogleDrive) or shared with colleagues by email or social media such as

Facebook or WhatsApp or used in a teaching material or publication.

CONCLUSION: This simple technique has the huge potential to invigorate dermatopathology in Nigeria. Dermatologists can take photomicrographs quickly

and share and seek opinion of colleagues anywhere or incorporate in teaching material or articles being prepared for publication.

Keywords: Photomicrography, smartphones, cameras.

Spectrum of HIV-related Skin Disorders Seen in Africa

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Skin diseases are very common in HIV-infected individuals. It is estimated that more than 90% of human immunodeficiency virus (HIV) infected patients develop skin lesions at some time during the course of the disease. Not only can skin lesions be among the first presenting signs of HIV infection, they can frequently be the only visible signs. The occurrence of these lesions in HIV infected patients is often atypical and more severe, explosive, extensive or resistant to therapy. Double and triple pathologies

at the same time on one patient are common. A single aetiological agent may cause diverse clinical features while diverse aetiological agents may cause a single morphological presentation. Patients are often receiving multiple medications, so adverse drug reactions and drug interactions may occur. The spectrum of skin lesions in HIV/AIDS could be due to infective causes such as bacteria, viruses and fungi. Other causes include inflammatory conditions, malignancies and other uncategorized disorders.

The Effect of Combination Therapy on Quality of Life in Women with Earlobe Keloid in a Resource Constraint Setting

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BACKGROUND Keloids are benign dermal fibroproliferative firm, skin coloured or hypo pigmented nodular eruption that are associated with pain and or pruritus, resulting from abnormal healing response to a cutaneous injury appearance of which significantly affect the social and psychological state of the individual, that is often worsen by reoccurrence after treatment.

Herein the modern approach using affordable electrosurgical device in the absence of laser machine with some practical cases of earlobe keloid management following ear piercing is shared.

Objective To evaluate the impact of combination therapy on the quality of life in women with earlobe keloid.

Methodology - 15 young women 18-36yrs who presented at our skin clinic with (9 unilateral and 6 bilateral) earlobe keloid were included in the study. The procedure is a 15 to 30 minute live process, under a local anesthesia that involves careful removal of the nodule using modern electrocautery (HYFRECAUTOR 2000 USA) and or Co2 laser that simultaneously cauterizes any bleeder instantly reducing blood loss to almost zero and heals within two -three weeks by secondary intention, followed

by intralesional injection at regular prescribed interval, for period of 6 months. The psychomobidity status were assessed before and after the surgery using self administered DQLI questionnaire and its series of validated "band descriptors" as follows: 0-1 = No effect on patient's life, 2-5 = Small effect, 6-10 = Moderate effect, 11-20 = Very large effect, 21-30 = Extremely large effect

RESULTS: Findings demonstrate a significant improvement in the quality of life of all subject from the baseline DQLI mean of 17 (11-29 band i.e very large effect) to 3 (2-5 band= small effect) an 82% improvement, that was evident in first two week post surgery

CONCLUSION Combination therapy was found to be an effective way that significantly improves the looks and quality of life, brings relief to the patients many if not all that are socially disabled by their present condition. This approach can be considered as first line management than that of monotherapy of using only intralesional steroid in our resource constrain setting.

Keywords: Earlobe, keloid, quality of life

The Prevalence of Hair, Nail, and Oral Mucosal Disorders and their Performances in Predicting Low CD4 Count (below 200cells/mm³) among PLWHA in Osogbo, Nigeria

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BACKGROUND: The skin remains an important window through which many internal diseases including Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome are put into perspective. Sequel to the reduction of funds by sponsors in some developing countries, there is increasing need to develop low-cost means for early recognition, testing, treatment and monitoring of disease progression.

METHODS: This cross-sectional study was conducted at the designated clinic for PLWHA at the LAUTECH Teaching Hospital, Oshogbo between January and December 2011. Three hundred and fifteen recently diagnosed subjects that satisfied the inclusion criteria were examined and their samples were taken for CD4 count assessment. Sensitivity, specificity, positive and negative likelihood ratios were calculated. Data was analysed using SPSS 18.

RESULTS: Seventy-two percent (227) of the subjects were female, 91.4% were under the age of 50 year, and 46.0% had CD4 count below 200cells/mm³. The leading integument and oral lesions seen include blue-black nail pigmentation 56 (17.8%), oral candidiasis 55

(17.5%), fluffy hair 47 (14.9%), lighter colour hair 27 (13.8%), diffuse hair loss 29 (9.2%), oral pigmentation 23 (7.3%), and onychomycosis 17 (5.4%). The performances of oral and skin integuments in predicting CD4 below 200cells/mm³ is as follows: aphthous ulcers and oral hairy leukoplakia: sensitivity: 100% respectively, specificity 55.2% and 55.1%, positive and negative likelihood of 2.2 and 0 respectively. Oral candidiasis: sensitivity 78.2%, specificity 60.8%, positive and negative likelihood ratio of 2.6 and 0.1. Blue-black nail pigmentation: sensitivity 92.9%, specificity 64.1%, positive and negative likelihood ratio of 2.6 and 0.1. Onychomycosis: sensitivity 70.6%, specificity 55.4%, positive and negative likelihood ratio of 1.6 and 0.5. Diffuse hair loss: sensitivity 58.1 %, specificity 55.2%, the positive and negative likelihood of 1.3 and 0.8.

CONCLUSION: Oral leukoplakia, aphthous ulcers, blue-black nail pigmentation were a fairly good diagnostic test for suggesting CD4 count below 200cell/mm³ in this population, while the performance of others should be examined further in a larger population of PLWHA.

Keywords: Integument, HIV/ AIDS

Tinea Versicolor on Black Skin:

Clinical Aspects about 103 Patients in Dakar Senegal

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INTRODUCTION: Tinea versicolor (TV) is a cosmopolitan benign superficial skin fungus, *Malassezia* due to filamentous form of *pityrosporum orbiculare* (lipophilic yeast). The frequency is estimated at 22.6% in Senegal. Studies about TV on pigmented skin are rare. The aim of our study was to determine the epidemiological, clinical and therapeutic aspects of TV among phototype VI patients in Dermatology in Dakar.

PATIENTS AND METHODS: We conducted a descriptive study from March 23th 2014 to June 30th 2015 in two Dermatology unit (Institut d'Hygiène Sociale and Aristide Le Dantec Hospital). The diagnosis of TV was clinically with parasitological confirmation in some cases. We included all patients who consult for TV and who accepted the administration of the questionnaire. Socio-demographic, clinical, paraclinical and therapeutic aspects were collected. The data were

captured on the Sphinx software; statistical analysis was performed using the Epi-info software 7. The chi-square test was used with a significance level of $p < 0.05$.

RESULTS: We included 103 patients, the hospital rate was 0.39%. The average age of patients was 30.17 years (1 year to 64 years); the sex ratio was 1.57. The consultation was more frequent during the period of rainy season. We found a familial involvement in 10.7%. Contributing factors were especially important sweating observed in 42.71% using skin bleaching products with corticosteroid was a contributing factor in 20 patients (19.4%). Before the consultation in Dermatology, 19 patients (18.44%) used a traditional treatment. The distribution according to the clinical form was: hypopigmented lesions, (n = 56 or 54.4%), achromic (n = 20 or 19.4%), hyperpigmented (n = 13 or 12.62%). The atrophic

aspect was observed in women who use corticosteroids in cosmetic purpose (n = 14 or 13.59%). The association between some clinical aspects (atrophic and achromic) and skin bleaching with corticosteroids was significant (p = 0.0001). Among the latter, the most common used product was propionate of Clobetasol (n = 17 or 16.50%). The lesions were diffuse in 23.30% (n = 24), only localized on the trunk at 18.44% (n = 19) and face in 5.82% (n = 6). The tape test was positive in 53.19% (n

= 25), associated dermatophytosis was observed in 14 patients is 13.59%. Ketoconazole was used only in 43.68% of cases. The only systemic treatment used was fluconazole, administered to 29.12% (n = 30). 70.87% of patients had used the therapy for 1 month. The outcome was favorable in 50.48%.

CONCLUSION: Tinea versicolor had different presentations in black skin people, the corticosteroid use had an impact in clinical aspects.

When Should the Patient be Referred to the Dermatologist

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BACKGROUND: Skin diseases are not usually recognized as a major public health problem in developing countries, despite the fact that a recent report by the World Health Organization (WHO) estimates that 21–87% of the general population in developing countries has skin disease. In this part of the world, dermatologists are the last to see patients with dermatological conditions as the patients present to them when the lesions are either altered or complicated. Anecdotal, we have realized that patients resort to either self treatment, use of herbal topical or oral medications or better still, prefer what either a neighbour or relative had used in the past in a perceived similar lesion. However, the more disturbing issue is when non dermatologists decide not to refer patients early enough until lesion becomes chronic or complicated.

METHODS: The case notes of a 61-year old man is reviewed.

We present a case of a 61 year old retired civil servant with a two and half year history of intermittent lesion in the intertriginous areas with intervals of complete clearing of lesions. He practically forced his doctor who in the past 2 years had fronted himself as a Cardiologist and added Dermatologist to his front desk names, 2 months before patient presented to us to refer him to a Dermatologist.

CONCLUSION: Measures to get the public as well as other medical personnel to understand the importance of early referrals to dermatologists are urgently needed in Nigeria.

Keywords: skin disease, intertriginous areas, patients.

A Case of Xeroderma Pigmentosum Resulting in Cutaneous Malignancy

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Keywords: Xeroderma Pigmentosum, uncommon disorder, cutaneous malignancy.

BACKGROUND: Xeroderma pigmentosum (XP) is an uncommon inherited disorder of DNA repairs transmitted in an autosomal recessive manner in which the ability to repair damage caused by ultra-violet radiation is deficient. It is characterized by photosensitivity, pigmentary skin changes, premature skin aging and development of malignant tumors. Usually the skin and eyes are affected and is associated with several forms of cancer, dwarfism and mental retardation. Presentation could be at birth, early or late childhood, or during adulthood.

CASE REPORT: We present a case of a 21 year old female university student with a 15 year history of non-itchy generalized rashes and painful ulcer on the

bridge of nose of 2 years duration. The rashes were more extensive in the exposed areas of the body; face, neck and upper extremity. She had associated blurring of vision but no hearing impairment. She had excision of bilateral ocular melanoma by the ophthalmology unit 6 years prior to presentation. Examination findings reveal generalized hyperpigmented macules and few hyperpigmented papules on the face. An ulcer is located across the bridge of the nose measuring about 6 cm by 4 cm, irregularly shaped with hyperpigmented raised edge, a necrotic floor, hard and tender base with no discharge. Xeroderma Pigmentosum with suspected cutaneous malignancy was considered.

A Case Report of Self-administered Intravenous Glutathione for Skin Lightening in Nigeria.

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INTRODUCTION: The desire for a uniform skin or fairer skin tone in darker skin types is common. The search for skin lightening agents with few or no side

effects remains a major task for the cosmetic industries. Side effects commonly seen with the common skin lightening agents such as



hydroquinone and topical corticosteroids include dyspigmentation, acneiform eruptions striae and hirsutism. Thus the need for safer skin lightening agents. Recently oral and parenteral agents have been introduced as skin lightening agents. some of which are systemic and are marketed as being relatively safe. The attraction for these agents include the ease of use and no greasy skin or irritating smell or creams around you. It is also believed to give a generalized lightening effect on the skin. However, these agents are increasingly been associated with complications some of which may be life threatening. We report the self-administration of intravenous glutathione by a female undergraduate for skin lightening with adverse complication.

CASE REPORT: A 21 year old female student was seen in the Accident and Emergency with complaints of chest pain and difficulty in breathing 2 hours prior to

presentation. Difficulty in breathing was reported as sudden and associated with chest tightness and palpitations. She had been relatively healthy prior to this episode. On further questioning she admitted symptoms were noticed during an intravenous infusion of a mixture comprising 100mg of glutathione, 5mls of vitamin C and 5mls of bovine collagen in dextrose infusion administered by herself for skin lightening effects.

There is a need to educate Nigerians on the harmful effects of intravenous drugs in the hands of untrained medical personnel. Health care practitioners should be aware of this current trend in skin lightening. Strict regulations should be put in place by NAFDAC on the use of intravenous agents for cosmetic purposes.

Keywords: Skin lightening, Intravenous Glutathione, adverse effects

A Case Report of Vitiligo in a Patient with Malignant Melanoma

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CASE REPORT: A 43-year old female presented at the Dermatology Unit in LASUTH in March 2010 with a 1-year history of a painful pigmented growth on the sole of her right foot which had ulcerated after a self-attempt to excise it. She was found to have a 4cm by 4cm hyperpigmented acral ulcer with irregular edges.

The clinical diagnosis of Malignant Melanoma was confirmed by histology as Clark's level IV Acral Melanoma. The lesion was excised by plastic surgeons followed by split skin grafting. This was done twice due to a recurrence after the first surgery. She had concurrent chemotherapy with Cisplatin and Temozolomide and made complete recovery within 8 months with no further recurrence. In February 2016 she presented at the Dermatology Unit again in otherwise good health except for a 6-month history of painless, non-pruritic depigmented macules on the palms, face and the vulva. A diagnosis of Vitiligo occurring Post Melanoma was made.

Melanoma is a malignancy of the skin characterised by the overgrowth of abnormal melanocytes. Vitiligo is the autoimmune destruction of normal melanocytes.

Melanoma and Vitiligo have been linked for over 60 years, despite having contrasting clinical manifestations. The development of vitiligo in association with melanoma is the best-studied example of the link between tumour immunity and autoimmunity. It is also an independent positive prognostic factor for melanoma patients. The relationship between melanoma and vitiligo is thought to be the consequence of the dualistic immune-mediated response against antigens shared by normal melanocytes and melanoma cells. Furthermore, new research shows that the autoimmune destruction of melanocytes directly maintains T cell immunity to melanoma and is not just a sequelae of anti-tumour immunity.

This case report discusses a presentation of Vitiligo in a patient with Melanoma in the Dermatology Unit, LASUTH, Ikeja Nigeria and the history of this unique association. It also highlights some of the research that confirmed the scientific basis for this association as well as the importance of autoimmunity in the success of tumour immunotherapy.

Acne Vulgaris: Self Esteem and Disability Assessment among Newly Admitted Students of Ladoke Akintola University of Technology, Ogbomoso, Nigeria

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BACKGROUND: Acne vulgaris is an inflammatory skin disease that is known to be prevalent among adolescents and have significant impairment capability on their psychosocial life. Few studies have documented prevalence of acne in Nigeria but its impact on Self Esteem and Quality of Life have not been examined.

METHODS: A cross sectional design was made to

evaluate 112 University students with acne undergoing pre enrolment screening between August and December, 2013. Rosenberg Self Esteem Scale (RSES) was used to evaluate self-esteem while Cardiff Acne Disability Index (CADI) was used to examine acne impact on quality of life. Data were entered and analysed using SPSS 18.

RESULTS: Acne was self-reported by 72.3% (81/112), and 51.8% (58/112) were female. About 11.6% (13/112) of subjects felt depressed, 10 (8.9%) ashamed, 9 (8.0%) had reduced self-esteem, 17 (15.2%) judged by others, 9 (8.0%) were stigmatized, and 13 (11.6%) felt not socially acceptable due to acne. Girls significantly disclosed worrisome symptoms of acne include: blackspots 52 (89.7%, $p=0.018$), scars 59 (67.2%, $p=0.002$), while painful facial rash 63 (56.2%), pussy rash 42 (37.5%) negatively affected the subjects but with no gender difference. The severity of acne included: 80 (71.4%) mild, 24 (21.4%) moderate, and 4 (3.6%) had severe and very severe acne respectively.

The overall mean score for CADI was 1.93 (CI: 1.6–2.3), maximum 15 (range 0 - 15) which implies 13% life impairment. Sixteen (14.3%) students had a score of 4 -

9 (27 to 60% impairment), 64 (57.1%) scored 1-3 (7-20% impairment), while 32 (28.6%) had no life impairment. There was no gender difference in the mean of CADI score. The overall mean of the RSES scale was 24.5 ± 3.79 for the subject. Self-esteem was low (below 15) only in 2 (1.8%) of the subjects. The feelings of been judged showed an inverse correlation with total CADI score, ($r=0.3$; $p=0.001$), and positive correlation with stigmatisation. No correlation was demonstrated between CADI score, Self-esteem acne severity.

CONCLUSION: Self-reported acne is high (72.3%) among university students. Black spots and acne scars significantly worried the female subjects. This study demonstrates moderate acne disability and mild impairment of self-esteem.

Acrodermatitis Enterohepatica: a Series of 5 Cases seen in Aminu Kano Teaching Hospital Kano, Nigeria.

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INTRODUCTION: Acrodermatitis enterohepatica (ADE) is a rare form of zinc deficiency, characterized by perioral and acral dermatitis, alopecia and diarrhea. It occurs in one of two forms: an inborn (congenital) form and an acquired form. ADE characterized by intestinal abnormalities that leads to inability to absorb zinc from the intestine. Symptoms usually occur in bottle-fed infants within a few days or weeks after birth and breast-fed infants soon after weaning.

METHOD: This is a consecutive case series of 5 patients with ADE.

RESULTS: All the 5 cases had rashes in the periorificial areas, diarrhea and low serum zinc levels. Two sisters were among the cases seen.

CONCLUSION: ADE is not uncommon in Nigeria, both clinical variants are encountered.

Keywords: acrodermatitis; enterohepatica, cases, Nigeria

African Skin – Differences in Skin Types, Needs, and Disorders

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The incidence and prevalence of dermatologic disease in most populations are largely dependent on race and ethnicity (determining skin nature), degrees of pigmentation, and habits (determining skin nurture), and the environment.

Africa is made up of people of diverse races and ethnicity with human skin color showing the highest diversity in sub-Saharan Africa. Basic skin biology

and function are therefore paramount in this context of diversity using easily quantifiable and reproducible tests and measures. These differences in skin structure and function determine the skin disorders seen in various regions. The aim of the article is to provide insight into the biologic differences reported in the African skin in relation to the skin disorders in this group of people.

Allergic Contact Dermatitis in University of Abuja Teaching Hospital, Gwagwalada Abuja Patients.

Dr. Perpetua Ibekwe, Dr. Otokpa, Dr. Babba, Dr. Okwuonu Dr. Bob Ukonu

BACKGROUND: Sensitization to various allergens have been shown to vary by geographic regions. Patch testing is a useful and effective investigative tool in the diagnosis of specific allergens responsible for allergic contact dermatitis. The aim of this study was to determine the frequency of contact allergy in patients with eczema using the patch test and to identify a possible relationship between sex, age and type of eczema.

METHODS: A total of 79 patients with eczema seen at the University of Abuja Teaching Hospital,

Gwagwalada from March 2015 to April 2016 were patch tested with 29 standard allergens of European baseline series.

RESULTS: One or more positive reactions were observed in 53 patients (67.1%). The highest yield of positive result was observed with potassium dichromate (10.4%), nickel sulfate (9.7%), cobalt chloride (7.6%), fragrance mix 1 (6.9%) and Balsam of Peru (6.3%). Frequencies of contact allergy to mercapto mix, sesquiterpene lactone mix, methyl dibromo glutaronitrile and methyl isothiazolinone



were relatively low while formaldehyde did not produce any positive reactions. Of the 51 patients (64.6%) diagnosed to have allergic contact dermatitis, clinical relevance of allergy was observed in 37 cases (69.8%). These were significantly sensitized to nickel sulfate ($p = 0.022$) and potassium dichromate ($p = 0.045$). Contact sensitivity to potassium dichromate was statistically more frequent in male patients ($p = 0.036$), whereas fragrance mix I sensitivity was more frequent in female patients ($p = 0.032$). There was no

significant relationship between the frequency of contact allergy and sex, age, patient's occupation and type of eczema.

CONCLUSION: There is significant sensitization to common allergens in patients with allergic contact dermatitis in UATH with most patients being sensitized to potassium dichromate and nickel sulfate. Further study involving many hospitals is needed to provide more insight into contact allergy in Nigeria.

An Update on Pseudofolliculitis Barbae and Folliculitis Keloidalis Nuchae

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Pseudofolliculitis barbae and folliculitis keloidalis nuchae are chronic follicular disorders disproportionately affecting men of African ancestry. An update on the etiology, pathogenesis, treatment,

and prevention strategies of these conditions will be presented. Effective treatment and prevention of these disorders involves pharmacologic and procedural interventions as well as behavioral modifications.

Association between Facial Sebum Levels and Complications of Acne Vulgaris

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Keywords: Sebum levels, Acne vulgaris

BACKGROUND: Acne vulgaris is a common skin disease among adolescents. Seborrhoea is one of the major factors in the pathogenesis of acne. Complications of acne vulgaris have significant psychological effects in adolescents. Measures that will reduce the occurrence of acne complications will improve the self image of acne patients. Our aim was to determine the association between facial sebum levels and acne complications.

METHODS: This was a cross-sectional study carried out from January to March 2015 in a senior secondary school in Keffi, Nassarawa State. 55 senior school students with acne vulgaris were randomly selected for the study. The faces of these students were examined for the presence of complications of acne vulgaris (post-inflammatory hyperpigmentation, Post-inflammatory hypopigmentation and acne scars). The Facial sebum levels of the students were measured at the T-zone (forehead, nose and chin) and the U-zone (right and left cheek) using a Sebumeter. The mean facial sebum level was calculated from the mean of the sum of both T- and U-zone sebum levels. Continuous variables were presented as mean with standard deviation while categorical variables were presented

as proportions. Association between the facial sebum levels and presence of acne complications was determined using the T-test. P values less than 0.05 were considered significant.

RESULTS: Thirty nine (70.9%) out of 55 students had complications of acne vulgaris. This consists of 39 (100%) post-inflammatory hyperpigmentation, 4 (10.3%) post-inflammatory hypopigmentation and 10 (25.6%) acne scars. Twelve (30.8%) students had various combinations of these complications of acne. The mean facial sebum level was $83.49\mu\text{g}/\text{cm}^2 \pm 34.1$, T-zone facial sebum level was $95.16\mu\text{g}/\text{cm}^2 \pm 38.93$ while the U-zone sebum level was $67.12\mu\text{g}/\text{cm}^2 \pm 32.43$. There was a significant association between U-zone facial sebum level and presence of acne complications ($P=0.001$).

CONCLUSION: Acne complications are high among adolescents with acne. U-zone facial sebum level is associated with the presence of acne complications in adolescents in our environment. Measurement of U-zone sebum levels in assessment of adolescents with acne may be a reliable predictor of the risk of developing acne complications.

Atopic Dermatitis in South African Children: A Tertiary Care Centre Experience

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BACKGROUND: Atopic dermatitis is a chronic, relapsing pruritic condition which is associated with significant morbidity and impact on the quality of life. The characteristics and management modalities of a mixed racial population of South African children with atopic dermatitis is reported.

METHOD: A cross-sectional descriptive study of children attending the skin clinic of King Edward VIII Hospital, Durban, South Africa over a 3 month period. Consecutive children with atopic dermatitis were evaluated as part of the study. Diagnosis was made on a clinical basis using the UK working party criteria. Data was analysed with Epi info 2007.

RESULTS: Atopic dermatitis (AD) accounted for 60.1% of the skin diseases seen. A male preponderance of 55.6% was seen out of the 252 children with atopic dermatitis. Ages of the patients

ranged from 2 weeks to 17 years (median 36 months). The face and lower limbs were the most frequently affected areas of the body (38.7% each). About a quarter of the patients had lesions greater than 50% of the body surface area. Full blood count, liver function tests and HTLV-1 serology were the major laboratory tests carried out. Eczema herpeticum was suspected and treated in 23.8% while 4.8% of the patients were on systemic immunosuppressant therapy. Bleach baths and wet wrap therapy were adjuncts to treatment in 2% and 3.6% of the children respectively.

CONCLUSION: A critical look at the characteristics of patients with atopic dermatitis and modalities of management is important for comparison with other centres to improve or sustain quality care in children with this chronic condition.

Atopic Dermatitis: Impact on the Quality of Life of Nigerian Children: A Hospital-based Cross Sectional Study.

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BACKGROUND: Atopic Dermatitis (AD) is the most common inflammatory skin disease in childhood. A skin disorder with a relapsing course, AD exerts a significant disease burden on affected children. However, there is a dearth of knowledge on the impact of AD on the quality of life (QOL) of affected children in Nigeria. The aim of this study was to examine the impact of AD on QOL in children up to 16 years of age, to identify relationship between patient variables, disease severity and the QOL in AD.

METHOD: Newly diagnosed children with AD identified by the United Kingdom Working Party (UKWP) diagnostic criteria were recruited from the Lagos University Teaching Hospital (LUTH) dermatology clinic over a 6 month period. English and Yoruba language versions of the Infants' Dermatitis Quality of Life Index (IDQOL) and the Children's Dermatology Life Quality Index (CDLQI) were used to determine the QOL of the subjects. AD severity was evaluated using the Objective Scoring of Atopic Dermatitis (obj-SCORAD) index.

RESULTS: 47 subjects with AD were identified. The age range was from 5 months to 16 years. The median IDQOL score was 6.0(3.0-15.5; n = 25) and the median CDLQI score was 9.5(7.75-17.75; n = 22). The mean obj-SCORAD score was 34.4 ± 17.2. Question on itching was the highest scoring question in both groups of children. Greater QOL scores were significantly correlated with higher AD severity scores as estimated by the obj-SCORAD.

CONCLUSION: The study confirms that AD impairs the QOL of affected children in all age-groups. QOL assessments help to give relevant information from the patient's perspective which will help improve the understanding the situation of individuals with AD.

Keywords: atopic dermatitis, QOL, IDQOL, CDLQI, obj-SCORAD, children.

Burden of Seborrheic Dermatitis among Patients with HIV/AIDS in Sub-saharan Africa

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BACKGROUND: Skin diseases are very common in HIV-infected individuals. It is estimated that more than 90% of human immunodeficiency virus (HIV) infected patients develop skin lesions at some time during the course of the disease. Seborrheic dermatitis (SD) may be the initial cutaneous manifestation of HIV infection. It may be one of the most common cutaneous manifestations of acquired immunodeficiency syndrome. It has been observed in up to 83% of patients with AIDS. The spectrum of SD may range from mild dandruff to erythroderma.

OBJECTIVE: To determine the burden of SD in patients with HIV / AIDS in sub-Saharan Africa

METHOD: Review of literature from PubMed,

EMBASE, and Web of Science up to 2015. Search terms used in this study included seborrheic dermatitis, HI, AIDS, sub-Saharan Africa. Using meta-analysis to determine the prevalence, based on a random effect model.

OUTCOME: The prevalence of SD in patients with HIV / AIDS was found to be relatively low, and it was found in all stages of HIV infection. The presentation was variable, with severe and atypical presentations correlating with lower CD4 count.

CONCLUSION: Seborrheic dermatitis can be a useful indicator of HIV infection and, in its severe form, a predictor of AIDS in Africa.

Central Centrifugal Cicatricial Alopecia in Africa an Update

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Central Centrifugal Cicatricial Alopecia (CCCA), is a common and progressive form of lymphocyte predominant scarring alopecia, seen more commonly in women of African descent and rarely in men and other ethnic groups. An update on the etiology,

pathogenesis, treatment, and prevention of CCCA will be discussed. Various therapeutic options, impact on quality of life as well as preventative options, will be discussed.

Challenges of using the Syndromic Management in a Tertiary Institution

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INTRODUCTION: Timely diagnosis and successful treatment of sexually transmitted diseases (STDs) prevent serious complications and reduces the transmission of STDs and HIV 1. Traditional approaches to STD treatment and prevention largely relied on laboratory diagnoses, some of which are expensive, time-consuming, not readily available in many areas especially resource poor settings, and may result in delayed treatment¹. The syndromic approach to management of sexually transmitted infections aims to treat patients at first visit and

reduce loss to follow-up

CONCLUSION: Although the syndromic management has been advocated as being beneficial in treatment of STIS in resource poor settings, it may be put to better use in rural settings and lower levels of health care where facilities for screening of infections may be unavailable. Higher levels of healthcare where there is available manpower and infrastructure for appropriate laboratory diagnosis may benefit from simple testing and treatment in order to avoid overtreatment.

Characteristics of Sebum Excretion on Scalp: A South African Study

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Several studies² that include instrumental evaluation of sebum on the scalp showed that sebum level on the scalp differs among populations living in different parts of the world. This study completes the picture with data on Black South African women.

Thirty black females were enrolled in the study aged between the two groups of (18- 35) and (45- 65) years

old. Inclusion criteria specified that no relaxer was used in the 4 weeks prior to the test. The study was conducted over a 72 hour period and measurements were made on the scalp and forehead using a sebumeter (sebum score).

The first finding is that South African women scalps' basal sebum level was 4 µg/cm² which is much lower

compared to the African American scalp (100 µg/cm²) and the lowest of all populations we could source data on (International comparison of Sebum levels of the scalp after shampoo, L'Oreal 2011).a

Kinetics of sebum production was also studied, in particular the time it reaches a plateau, as well as the age impact on that kinetic. The results show that black South African women have a much lower sebum production on the scalp and it takes longer for the scalp to reconstitute the sebum at 48 hours when

compared to other countries globally. These results explain certainly why itchy and dry scalp is such a concern for South African women. Climate and environment, culture, lifestyle and hair care routines certainly explain the findings on sebum levels. In all cases, these results underline the importance of scalp dedicated products for the African population.

2 International comparison of sebum levels of the scalp after shampoo. Internal study report COS-CAP-2011-0346. G.LOUSSOUARN, 2011

Chemotherapy Related Skin Eruptions

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Yearly, it's estimated that 10.9 million people worldwide are diagnosed with cancer and this incidence is rising. This increase reflects the world's growing population and the fact that people are living longer. Chemotherapy is a crucial component to all cancer management and with this rising cancer burden, doctors and patients alike will see an increasing incidence of chemotherapy-related skin toxicity. Chemotherapy varies in active ingredient(s), composition and routes of administration but all target appropriate action and proper delivery. In the course of their distribution, action and metabolism within the body system, they sometimes provoke

other untoward effects one of which is skin eruptions. These skin eruptions could vary from mild and simple to severe and life threatening. In some instances, the skin eruption could be just part of a cascade of multisystem event. Though there is no foolproof protocol for predicting systems that will be involved but rapidly dividing cells are known to be more at risk. The pattern of manifestation of chemotherapy related skin eruptions are various and varied. Some are easily controlled; others are quite difficult to reign in while some only resolve with cessation of treatment. There may or may not be sequelae.

Clinical Characteristics of Hand Dermatitis and Patch Response of Patients at the LUTH Skin Clinic- Results of a Prospective Observational Study

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INTRODUCTION: Hand dermatitis is an acute or chronic inflammation of the skin of the hands from a multifactorial cause which may be endogenous, exogenous or a combination of both. With a wide range in severity and recurrent periods of flares, it has significant impact on the quality of life of its sufferers. A history of atopy predisposes patients to hand dermatitis, but contact dermatitis either allergic or irritant, are the more commonly implicated factors in the aetiology of hand dermatitis. Patch testing is an important tool in identifying the allergen responsible for allergic hand dermatitis and this knowledge will contribute to improved management.

AIM AND OBJECTIVES: this study was undertaken to evaluate the clinical and aetiological profile of patients who presented with hand dermatitis at the Lagos University Teaching Hospital, identify possible aetiologies and observe the outcome of management with the use of disease severity tools and Quality of Life Index.

METHODOLOGY: A prospective, observational study in which consecutive walk-in patients who fulfilled the inclusion criteria were enrolled. Ethical clearance was obtained. Study tools included self-

administered questionnaires, physical examination, patch tests (European Hermal series) amongst others. The patch tests were carried out. Results were documented and treatment was individualised based on clinical and investigation findings. The results were collated and analysed with SPSS® 17.0 edition (SPSS II).

RESULTS: Hand dermatitis was seen in 177 (13.3 %) patients who presented during the study period. The mean age was 34.6±17.4 years. Almost two thirds of patients (119; 67.2%) had chronic hand dermatitis, while 53 (32.8%) presented acutely. Patch responses were positive in 65 (36.7%) patients with Paraphenylenediamine identified as the most frequent cause. Respondents had at least one (+) response to 20 of the 28 allergens; while there was no response to 8 of the allergens in the European series.

CONCLUSION: The study reveals that a younger age group have hand dermatitis and a variety of subtypes coexist. Locally sourced allergens are needed to improve the yield of patch responses.

Keywords: Hand dermatitis, Patch Tests, Nigeria

Clinical Picture of Pemphigus Erythematosus Presentation in Nigeria.

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INTRODUCTION: Pemphigus Erythematosus also known as Senear-Usher Syndrome is an overlap syndrome with features of Lupus Erythematosus and Pemphigus foliaceus.

METHOD/CASE REPORT: We report a 20 year old female undergraduate that presented with

symptoms of Nephrotic Syndrome and skin rashes which further investigations proved to be Pemphigus Erythematosus.

CONCLUSION: Cutaneous auto-immune diseases though rarely reported is present and can be diagnosed if there's a high index of suspicion.

Clinical Profile of Hansen's Disease at a Dermatology Clinic in Lagos, Nigeria

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BACKGROUND: Leprosy (Hansen's disease) is a chronic infectious disease caused by the acid fast bacillus, *Mycobacterium leprae*, and it affects nerves, skin and mucosa. It is a Neglected Tropical Disease (NTD) causing nerve damage and disabilities leading to social stigma and ostracism. Early diagnosis could be challenging because of inability to recognize its early signs and symptoms. Although the WHO declared leprosy eliminated in 2002, the disease still exists in many developing countries including Nigeria. The Federal Government of Nigeria stated that about 3,000 new cases of leprosy are recorded each year with children accounting for over 10% of these cases.

METHODS: This was a retrospective study of patients with a clinical diagnosis of Hansen's disease seen at the dermatology clinic of Lagos University Teaching hospital from January 2009 – March 2015. A proforma documenting biodata, demographics, clinical and laboratory findings is routinely filled in for all patients with HD. A diagnosis of leprosy is made using 2 classification schemas: the 5-category Ridley-Jopling system and the simpler and commonly used WHO system (used in this study). Data was analysed using

Epi-info statistical software, version 7.

RESULTS: A total of 40 patients with HD were seen. Half of the subjects were within the 21-30 years age group (50.0 %) and majority were male (30; 75.0 %). Geographic location of the subjects was mainly from the southern part of the country; SS (33.33%; 13), SE (30.8%; 12) and SW (25.6%; 10). Most patients had attained primary (32.5%; 13) and secondary (37.5; 15) level of education and majority (87.5%) presented as new patients. They presented mainly with rash (62.5%; 25), nodules (52.5%; 21), swelling of the hands (30%; 12) and feet (28.2%; 11).

Clinical findings included nodules (55%; 22), infiltrated lesions (47.5%; 19), well defined margins (27.5%; 11), ill-defined margins (17.5%; 7), sensory loss (37.5%; 15) and feet ulcers (32.5%; 13). Multibacillary treatment regimen was used in 20 patients, paucibacillary regimen in 2 patients and prednisolone was administered to 6 patients.

CONCLUSION: Leprosy remains a disease of public health concern. This study demonstrates that HD is not being picked up early before the disease becomes extensive and presents with complications.

Keywords: leprosy, Nigeria, public health

Clinicolaboratory Features of Patients with Discoid Lupus Erythematosus

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INTRODUCTION: Discoid lupus erythematosus (DLE) is a benign skin disorder with prominent scarring if left untreated. The disease has also been associated with some laboratory abnormalities suggesting its effect may not be limited to the skin as previously thought. The presence of these laboratory abnormalities had been extensively investigated in many other population but data from the African population are very few.

AIMS AND OBJECTIVES: To describe the clinical features and laboratory abnormalities in patients

diagnosed with DLE in our environment.

METHODOLOGY: A retrospective study, case files of patients diagnosed with DLE at our skin clinic from April 2008 to October 2012 were recruited. Diagnosis of Discoid lupus were made on clinical grounds and patients clinical features and laboratory diagnosis of Systemic lupus erythematosus (SLE) were excluded from the study. Discoid lupus was classified as localized when lesions were situated over head and neck, or disseminated (generalised) when lesions involved areas below the neck. Baseline

demographic, clinical features and laboratory data were extrapolated and analyzed using SPSS version 15.0.

RESULTS: DLE cases seen within the study period were 43 but only 23 cases were analyzable. The mean age at presentation was 40.6(14.7) years with a male:female ratio 1:3.6. The mean age of onset was 36.1(s.d 16.1) years and 12(52.2%) of the patients presented with the disseminated form of the disease. The atrophic hypopigmented type was the commonest morphology seen, the face was the commonest affected site 87%(20) followed by the scalp 69.7%(16). Most of our patients presented late with a mean duration of disease of 5.8 ± 6.0 years

(range 3 weeks – 22 years). Laboratory abnormalities found included elevated ESR, mild proteinuria, positive LE test etc.

CONCLUSION: Patients with DLE usually presents with multiple disfiguring skin lesions. Majority of the patients present late. Disseminated DLE is common in our environment with some associated laboratory abnormalities and this portrays the need to follow up these patients. There is also a need for adequate public education on early presentation and institution of management before irreversible scarring occurs.

Keywords: Discoid lupus, clinical features, laboratory abnormalities, West Africa.

Cryotherapy in Dermatology

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Cryotherapy employs the targeted application of low temperatures locally or generally in medical therapy and has been in existence since the seventeenth century. The term Cryosurgery is used when a variety of benign, pre-malignant and early malignant diseases are removed or destroyed with the use of Cryogens – most commonly liquid nitrogen. It is a versatile, cost effective, office-based procedure that has multiple indications with limited side effects if well utilized. The objective of Cryotherapy is to cause

selective tissue necrosis by reduction of skin temperature to eventual freezing of skin cells in a fast freeze-thaw cycle. With improving technology, there are some treatment modalities which can successfully treat lesions as well as cryotherapy, but these are usually not as cost effective or convenient. It is therefore important for practicing dermatologists in resource poor areas to have updated knowledge on more innovative cryotherapy equipment and use.

Keywords: Cryotherapy, liquid nitrogen, skin lesions

Current and Future Directions in the Management of Severe Drug Reactions Related to Anti-TB Drugs.

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Severe cutaneous adverse drug reactions (CADR) often complicate anti-TB therapy with all first- and several second-line anti-tuberculosis agents. This is associated with interruption therapy and increased mortality, morbidity and possibly the amplification of drug resistance.

The limited efficacy and high toxicities of second-line anti-TB drugs often make it necessary to reintroduce

first-line agents following tuberculosis-associated CADR. This carries a risk of recurrence of CADR, which must be balanced against the risk of suboptimal anti-TB therapy.

We will discuss our experience, challenges and ongoing research in the management of anti-TB drug associated CADR.

Cutaneous Manifestations of Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome

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Skin diseases are common and recurrent among patients with Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS). Cutaneous manifestations are the earliest clinical signs that signify HIV infection. Some cutaneous diseases might be associated with primary HIV infection while others are common secondary

diseases that arise as immunosuppression progresses. Usually, cutaneous diseases are present in an unusual manner and might be resistant to common treatment. Little variations in the common cutaneous disease entities exist from one locality to the other and has been attributed to prevailing climatic conditions and people's way of life. Leading mucocutaneous diseases include oral candidiasis,

pruritic papular eruption, fungal Infections, bacterial infections and viral infections.

The advent of highly active antiretroviral therapy (ART) in the mid-90s is a double edged sword. The burden of morbidity and mortality including the cutaneous manifestations are reduced in one hand, but certain skin diseases are either rising, persistent or remain a constant threat despite HAART. Diseases like the staphylococcus aureus (MRSA) infection, HPV-associated malignancy are thought to be on the increase. Human papillomavirus (HPV) infection is both rising and persistent as life is prolonged. All forms of herpes infections, syphilis, and Kaposi's sarcoma remain a constant threat. Immune

reconstitution inflammatory syndrome (IRIS) which often presents with infectious cutaneous manifestations and complications related to drug eruptions are also popular.

Currently, as mathematical models are projected to end AIDS, and burden of obesity and associated metabolic co-morbidities whose aetiology is the chronic induction of inflammation is increasing, the future might remain bleak as inflammatory disorders such as psoriasis, skin malignancies and disorders of cutaneous lipid mobility could be future burden of skin diseases to cater for.

KEY WORDS: Cutaneous diseases, HIV / AIDS

Cutaneous Markers of Diabetes Mellitus

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Diabetes mellitus (DM) is the most common of the metabolic disorders of man that affects all socioeconomic strata and age groups. Frequency in the general population is between 2-6% while its incidence is known to be gradually increasing. The disease affects approximately 60 million people worldwide and with frequent skin manifestations.

Nearly all patients with diabetes mellitus have cutaneous manifestation. Although the mechanisms for many DM- associated skin conditions remain unknown, the pathogenesis of others is linked to hyperglycaemia and insulin dysfunction, either directly, or through damage to the vascular, neurologic, or immune systems.

Diabetes mellitus related dermatoses usually occur when the underlying disease had already developed, however some skin disorders may herald or occur simultaneously with or even precede the underlying disease. Some of these disorders occur as direct sequelae of diabetes mellitus or its major vascular complications, and neuropathy; others are related to the impaired immunity seen in diabetes, whereas some occur as a consequence of antidiabetic treatment.

The knowledge of these skin lesions is essential to all physicians and dermatologists as some of them are important markers that will enhance early diagnosis especially in patients with type 2 DM. These cutaneous markers may also help predict the presence of some serious complications of DM.

Cutaneous T-cell Lymphoma

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Cutaneous T-cell lymphoma (CTCL) is a malignant proliferation of CD4+ lymphocytes in the skin. CTCL is one of the few neoplasms predominantly affecting blacks based on epidemiologic study from the USA. Because of its diverse clinical manifestations, some of which are so subtle, it could easily be mistaken for other common skin diseases. This often leads to delay in diagnosis to the detriment of the cases. The main objective of this presentation is to increase the

awareness of the audience of this great mimicker in order to stimulate a work-up that will enhance early diagnosis and improved prognosis.

The presentation will focus on the pathophysiology, diagnosis and treatment of mycosis fungoides which is the most common clinical presentation of CTCL. Emphasis would be placed on clinical manifestation in black skin.

Dermatological Manifestations of Systemic Lupus Erythematosus

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This presentation will cover the cutaneous manifestations of Systemic Lupus Erythematosus (SLE), which is a connective tissue disorder that predominantly affects females of childbearing age and people of African descent. The skin is the second most

commonly affected organ. The dermatologic manifestations of SLE make up 4 out of the 11 revised diagnostic criteria established by the American College of Rheumatology. These skin lesions are painful and can become disfiguring and result in

psychosocial problems and poor quality of life. This presentation will address our experience in the

dermatology clinic and also bring to fore the presentation, challenges and burden of Systemic Lupus Erythematosus in our community.

Dermatopathology Practice: The Challenge of Diagnosis in African Skin (Skin of Colour)

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The supremacy of the light microscopist in dermatopathologic practice has been challenged by novel imaging and molecular technologies in developed nations. This challenge is further compounded in developing African countries due to the peculiarities of the African skin and patient presentation. Often, our patients present with atypical features of common pathologies which have been masked by various unorthodox and self-prescribed medications. Dermatopathology is not limited to neoplastic skin diseases alone as is erroneously believed. The many different dermatological conditions encountered in practice in

the African setting is often misdiagnosed histologically due to inadequate or absent clinical history, poor lesional assessment and a lack of clinico-pathologic correlation by both the dermatologist and dermatopathologist/pathologist. Adequacy of biopsies is also compromised by absence of an interface of normal skin in continuity with the lesion. A systematic approach is necessary in making meaningful dermatopathologic diagnosis and patient management with the utilization of ancillary immunohistochemical and radiological techniques. We share our experience over a 5 year period.

Dermatoses of Pregnancy: Pigmented Skin Changes observed during Pregnancy in Black African Women in Abidjan.

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OBJECTIVE: To describe aspects épidémiocliniques pigmentary changes associated with pregnancy among black African women.

MATERIALS AND METHODS: This is a descriptive exploratory study was conducted at the University Hospital of Treichville, on all pregnant attending antenatal clinics for ongoing pregnancy already confirmed pelvic ultrasound, over a period four months. From a survey sheet, the epidemiological and clinical data were recorded.

RESULTS: 300 pregnant were recruited. The mean age was 28.9 +/- 5.5 years. Housewives predominated

(24%). The paucigestes (42.7%) and nulliparous (34.3%) predominated. 55% were pregnant in the third trimester of pregnancy. Frequency pigment changes was estimated at 74%. The linea nigra was the most observed pigmentary changes with 82.4% followed pregnant umbilical pigmentation (14.9%), pigmentation and Periareolar nipple (4.5%), melasma (2.7%) and skin pigmentation (1, 8%).

CONCLUSION: The pigmentary changes are common on black skin but unremarkable.

Keywords: black skin pregnancy

Dermoscopy of Non-scarring Alopecias in Blacks.

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INTRODUCTION: Dermoscope (dermatoscope) is a non-invasive diagnostic instrument which aids in visualizing patterns or lesions on the surface of the skin and its related structures that may not be visible to the unaided eye. It does this by magnifying these lesions in variable proportion depending on the type used. The instrument has been found useful in sorting out cases of alopecia. Dermoscopic features of different causes of non-scarring alopecia have been

reported mostly in Caucasians only.

We decided to look at some cases of non-scarring alopecias with a view to describing their dermoscopic features.

METHODOLOGY: A cross-sectional study, patients with non-scarring alopecia diagnosed in our skin clinic was evaluated using a dermatoscope with a magnification between 10-400X. The dermoscopic features seen was noted and analysed.

RESULTS: The common causes of non-scarring alopecia found were alopecia areata, traction alopecia, androgenetic alopecia and tinea capitis. Commonest dermoscopic features seen were white dots, yellow dots, black dots, exclamation mark hairs and increased vellus hairs.

CONCLUSION: Dermoscopy of scalp is very useful in supporting and making diagnosis of the cause of non-scarring alopecias.

Keywords: Dermoscopy, Non-scarring alopecia, blacks

Dermoscopy of Scarring Alopecias in Blacks.

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INTRODUCTION: Dermoscope (dermatoscope) is a non-invasive diagnostic tool which aids in seeing patterns or lesions on the surface of the skin and its related structures that may not be seen by the unaided eye. The tool has been found useful in sorting out all cases of alopecia including those are scarring. However, there are very scanty reports on the dermoscopic features of scarring alopecias in African blacks, a race in whom the disease has been identified to be more common.

We decided to look at the cases of scarring alopecias that we had with a view to describing their dermoscopic features.

METHODOLOGY: A cross-sectional study, patients with scarring alopecia diagnosed in our skin clinic were evaluated using a dermatoscope with a magnification between 10-400X. The dermoscopic

features seen was noted and analysed.

RESULTS: The common causes of scarring alopecia found were discoid lupus erythematosus, lichen planopilaris, central centrifugal cicatricial alopecia, folliculitis keloidalis nuchae, folliculitis decalvans and frontal fibrosing alopecia. The dermoscopic features which appeared more commonly to all were reduced follicular ostia, reduced pigmented network and variable erythema. Other dermoscopic features depending on the diagnosis includes perifollicular hyperkeratosis, follicular plugging, perifollicular halo, perifollicular and or interfollicular hyperpigmentation, perifollicular hyperkeratosis and pustules.

CONCLUSION: Dermoscopy is a useful tool in evaluation and diagnosis of scarring alopecias.

Keywords: Dermoscopy, scarring alopecia, blacks

Diagnosing Linear Immunoglobulin a (IGA) Dermatitis in a Resource Constrained Centre.

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Linear immunoglobulin A (IgA) dermatosis (LAD) is a self-limiting, benign chronic bullous dermatosis of childhood that usually starts before the age of 6 years. The rash is characterized by tense, usually large, and often clustered blisters that arise on normal skin. At histology, the blisters are subepidermal and may be reported as dermatitis herpetiformis or bullous pemphigoid. Direct immunofluorescence

(DIF) of normal or perilesional skin shows a linear band of IgA at the basement membrane. Many of the patients also have a circulating IgA antibody against the basement membrane. Diagnosis of this condition in a resource constrained center, where immunofluorescence is unavailable, may pose diagnostic challenges, and may therefore require high index of suspicion.

Erythroderma, Still a Nightmare. Review of Prevalence and Aetiology in South-south Nigeria.

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INTRODUCTION: Erythroderma is an inflammatory disorder associated with diffuse erythema and scaling of the skin involving more than 90% of the total body surface area complicated by an extreme state of dysmetabolism. It can be life threatening. Due to the increase in the use of over the counter medications, herbal treatment and the HIV epidemic, this study aimed to find out the prevalence

and possible aetiological factors of this condition.

METHODOLOGY: The study was conducted at the dermatology clinic of University of Port-Harcourt Teaching Hospital, Nigeria. Records for all patients who visited the clinic between April 2012 and April 2016 were reviewed. All those with erythroderma had their demographic data, aetiological factors and laboratory investigations collated.

RESULTS: A total of 1,984 patients were seen during the period, with 17 cases of Erythroderma, giving a prevalence of 0.86. Male to female ratio was 1:1.4. Age range of between 6-69 years with a mean of 38.9 years. 47% (8) cases were found between the ages of 18-44 years. Aetiological factors consisted of Idiopathic 12 (70.6%), others were drug induced, atopic dermatitis,

seborrheic dermatitis, lymphoproliferative disorder and HIV with 1 (5.9%) patient each.

CONCLUSION: Knowledge of aetiology and management of erythroderma is still very relevant, as the disease can be life threatening and impairs the quality of life of the patient.

Keywords: Erythroderma, aetiology, South-south

Disseminated African Histoplasmosis in a Young Immunocompetent Patient: A Case Report

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INTRODUCTION: African Histoplasmosis is a deep fungal infection involving most commonly the skin, bone and lymph nodes. Most of the time, it is observed in immunocompromised patients. We report a case of disseminated African histoplasmosis occurring in a young patient without proven immunosuppression.

OBSERVATION: A 22-year-old patient from eastern Senegal was admitted for diffuse, asymptomatic papulo-nodular cutaneous lesions evolving since 7 months.

The examination showed polymorphous skin lesions consisting of subcutaneous nodules disseminated on the scalp, umbilicated papulo- nodules and budding nodules on the face and the anterior aspect of the chest. There were also inflammatory submandibular, axillar and inguinal lymph nodes, associated with asplénomegaly of type III according to Hackett. The rest of the examination was normal.

Mycology samples from cutaneous lesions and lymph node with culture on Sabouraud medium revealed yeasts of *Histoplasma capsulatum* var *duboisii*. HIV 1, 2 and HTLV screening were negative. With 400 mg/day of Itraconazole, a partial improvement was noted followed by an aggravation of skin lesions and apparition of bone involvement. Despite IV Amphotericin B at 1 mg / kg / day, the condition worsened leading to death within 6 months.

DISCUSSION: We report a case of African histoplasmosis remarkable by the dissemination of the lesions with visceral involvements in a young patient without proven underlying immunosuppression. The therapeutic failure with systemic antifungal treatments remains also unusual.

Keywords: Histoplasmosis, deep fungal infection, *Histoplasma capsulatum* var *duboisii*.

Conflict of Interest: None

Ectodermal Dysplasia – Case Report and Literature Review

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Ectodermal dysplasia is a rare, diffuse and non-progressive genetic disorder involving two or more ectodermal structures- skin, hair, nails, teeth and sweat glands. The clinical presentation may involve a combination of defects of these structures and there are almost 200 distinct forms of ectodermal dysplasia. It is commonly seen in males as the sex-linked type which is the most common mode of inheritance. Currently, there is no cure for this condition. Diagnosis is mainly clinical and skin biopsy for histology which may show reduced or absent eccrine glands by be done for confirmation.

Management is multidisciplinary and targeted towards the three cardinal features of this condition which are hypotrichosis (sparse hair), hypodontia

(incomplete dentition) and anhidrosis (absent sweating).

We present a twenty year old student who had hair, teeth, sweat gland and respiratory tract defects. He frequently went into hyperthermia during strenuous activities or exercise due to anhidrosis. He was placed on moisturizing lotions, topical hair growth medications, advised to avoid strenuous activities and adopt swimming as a sport. He was also referred to the dentists to have a denture molded and the ENT physicians because of his upper respiratory tract infection and hoarse voice.

Keywords: Ectodermal dysplasia, Christ Siemens syndrome, Clouston syndrome, Hypohidrotic

Evaluating the Effectiveness of Liquid Nitrogen in the Treatment of Pigmented Spots in Albino: A Non Randomized Open Study of 60 Patients

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INTRODUCTION: Actinic keratosis and pigmented spots constitute the early skin complications of oculocutaneous albinism. Few patients with actinic keratosis received liquid nitrogen in local application, which allowed the pigmented lesions to heal. The goal of our study was to evaluate the effectiveness of liquid nitrogen in the treatment of pigmented lesions using a large cohort.

METHODS: We conducted an open non randomized study to evaluate the effectiveness of liquid nitrogen in the treatment of pigmented lesions in outpatient albino at the department of dermatology of the national center of support to fight diseases (CNAM). All the albino presenting acquired pigmented spots who gave informed consent were invited to participate to the study. Treatment consisted of a weekly short (3-5 seconds) application of liquid nitrogen on the lesions using Q-tips till its healing. Socio-demographic and clinical data, the number of sessions of liquid nitrogen application as well as the disease evolution were noted during the follow up.

The treatment was considered as effective when the lesions completely healed.

RESULTS: We treated 60 patients (34 female and 26 male) in total with liquid nitrogen. The average age was 21 years old (y.o.) with 53% (32/60) below age 20 y.o. Pigmented spots were localized essentially on the face (49/60), limbs (35/60) and the trunk (3/60). In addition, five patients had actinic keratosis. Patients had on average 15 pigmented spots each. Three sessions of liquid nitrogen application were necessary to cure one lesion. No lesion was found in 85% (51/60) patients in post-treatment. The healing lasted less than a month in 40% (24/60) patients.

CONCLUSION: While all our attention may be focused on skin tumors in albino, pigmented spots constitute a non negligible need of care. The effectiveness of liquid nitrogen in this study should be confirmed by further studies. Health practitioners must consider liquid nitrogen as a good alternative in treating pigmented lesions in albino.

Keywords: Pigmented spot – Albino – Treatment

Evolution of Aging in Dark and Pigmented Skin of South African Women

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Evaluation tools such as skin imaging can provide in-depth insights into physiological phenomenon such as aging and thanks to validated and reproducible methodology make it possible to compare product anti-aging effectiveness.

Objective of this study was to show the kinetics of evolution of all signs of ageing in South African women and secondary objective was to show the compare with aging in African American women. To improve the quality of evaluation, 400 clinical validated/standardized photographs, describing one sign at time, have been built for 2 populations; 260 African American and 120 South African women. Age range from 18 to 60 years old and they

are residents of Johannesburg. Volunteers were photographed under standard conditions. Therefore, the sub-sequent grading of the severity of each sign followed a strict process from description of criteria to validation by paired-test comparison. These exhaustive clinical scales, were divided into four main clinical clusters (wrinkles/texture; ptosis/sagging; pigmentation and vascular disorders), were finally published as a reference book³, used to characterize all volunteers by 14 trained experts who visualized reframed photographs. To alleviate the limitation of their discontinuous aspects, linear and continuous morphing were created to afford accurate

Giant Basal Cell Carcinoma on a Dark Skin: Anatomoclinic Study of 16 Cases

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INTRODUCTION: Basal cell carcinoma (BCC) is the most frequent malignant tumor in dermatology. Excepted albinism and xerodermapigmentosum, BCC occurs exceptionally in blacks and the giant forms are rarely reported. This study is aimed to describe the anatomoclinic features of giant BCC on dark skin patients.

METHODS: We conducted a retrospective study on giant BCC cases in the department of dermatology at the national center of support to fight against the disease (CNAM). We reviewed all cases of BCC using the medical charts and histological exam reports. BCC was labeled giant when the diameter of the lesion reached 5 cm in diameter. We also studied the following parameters: age, sex, the overall wellbeing, the duration of disease, the site, number, size and the clinical aspect of the lesions.

RESULTS: In total, we have compiled 16 cases of giant BCC with a sex ratio of 1.28. The average age of patients was 48 years old. The average disease duration was 7 years. All patients were from rural areas and carried out traditional treatment before the dermatology visit.

The lesion was localized to the head in 62.5 % (10/16) with the other sites being the groin, neck and the back. Clinically, lesions were ulcerated in 37.5% (6/16), ulcerated, crusted with tattoo and pearl-like boundaries in 50% (8/16) and nodular in 12.5% (2/16). The diameter of the lesion was superior to 7 cm in 56% (9/16). Twenty five per cent (4/16) had a mutilation of the organ bordering the lesion. The histological picture was typical in all 16 patients.

CONCLUSION: Giant BCC risk factors in Europe are essentially the low social status and the failure of the initial treatment. Our cases were remarkable for the long delay between the onset of the disease and the first dermatology visit, crusted and tattoo-like aspect of the lesion, and its aggressive and mutilated character. The frequent localization at the sun-exposed parts of the body suggests the role of solar exposition. In our cases, the occurrence of the lesion could be explained by either the traditional therapeutic maneuvers or the ignorance of patients or the lack of appropriate medication.

Keywords: Basal cell carcinoma – Giant – Dark skin

HARLEQUIN ICHTHYOSIS: A CASE REPORT

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Keywords: Harlequin, ichthyosis, eclabium

BACKGROUND: Harlequin ichthyosis is a rare severe form of ichthyosis resulting from defects in keratin and filaggrin expression. It had been invariably fatal until the advent of retinoid therapy in the 1980s brought about survival. There have been very few reports of this disease from Africa.

METHODS: We present the case report of Baby M born in our hospital to consanguineous parents early 2016 and successfully managed with emollients, oral isotretinoin, parenteral antibiotics, blood transfusion, and neonatal intensive care.

RESULTS: Baby M was born preterm to consanguineous parents in our hospital. At delivery, a male neonate was found encased in a thick sheet of scales with fissures covering the whole body. The facial features were grotesque with severe ectropion, marked bilateral chemosis, little or no upper lid tarsal plate, bilateral microtia, deformity of the auricles, eclabium, oedema of the hands and feet with

constricted digits and joint immobility. He was admitted into the neonatal unit and treated for Harlequin ichthyosis. He developed neonatal sepsis with anaemia and was managed with parenteral antibiotics and blood transfusions in aliquots. He was managed by a combined team of neonatologists, dermatologist, ophthalmologist and otorhinolaryngologist. He had emollients as well as oral isotretinoin. There were problems of bonding with the parents with the mother refusing to attempt providing breast milk, so he was fed breast milk substitute. He made remarkable improvement and was discharged after 7 weeks on admission. He is presently 5 months old. Parents have not brought him for follow up since discharge due to stigmatization. However his father brings periodic reports of his performance to the hospital with pictures of him.

Hermansky Pudlak Syndrome, A Most Rare Presentation of Oculocutaneous Albinism In Africa

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Keywords: Oculocutaneous Albinism (OCA), Pulmonary Fibrosis, Hermansky Pudlak Syndrome (HPS).

INTRODUCTION: Africa especially Nigeria has a large population of albinos with oculocutaneous Albinism but no reports have been made of OCA associated syndromes. Hermansky Pudlak Syndrome, being one of these, is a recessive genetic syndrome presenting with OCA, Bleeding Diathesis and multisystem disorders especially Pulmonary Fibrosis.

OBJECTIVE: Report a first case of Hermansky Pudlak Syndrome and highlight the challenges of Diagnosis and Management of Such a case.

CASE REPORT: We present the case of a 15year old female student from Kaduna State who presenting

with OCA, intermittent epistaxis and progressively worsening dyspnea. She was first of mothers 7 children, three of whom are Albinos. One died of diarrheal disease in early childhood and the last is a healthy infant. The index patient was found to have OCA with Cor pulmonale and persistently low SpO₂ despite high dose oxygen therapy. Investigation findings were consistent with Pulmonary fibrosis.

CONCLUSION: Although HPS has never been reported from Africa despite our high prevalence of OCA, our case illustrates the need for closer evaluation of our patients with OCA for identification of those with OCA related Syndromes.

Immunobullous Disorders: to Treat or not to Treat. Diagnostic Challenges in Resource Poor Setting – A Case Study of Two Patients.

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BACKGROUND: Immunobullous disorders such as pemphigus and pemphigoid are associated with impaired adhesion between the cells of the epidermis and in the basement membrane respectively. The gold standard of diagnosis is by skin biopsy and immunofluorescence. Do we make a diagnosis based on clinical findings and evaluation alone and initiate treatment in resource poor settings where immunofluorescence is unavailable? Two patients of vesicobullous disorders were carefully evaluated clinically over a period of 12 months and treatment commenced. Histopathological examination was done but immunofluorescence was not carried out because the patients could not afford it.

Clinical evaluation of these patients showed high index of suspicion of immunobullous disorders.

Histology findings also supported the diagnosis of immunobullous disorders. Both patients were commenced on steroids and immunosuppressives and they responded well with halting of disease progression.

In conclusion, treatment of immunobullous disorders can actually be commenced when clinical evaluation and histology findings are highly suggestive of the disease and there is handicap in getting immunofluorescence done.

Adequate equipping of resource poor centres with the facilities needed for immunofluorescence will go a long way to curb the challenges faced in making accurate and concise diagnosis of immunobullous disorders.

Impact Assessment of Photo-education for Albinos in Southeastern Nigeria.

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BACKGROUND: Task force for prevention of solar induced non melanoma cancers was formed in the University of Nigeria Teaching Hospital (UNTH), Enugu and Nnamdi Azikiwe Teaching Hospital(N.A.U.T.H.), Nnewi in 2009. The objective of this is mainly to use health education and less expensive intervention measures to reduce the prevalence of all types of solar skin damage as well as

manage associated eye problems among this vulnerable population.

METHODS: Albinos and their parents or guardians were mobilised through visits to Local Government Chairmen, community traditional rulers and radio announcements. A baseline workshop was organised in a multidisciplinary approach in U.N.T.H. and

N.A.U.T.H. in 2009 and 2010 respectively. Basic knowledge of deleterious effect of excessive sun exposure to albino skin, protective measures and health seeking habit of albinos participants were recorded using questionnaires. Demographic data were also obtained and each participant was physically examined by a dermatologist. Lesions detected were recorded. Self examination was demonstrated and participants were advised practice this regularly and report any suspicious lesions to a doctor. Presentations were made by ophthalmologist, oncologist, plastic surgeon, pharmacist and sociologist, followed by interactive sessions. All data collected were analysed with Epi Info software. This program was repeated in 2013, to assess its impact on the health problems, behaviour albinos to health seeking measures and their habits towards sun exposure. All data collected were also analysed inline with the baseline.

RESULTS: A total of 123 albinos, 46(37.4%) males: 77(62.6) females, age range 3-76 years participated in the baseline program, 113(91.9%) had various degrees of solar induced skin lesions including non

melanoma cancers; 24(19.4%) were aware of the damaging effect of the sun; 13(10.6%) used protective clothing/ had shade seeking habits; 43(35%) had been to hospital on account of the skin lesions or poor vision. In 2013 participants were 130 albinos 59(35.4%) males: 71(54.6%) females, age range 3months to 80 years. Various skin lesions were detected in 79(60.8%); 101(77.7%) were aware of the damaging effect of the sun; 104(80%) used protective clothing/seek shade and even applied sun screen creams and 98(75.4%) had been to hospitals on account of skin lesions or poor vision.

CONCLUSION: From the above results it is clear that the photo education program has greatly improved the overall well being of albinos in southeastern Nigeria. They have learnt to apply sun protective measures leading to a marked reduction in various sun skin damaged lesions and have become conscious of going to hospitals to seek medical attention. Consequently the burden of sun induced skin diseases is being reduced. If the tempo is maintained the unsightly skin lesions will become rare.

Intergration of STI Services into HIV/AIDS Comprehensive Care Clinics

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Sexually Transmitted Infections care services have mostly been run independent of HIV comprehensive care services both before and after the HIV pandemic response and availability of ART and Care for PLWHA. The role of STIs in HIV infection in terms of Transmission, disease progression and secondary prevention are well documented.

The improvement in quality of life and survival of PLWHA, with the availability and response to

treatment, has lead to an increase in sexual activity with its attendant risk behaviors especially for STI acquisition and secondary HIV transmission in this population. Most HIV/AIDS comprehensive care services do not have STI treatment programs and the PLWHA have to be referred to stand alone STI Clinics. Our presentation makes the case for the integration of STI services for screening, diagnosis and treatment in to the HIV Comprehensive care Service.

Kaposi's Sarcoma and Malignant Melanoma in the Africans

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Skin cancers, though rare in the Africans and the dark skinned, carry a very poor prognosis. The constitutive dark skin is photoprotective against the high doses of ultraviolet radiation (UVR) in the tropics and the subtropics. While ultraviolet radiation has been found to play a significant role in the pathogenesis of cutaneous cancers in the Caucasians, it has been thought not to be of great significance in Africans. Other factors implicated in the aetiology of skin cancers in Africans include albinism, immune suppression, chronic discoid lupus erythematosus and viral infection. In the light of the HIV epidemic in sub Saharan Africa, immunesuppression is a major predisposing factor to skin cancers in Africans. Cutaneous tumors such as Kaposi sarcoma (KS) and genital SCC were listed as HIV defining diseases. With HIV epidemic, an increased incidence of KS was noted

amongst the HIV positive patients and surveys revealed KS to be the most common skin cancer seen.

Skin cancers in the Africans present with aggressive and invasive disease from late presentations and misdiagnoses. Hence, it is expedient that skin cancer screening programmes should be emphasized in Africans, particularly in the susceptible groups such as albinos and the immune suppressed.

The aim is to discuss epidemiology, distinctive clinical features and management options of Kaposi sarcoma and malignant melanoma with emphasis on the African skin.

Keywords: Kaposi's sarcoma, malignant melanoma, HIV, immune suppression, oncogenic viruses, African skin

Kaposi's Sarcoma Spectrum and the Management Dilemmas in Sub-Saharan Africa.

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Kaposi's sarcoma (KS) is common in the equatorial belt of Africa including Tanzania, where it occurs frequently to both HIV infected and non HIV infected males and females. In the early sixties endemic KS was recognized as one of the most common neoplasm in black populations of equatorial Africa and hence the designation of African endemic KS. With the onset of HIV-infection and AIDS, the HIV associated KS has rapidly emerged in this continent that involves the young sexually active population with increasing involvement of females. The clinical spectrum with this HIV associated KS is quite varied with some patients displaying an overlapping features of

Endemic KS while the other polar display cutaneous manifestations resembling the well documented Epidemic KS. On the other hand, the Equatorial Africa is now observing emerging cases of non HIV associated KS which are virtually impossible to clinically differentiate from the Epidemic KS. The management of all KS spectrum poses a special problem in Sub-Saharan Africa

The purpose of this presentation is to describe the whole clinical spectrum of KS in Equatorial African population covering both HIV – associated and non HIV-associated individuals.

Metabolic Abnormalities among Patients with Lichen Planus

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BACKGROUND: Links between metabolic syndrome and Psoriasis have been well studied with most studies showing an association between them. Studies linking metabolic syndrome or metabolic abnormalities and Lichen Planus are however lacking. Lichen Planus being a chronic inflammatory skin condition could have an association with metabolic syndrome or abnormalities. The aim of this study was to establish a possible link between Lichen Planus and Metabolic abnormalities.

INTRODUCTION: Metabolic syndrome is a risk for multiple conditions and arises as a result of Insulin resistance majorly due to abnormal fat deposition. The clinical manifestations of metabolic syndrome include hyperglycaemia, hypertension, hypertriglyceridemia, low HDL, abdominal obesity etc.

Many definitions exist for metabolic syndrome, but the definition by the National Cholesterol Education Program Adult Treatment Panel 111 (NCEP ATP 111) has been widely accepted.

Metabolic syndrome/abnormalities have been linked to a variety of skin conditions including Psoriasis, skin tags, acanthosis nigricans, androgenetic alopecia, SLE, and cutaneous malignancies. Link of metabolic syndrome with Psoriasis has been well studied whereas there is paucity of data on the link of the syndrome or its' components in Lichen Planus despite the chronic inflammatory nature of the condition.

AIM: The aim of this study is to establish a possible link between Lichen Planus and Metabolic

abnormalities.

METHODOLOGY: The study was conducted at the Dermatology clinic of Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria. All consecutive patient attending the clinic with clinical and histological features consistent with Lichen Planus were recruited. Control subjects were age and gender matched patients randomly selected from the Medical Outpatient Department. Both study group and the control group comprised seventy six (76) each, a total of one hundred and fifty two (152) study population.

A study questionnaire was used to obtain data on demographic characteristic of patients, duration of skin lesion and other characteristic nature of the lesion. Thereafter arm blood pressure, weight, height, body mass index, waist circumference were measured. Blood sample was also collected for fasting plasma glucose, fasting serum triglyceride, serum HDL, total cholesterol, and LDL cholesterol. Result obtained were analysed using statistical package for social sciences (SPSS) version 18.0.

RESULTS: Fifteen of the seventy six study group comprising 19.7% met the NCEP ATP 111 criteria for metabolic syndrome while nine individuals in the control group comprising 11.8% met similar criteria. Though more patient with Lichen Planus compared to the control met the criteria, the difference was not statistically significant ($p=0.182$)

The mean waist circumference was 87.82 ± 11.28 and 83.58 ± 13.34 for both case and control, and is statistically significant with a p-value of 0.04.

The mean triglyceride levels were $1.23 \pm 0.32 \text{ mmol/l}$ and $1.08 \pm 0.31 \text{ mmol/l}$ for both case and control, with a statistically significant p value of 0.005. The mean HDL-C levels for the case and control were $1.24 \pm 0.18 \text{ mmol/l}$ and $1.22 \pm 0.18 \text{ mmol/l}$. The difference however was not statistically significant ($p=0.634$).

Overall the prevalence of dyslipidemia was 60.5% among the study group and 35.5% among the control group. This was statistically significant ($p=0.002$). However there was no statistical significant association between mean fasting blood sugar, mean systolic or diastolic blood pressure in the two groups

studied.

CONCLUSION: Metabolic abnormalities accompany many skin disorders due to their chronic inflammatory nature with interplay of various types of inflammatory mediators. Lichen planus being inflammatory and chronic in nature may not be an exemption as seen in this study where significant proportion of patient with Lichen Planus suffer from dyslipidemia and abdominal obesity.

Keywords: Lichen Planus, Metabolic abnormalities, Dyslipidemia.

Nevus Lipomatosis Cutaneous Superficialis : A Series of 6 Cases Seen in Aminu Kano Teaching Hospital Kano, Nigeria.

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BACKGROUND: Nevus Lipomatosis Cutaneous Superficialis (NLCS) is a rare benign hamartomatous skin disorder. It may present in a classical multiple cerebriform nodular form or rare solitary type. The nodules may coalesce to form unilateral plaque in a segmental, zosteriform or linear distribution.

METHOD: This was a consecutive case series of 6

patients with NLCS

RESULT: a case series of six patients who had predominantly classical presentation is here presented. Histology revealed dermal deposition of Adipocytes in all the biopsy samples.

CONCLUSION: NLCS has a varied presentation that can easily be missed.

Non Melanoma Skin Cancers- A different Story in Africans.

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Skin cancers are seen mostly in Caucasians however anyone, irrespective of race or skin colour can develop them. The non- melanoma skin cancers (NMSCs), particularly basal cell (BCCs) and squamous cell carcinomas (SCCs) are the commonest malignancies worldwide though blacks (Africans and African Americans) have a lower prevalence. The demographics are those of a light-skinned population, an older age group with chronic sun

exposure and male sex being more affected. Incidence rates vary across different populations but mortality is increased in the black race, mostly due to late presentation. Whilst sun exposure is largely implicated in development of BCCs, chronic skin irritation and injury in the dark race may account more for the development of SCCs.

Keywords: Basal cell cancer, squamous cell cancer, Africans, black race

Paediatric HIV/AIDS in Africa

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The skin signs of immunosuppression including HIV/AIDS are well documented in the literature. Little has been done to document the changing patterns of skin disease associated with the introduction of HAART.

A review of literature that specifically addresses these changing patterns will be the focus of the talk

highlighting drug reactions and side effects, immune reconstitution syndromes and infections. It will also address unexpected problems such as the health of vertically HIV exposed but not infected children and orphans.

Paediatric Genital HPV Infections: Case Reports

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Epidermotrophic Human Papilloma Virus infections cause skin diseases. Subtypes 6 & 11 account for 90% of cases. Incubation periods last from weeks to months. Infection can be latent and humans are the only reservoirs. Paediatric risk factors include non-sexual contact, heteroinoculation, autoinoculation, sexual abuse, perinatal or prenatal acquisition and transmission via fomites. Data on children is limited and the prevalence unknown. Some studies have stated the average age to be between 2.8 to 5.6 years. We present 3 cases of paediatric genital HPV seen in one month.

An 8 month old female infant presented to the dermatology clinic with rashes in the anal region over the past two months. Examination revealed wart like lesions of varying sizes. Social history revealed mother was an apprentice baker who left the child in the care of 5 male tenants while at work. Mother had no evidence of genital warts. Child was treated with 20% podophyllin and lesions disappeared. Cause of

this infection is not known. A 2 year old female child was found to have anogenital warts during a dermatology community outreach. Mother denied having similar lesions and also refused hospital treatment. A consult from a district hospital was made on account of an 8 year old child with vaginal and anal warts. The child was lost to follow up after treatment.

Previous studies by Syrjanen in 2010 and D-Macoux et al both showed the presence of urogenital warts, especially types 6, 11 and 16 in children. Clinical presentation is similar and treatment options may be expectant, for symptoms, emotional distress or persistence greater than 2years. In these cases, the modes of transmissions are unknown and mothers refused to give permission for investigations however speculation of sexual abuse in case one is probable.

We are highlighting paediatric urogenital HPV infections to increase awareness and education.

Peculiarities of the African Skin in Dermatology Practice

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The African or Black skin has some particular characteristics in structure, function and the response to both physiologic and pathologic conditions; including the response to certain treatment modalities. Some of these responses affect the approach to diagnosis of these conditions. In addition, they could also alter not only the response to treatment but also the choice of the treatment modality.

In this presentation, these peculiarities of the African skin are highlighted using a selection of some clinical conditions, diagnostic methods and treatment modalities.

Pharmacogenomics of Rifampicin and Isoniazid-associated Cutaneous Adverse Drug Reactions

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First-line anti-TB drugs are effective treatment for TB but they can all cause significant cutaneous adverse drug reactions (CADR). So far, the pharmacogenomic factors associated with anti-TB drugs-induced CADR remain unclear. Identifying the offending drug in polypharmacy is difficult. Population and drug-specific genomics help identify those susceptible to adverse reactions to a drug facilitating avoidance of the drug. We report on our ongoing study aimed to investigate the genomic susceptibility in patients with confirmed rifampicin and/or isoniazid-associated CADR using both genome-wide association studies and candidate gene approaches.

Pigmentary Disorders on Pigmented Skin: Epidemiological Profile in Abidjan

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BACKGROUND: Pigmentation disorders appear more frequently on dark skin. Common diseases have a disconcerting clinical presentation due to dyschromias, such as hyper or hypopigmentation on pigmented skin. Their profile remains little studied in sub-Saharan Africa and particularly in Côte d'Ivoire. This study aims to assess the frequency and describe their main epidemiological and clinical characteristics.

PATIENTS AND METHODS: We conducted a retrospective, cross descriptive study. It was spread over 5 years at the Dermatology center of Treichville University Hospital in Abidjan (Ivory Coast). We included all patients, regardless of age and sex, who consulted for « spots ».

RESULTS: 3714 patients/17648 were selected with a hospital frequency of 21.04%. We noted a predominance of women (66%) with a sex ratio of 0,51. The average age was 29.02 years with extremes of 0 and 96 years. The majority patients were pupils and

students (31%). The hyper pigmentation represented the first cause of consultation (74.3%). Pigmented macules post prurigos and post lichen was the first cause of hyperpigmentation (58.9%) ; both among women (54.8%) and men (67.3%). The hypochromias were dominated by vitiligo (9.6%).

DISCUSSION: The "black spots" can represent a form of skin inflammation when erythema is very visible especially in a post inflammatory hyperpigmentation. The latter is more common and more persistent in blacks, it results from the evolution of an insect bite or inflammatory dermatosis such as lichen planus.

CONCLUSION: Hyperpigmentation are frequent in dermatological consultation on pigmented skin in Abidjan. The etiologies are dominated by inflammatory dermatosis.

Keywords: Pigmented skin-epidemiology-hypopigmentation-hyperpigmentation-africa

Practice of Skin Bleaching for a Cosmetic Purpose of Black Women: Results of an Epidemiological Survey in Abidjan (Côte D'Ivoire).

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BACKGROUND: Cosmetic skin bleaching is a widespread phenomenon among black women in Africa. It has many well described complications. However, the motivations of female practitioners are not well known. Our study aimed to understand the reasons and motivations of these women so that we can apply measures of effective communication for behavior change.

METHODS: We conducted a cross-sectional study consisted of a KAP survey (Knowledge/ Attitudes/Practices) in the Dermatology center of CHU Treichville in Abidjan (Côte d'Ivoire). The data were analyzed by the software Epi Info 3.5.1 and 6.04.

RESULTS: Practitioners were mostly young and single women (20-40ans), urban, literate and professionally active. Skin bleaching and its consequences are known by women, however, they wanted to be more beautiful by having a clearer skin and were influenced by the medias and their close friends. The most frequently observed complications were exogenous ochronosis and stretch marks. The means of local communication were the most desired by women to help them change their behavior.

CONCLUSION: The development of local communication strategies for behavior change seems needed to curb the phenomenon of women's cosmetic skin bleaching in Abidjan.

Keywords: Skin bleaching, black women, motivation, behavior.

Prevalence of Anxiety and Depression in a Predominantly HIV-Infected Population with Severe Cutaneous Adverse Drug Reactions

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Some data exists on the physical sequelae following severe cutaneous adverse drug reactions (SCAR). However, there is a paucity of data on the mental health sequelae associated with SCAR. Furthermore, there is also a paucity of research on their quality of life (QOL). A validated self-administered questionnaires help assessing anxiety, depression and QOL post SCAR in a South African cohort, a

majority of whom were HIV-infected. We report on our completed study aimed to investigate the prevalence of anxiety, depression and quality of life in patients with confirmed Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN) and /or drug reaction with eosinophilia and systemic symptoms (DRESS) using the Hospital Anxiety and Depression Scale (HADS), and the Dermatology Life Quality Index (DLQI).

Psoriasis – A Paradigm Shift

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Papulosquamous disorders are diseases that present with papules and macules. They are of unknown aetiology and diagnosis is largely through a descriptive morphology. They have little in common. The differential diagnosis includes psoriasis, lichen

planus, seborrheic dermatitis and others. The commonest is probably psoriasis. It affects about 125 million people in the world. The recent developments and views about psoriasis will be discussed."

Simple Practical Approach to the Diagnosis of Autoimmune Blistering Disorders in Resource-poor Settings.

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Blistering disorders are heterogeneous skin disorders with varied aetiologies. They may be hereditary (due to genetic defect in cutaneous structural proteins) or acquired. The acquired disorders may further be divided into primary immunobullous blisters or secondary blisters. The primary immunobullous blisters are a result of antibodies to cutaneous structural proteins. While the secondary blisters are due to variety of stimuli that result in cellular attack, ischaemia and cytopathological change. Diagnosis of immunobullous disorders can be made after taking a

thorough history, clinical and histopathological examination. For definitive diagnosis, however, immunofluorescence is the gold standard. In most centres in Africa, however, such facility is lacking. Simple Light microscopy and clinical correlation remain indispensable methods in arriving at diagnosis of immunobullous disorders. An easy practical and algorithmic approach is here discussed. It is hoped that this will narrow the differential diagnoses, thus improving the diagnosis in such a resource-poor setting.

Skin Manifestations of Chronic Kidney Disease (CKD)

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Cutaneous manifestations in patients with Chronic Kidney Disease are varied. They include (1) skin manifestations of diseases associated with the development of CKD; (2) skin changes due to uraemia; (3) skin disorders associated with renal transplant. It is documented that 50-80% of patients with CKD have at least one skin manifestation.

Skin changes most prevalent in patients with CKD include xerosis, pruritus, pigmentary and nail changes. Atrophy of sebaceous glands as well as the

secretory and ductal portions of the eccrine glands has been demonstrated resulting in lower levels of surface lipids and loss of integrity of the water content within the stratum corneum with exaggerated pruritus. Severity of xerosis and the intensity of pruritus has been linked. The pigmentary changes are due to retained urochromes and haemosiderin. Some patients also present with large bullae consistent with either porphyria cutanea tarda or bullous disease of dialysis.

The management of these skin changes is largely linked to the treatment of the CKD and the underlying disease responsible for the CKD while

specific treatment measures are instituted as required.

Squamous Cell Carcinoma of the Nail Matrix – A Great Mimic!

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INTRODUCTION: Squamous cell carcinoma occurrence in the nail matrix is rare. Its clinical presentation can mimic several benign conditions such as onychomycosis, pyogenic granuloma, and paronychia. A high index of suspicion is required to investigate and diagnose the condition. We report here a case of subungual squamous cell carcinoma of the left index finger in a Human Immunodeficiency Virus (HIV) positive patient Highly Active Anti-retroviral Therapy (HAART).

CASE REPORT: A 39 years old HIV positive female patient who has been clinically stable on HAART for 5 years presented to the dermatology clinic with a two years history of melanonychia and onychodystrophy of the lateral half of the left index fingernail. There has been no improvement despite the use of anti-fungal medications (oral and topical) prescribed at various hospitals. Two months prior to presentation, she developed pain, tenderness and slight swelling of proximal nail fold at same site of the lesion.

Nail scrapings for KOH microscopy did not reveal any fungal structures. Nail biopsy was done and histological section was consistent with well differentiated squamous cell carcinoma. PAS stain was negative for fungal organisms with reactive controls. Immunohistological stain for Human Papilloma Virus (HPV) was also negative, however, pap smear showed HPV changes. There was no definitive melanocytic proliferation identified. No radiological features of bony involvement noted on the x-rays of the hand. Patient was referred to the orthopaedic surgeons for disarticulation of the distal phalanx of the right index finger.

CONCLUSION: Squamous cell carcinoma of nail matrix is a rare condition. A high index of suspicion is necessary to make an early diagnosis. Nail lesions suspected to be onychomycosis not responding after initial antifungal treatment should be biopsied.

Keywords: nail matrix, squamous cell carcinoma, onychomycosis

Successful Treatment of Melasma and Post Inflammatory Hyperpigmentation with a Combination of Tyrosine Inhibitors.

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BACKGROUND: Melasma and Post inflammatory hyperpigmentation (PIH) are commonly encountered causes of facial melanoses in black skin. They are frustrating conditions to treat as they not only incorporate epidermal but also dermal melanin accumulation. Topical combinations incorporating hydroquinone are the mainstay of treatment. Irritation, exogenous ochronosis and slower onset of results, are however drawbacks of hydroquinone combinations. Various other combinations of depigmenting agents have been used with reported success.

METHODS: Six consecutive patients with a diagnosis of Melasma and/or post inflammatory hyperpigmentation at a private dermatology facility in Abuja, Nigeria were studied. After a thorough history and clinical examination was done, each patient was treated with the application of a mask consisting mainly of a combination of tyrosine inhibitors (Azelaic acid, Kojic acid and Alpha Arbutin), this was washed off after six hours. Twenty four hours after the mask application, patients were placed on a combination cream of similar agents to be

applied twice daily together with a broad spectrum sunscreen. Serial pretreatment and post treatment photographs were taken and patients were observed for six weeks.

Patients were reviewed on Day 3 post mask application, Day 14, 28 and 42.

RESULTS: The six patients were all females with age ranging between 19-56 years with Fitzpatrick skin types V and VI. Four of the patients had post inflammatory hyperpigmentation sequelae of acne vulgaris, while the other 2 had melasma. By day 14, about 90% of macules had faded off revealing clear, smoother skin. By the end of the 6th week post commencement of treatment, lesions had cleared in all patients. Side effects encountered include extreme drying of the face and excessive peeling of the skin.

CONCLUSION: A combination of azelaic acid, kojic acid and alpha arbutin is useful in the treatment of melasma and Post Inflammatory Hyperpigmentation in black African skin.

Keywords: Melasma, Post inflammatory hyperpigmentation, Tyrosine inhibitors.

Syringocystadenoma Papilliferum of the Scalp Associated with Nevus Sebaceous in an 18 Year Old Female - A Case Report

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Syringocystadenoma papilliferum is an exceedingly rare benign skin adnexal neoplasm of disputed histogenesis, with a predilection for the scalp and forehead. There is an associated Nevus Sebaceous of Jadassohn in approximately one third of cases. Syringocystadenoma papilliferum shows predominantly apocrine differentiation but tumors of eccrine type had been reported. These neoplasms appear commonly at birth or during childhood. It has a characteristic dermatohistopathological features and varied and non-distinct clinical findings. A case of Syringocystadenoma papilliferum of the scalp in an 18 years old female has been presented, which was

clinically diagnosed at first as Pyogenic granuloma but was later histologically confirmed as Syringocystadenoma papilliferum. I am reporting this case because of its rarity and considering the invaluable clinicopathological correlation required in diagnosis of dermatological conditions. This case is going to be presented with history, clinical findings and dermatohistopathological features accompanied by digital images of clinical pictures as well as photomicrographs of histological slides.

Keywords: Scalp, Syringocystadenoma papilliferum, Nevus Sebaceous of Jadassohn

The Dermatologist Role in the Diagnosis of Endonasal Sarcoidosis

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BACKGROUND: The endonasal location in Sarcoidosis is rare: less than 2% of cases in the literature and its clinical manifestations may wrongly lead to other diagnosis leaving develop the disease and delay the treatment .We report the case of a patient in whom the skin involvement has led us to the diagnosis of endonasal sarcoidosis.

MATERIAL AND METHODS: A 51 years old women followed for the past 8 years for recurrent nasal polyps, is consulting for a red plaque on the nose since 2 months . Nodular lesion are also present ranging from 0.5 to 1 cm in diameter, located at the right cheek and left labial commissure. A standard function tests showed no abnormalities. The intradermal tuberculin reaction was anergic.

The nasal endoscopy revealed a congestive and crusted nasal mucosa with a bilateral lower turbinate hypertrophy. The histological examination of the biopsy of a nodule found a non caseating granuloma with epithelioid and giant cells. A ct scan of the chest showed a symmetric hilar lymphadenopathy with a right pulmonary micronodular infiltrate. The ECG and the ophtalmic examination were unremarkable. The diagnosis of cutaneous sarcoidosis with nasal

and pulmonary involvement was made. Hydroxychloroquine (400mg/day) with prednisone (1mg/kg/day) were started in our patient with improvement of the affection. The lowering of corticosteroid was then initiated without any recurrence after 6 months of follow-up.

RESULTS: The frequency of sarcoidosis in endonasal beginning is difficult to assess in the absence of previous research on this subject. The clinical signs are nonspecific, no abnormalities of the nasal mucosa is pathognomonic of sarcoidosis. The examination may be normal or endonasal lesions are found in the septum and lower turbinates in 77.2%. Our patient presented a cutaneous sarcoidosis 8 years after initial chronic nasal obstruction has taken for nasal polyps.

CONCLUSIONS: Endonasal sarcoidosis is rare. However, is sometimes revealing and his ignorance cause a potentially deleterious delay in diagnosis. This diagnosis should be considered in any non-specific chronic nasal obstruction. Our observation shows the importance of dermatological examination in the revelation of systemic sarcoidosis.

Keywords: Sarcoidosis , endonasal , obstruction

The Social-cultural and Economic Impact of Skin Color - An Overview

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The type and the amount of melanin in the skin have much impact over the centuries on the socio-cultural and economic lives of the human species. Discrimination based on skin color, or colorism, is a form of prejudice or discrimination in which human beings are treated differently based on the social

meanings attached to skin color. It has some bearing on cast system in India, and was the basis for Apartheid in South Africa with the maiming and killing in the Rainbow State. Skin color separated the buses that could be boarded in North America for several years before the likes of Rosa Parks Challenged the system.

She was known for the Montgomery Bus Boycott.

Sandra Laing apparently was an example of atavism, a genetic throwback to some earlier African ancestor, perhaps as early as the 18th century. Sandra Laing was born in 1955 to phenotypical white parents, Afrikaners in Piet Retief, a small conservative town in South Africa during the apartheid era, when laws governed officially established social castes of racial classification. Her social challenges because of her dark skin color are captured in films like Laing is the subject of the 2008 biographical dramatic film 'Skin', directed by Anthony Fabian, which has won numerous awards

Malcolm X and Martin Luther King jnr came into historical and political prominence and attention because of the division that came about from the socioeconomic disadvantages of some skin color.

Fairer colored female slaves were better favored by plantation owners. The accidental discovery of hydroquinone and its skin color lightening during the processing of rubber made many darker skin females to become enslaved to this chemical. To date it remains difficult to prevent the sale of skin lightening creams and soaps despite legislation by the ministry of Health in Nigeria. It was a landmark when a (native, dark skinned) Nigerian Agbani Darego became Miss World in November 2001.

Albinism can result in extremity of reaction from the populace, varying from revulsion at one end to reverence and celebration at another. They have become hunted for body parts in some regions of Africa - Tanzania, MALAWI, Zimbabwe and Nigeria especially. Such practices are difficult to stop because of cultural beliefs.

The Need for Repeat Biopsies: The Many Phases of Mycosis Fungoides

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BACKGROUND: Mycoses fungoides is an extra-nodal indolent non-Hodgkin lymphoma of T- cell origin that is characterized by skin involvement. The course of the disease is typically slowly progressive with non-specific clinical and histologic features which can evade diagnosis for years. Chemotherapeutic agents to control the disease are effective if employed early, but the prognosis is dependent on the stage of the disease at presentation. We report a case of a 25 year old man with clinical and histologic features of non- specific dermatitis which over 5 years became psoriasiform and eventually nodular and ulcerative.

CASE SUMMARY: Mr. MI presented with a one year history of generalized exfoliative lesions clinically diagnosed as tinea incognito and histologically reported as chronic non-specific dermatitis. With poor response to management, he re-presented a year later with clinical and histological features consistent with psoriasis for which he was subsequently managed with oral methotrexate and prednisolone. There was some clinical improvement sufficient enough for him to default from the clinic as he also

had some financial constraints. He however presented two years later with widespread nodules, ulcers and scaly plaques with histology and immune-phenotyping done at this time confirming erythrodermic mycoses fungoides of both B-cell and T-cell lineage. He was commenced on multiple courses of chemotherapy by the haematology and oncology unit and is currently stable. With two different histology results over a three year span, it is possible that the patient had both diseases occurring separately. It is also possible that psoriasis was a harbinger of mycoses fungoides and the change in clinical presentation which necessitated repeated biopsies eventually revealed the picture.

CONCLUSION: The index patient may have had MF from the outset of the disease as response to treatment for psoriasis was poor. This case highlights the importance of having a high index of suspicion, with vigilant patient follow-up and repeated skin biopsies to diagnose MF early and commence treatment, thus preventing its progression to a life-threatening malignancy.

Keywords: Mycoses fungoides, CTCL, psoriasis.

Usefulness of Dermoscopy for Detection of Acral Lentiginous Melanoma

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General clinical guidelines may require that suspicious pigmented lesions of the plantar or palmar areas be biopsied for early detection of acral melanoma. We report here a case of acral lentiginous melanoma in a HIV seropositive patient in whom a hyperpigmented plaque was found on the sole.

Dermoscopy revealed a parallel ridge pattern on the acral lesion. We suggest that noninvasive dermoscopy may be effective for the early discovery of hidden lesions of acral melanoma.

Keywords: Acral lentiginous melanoma, Dermoscopy

INTRODUCTION: Acral skin, which is the hairless

skin of the palms, soles, and subungual regions, is the most predominant site of malignant melanoma in Africans¹. Malignant melanoma is four times more common in HIV coinfection.² Currently, skin biopsies, such as incisional, excisional, and sometimes multiple punch biopsies, are the diagnostic method of choice for the detection of malignancy. However, depending on the depth of the biopsy and the degree of proliferation of atypical melanocytes, histopathologists and clinicians sometimes have difficulty differentiating pigmented lesions in the plantar or palmar area³. Here, we report an unusual case of acral lentiginous melanoma in a HIV seropositive patient presenting with a right inguinal swelling. The patient's history

included a right inguinal nodular swelling which was noticed about 6 months prior to presentation. A thorough physical examination revealed an associated 2cm by 2.5cm patch on the right sole. When patient was asked about the lesion on the right sole, she claimed it had been present for about 8 years and could not tell whether or not lesion had increased in size as she paid little or no attention to it. We suggest specific dermoscopy findings including parallel ridge patterns may be very important in diagnosis of early malignant melanotic lesions on acral skin and would be an extremely effective non-invasive technique for accessing pigmented lesions in acral skin and as such aid early detection of acral lentiginous melanomas.

The Range of Skin Lightening Products in a Nigerian Market

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BACKGROUND: Skin lightening is a global phenomenon predominantly practiced amongst people of color. Whereas there is enough literature on the use and hazards of skin lightening products, there is paucity of data on the range of skin lightening products available in the Nigerian market. The objective of the study was to identify the range of skin lightening products in a Nigerian market

METHODS: This was a pilot study carried out at Ikotun market in Alimosho LGA, Lagos state. This simple market survey was carried out from January to March 2016. Convenience sampling was employed and 5 cosmetic store owners were approached randomly based on their accessibility and seemingly high patronage. Two store owners opted out of the study. Semi-structured questionnaires with 12 major parameters were administered.

RESULTS: Sixty lightening products were identified in this study; 50% of these products were advertised as lightening agents, while 23.3% were advertised as whitening agents. Of these skin lightening products, only 2 are produced in Nigeria and majority of the products (35%; 21) were manufactured in Abidjan, Cote d'Ivoire. Though all the products had some form of directions or instructions on how to use, only 23% of

the products had an information leaflet detailing indications for product use and these were included in the packet.

Hydroquinone and its derivatives were identified as the major active ingredients in 30% (18) of the products identified; this was followed by steroids (25%, 15). The steroids identified were betamethasone dipropionate and clobetasol propionate 0.05%. The skin lightening products also contained parabens, Butylatedhydroxyanisole (BHA) and Butylatedhydroxytoluene (BHT). These substances are listed as ingredients, however their concentrations are not stated. These ingredients have carcinogenic properties and a propensity to be sensitizers and moderate allergens.

CONCLUSION: This is the first study to assess the range of skin bleaching products in a Nigerian market. The study highlights the lack of regulation on these products, which are readily available in this environment. Larger studies carried out in the country and across the geopolitical zones will be needed to further assess the situation and validate these findings.

Keywords: Skin lightening, skin bleaching, Nigeria

The Skin of the African Child: A Visible Victim of Traditional Practices.

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BACKGROUND: Traditional practices aimed at restoring a child to good health, abound in our environment. This includes concoctions taken by mouth, instilled into orifices or inhaled. Some are also applied to the skin. Additionally scarifications of different patterns are done on the skin in a bid to let out so called "bad blood" or ingrain protective

charms. This is done for a variety of conditions and most times do not even have a link topographically with the supposed ailing organ. Often times these practices on the skin distract the caregivers from getting timely intervention for childhood illnesses hence late presentation to hospital bearing the marks of traditional attempts at healing. These scarification

marks and caustic effect of some of the pastes leave permanent defects on the skin in addition to the immediate complications of pain, haemorrhage, infection and other sequelae.

Scars following deep injuries to the skin have served as means of identification of certain ethnic groups. Other marks on the skin like traditional tattoos can be for aesthetics, for identity or making statements about person's beliefs.

This review brings to the open, some of these practices and possible beliefs that lead to them. It

also recommends health education to discourage these deeply entrenched practices that have led to loss of lives or now serve to give poor body image and low self esteem to the bearers. This expose also serves to stimulate dermatologists and skin health practitioners to proffer solutions on ways of obliterating these marks and blemishes or reducing their features to improve aesthetics and self esteem especially as these children get to adolescence or adulthood.

Keywords: Scarification, African child, Traditional, body image

Vitiligo – An Overview of Reports from the African Continent

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Vitiligo is a chronic disorder of melanogenesis characterized by pigmentary changes but no alteration in skin texture. The comprehensive aetiology of vitiligo remains elusive yet the psychosocial impact is gross. Over many thousands of years, nature has modified the genetic and racial characteristics of each race to suit its continent with the highest variation of human skin color diversity in the African population using the Fitzpatrick's classification. Vitiligo is more prominent on the darker skin by contrast.

Many African authors have documented on the epidemiology, clinical pattern, spread, characteristics social impact and treatment modalities in patients with vitiligo. Among these articles are Clinical epidemiological profile of vitiligo and quality of life, documented in Tanzania The documentation in Nigeria included the challenges of treatment in Ibadan, research on associated psychosocial problems of vitiligo in south West, the clinical associations and trend in South East, study of

350 patients in Benin city and the characteristics of vitiligo in Lagos.

The Vitiligo Society of South Africa are creating awareness, information and support for patients as well as promoting research. The first description dating back more than 3000 years was in Vedic and Egyptian texts. A hospital based study on the sociodemographic, clinical profile and psychosocial impact of vitiligo was authored in Sudan and childhood vitiligo profile was studied in Congo Kinshasa.

All these areas of work mentioned though not exhaustively have contributed to knowledge in the field of vitiligo. There is however a need to open up collaborative networking and linkages between the African sub-regions. We need to also do more of molecular studies to complement the large numbers of descriptive studies done. African based treatments need to emerge from researchers from this great continent.

To Ink or Not to Ink? Allergic Contact Dermatitis to Black Henna Dye

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BACKGROUND: Henna is from the dried and powdered leaf of *Lawsonia inermis* which is a member of the family Lythraceae. It has been used through time for body art such as tattoos and as a dye for hair and nails. Its use is a worldwide practice especially in the Hindu, Islamic and certain African cultures. Traditional henna is the red henna which is relatively safe, while the black henna is a frequent cause of allergic contact dermatitis because of the p-phenylenediamine (PPD) constituent and other agents in varying concentrations. We present the case of a biopsy-proven contact dermatitis.

CASE SUMMARY: Miss SJ, an 18 year old undergraduate student presented with a 2 week history of a rash which she noticed following the application of black dye used in a tattoo she had done

on various parts of her body. These areas became pruritic five days after she had the tattoo done and then 2 days later the area gradually became raised and warm to touch. There was no history suggestive of systemic involvement. There was no similar history in the past and a history of prior sensitization could not be ascertained.

Examination revealed erythematous raised plaques involving the left hand and wrist, right forearm and the left ankle. These lesions followed the inscription and designs made by the tattoo artist and appeared keloidal with slight scaling. An assessment of allergic contact dermatitis secondary to black henna dye from a tattoo was made. She was given oral antihistamines and intramuscular triamcinolone. A skin biopsy was done and a patch test was planned for the future.



The skin biopsy results showed features suggestive of contact dermatitis: moderate spongiosis, parakeratosis, acanthosis and dermal oedema. There is florid lympho-histiocytic infiltrate within the papillary dermis as well as eosinophils. No granuloma or extranuclear deposit of pigment is seen, features are suggestive of contact dermatitis.

CONCLUSION: With the rising trend of tattoos in the world today, it is important to document tattoo associated skin reactions. We report this case to bring to the fore allergic contact dermatitis to black henna dye.

Keywords: black henna, tattoo, allergic contact dermatitis

Treatment of Onychomycosis with Nd: Yag 1064-nm laser, A Nigerian Report of Two Cases.

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BACKGROUND: Onychomycosis is a common fungal infection of the nails. It is a cause of psychosocial and emotional distress. The systemic antifungal agents have been the mainstay of treatment but they are associated with a variety of shortcomings. Lasers have been used for the treatment of a variety of skin conditions, Nd: YAG 1064/532 lasers especially have been shown to selectively damage fungal pathogens and show promising results in the treatment of onychomycosis. They are safe, convenient and without systemic side effects. This paper reports the use of Nd: YAG 1064 (Quanta system light B. Italy) laser in the treatment of two Nigerian patients with onychomycosis.

METHODS: Two consecutive patients, one 44-year old male and the second 42-year old female both with distal and lateral subungual onychomycosis affecting the fingernails were treated with Nd: YAG 1064 nm laser based on preference. The laser protocol

consisted of 3 sessions with one month interval, treatment duration was approximately 15 minutes per session, with pulse duration of 30ms, spot size of 4mm, and frequency of 1 Hz. Fluencies used during all the sessions ranged between 16 and 40J/cm². Patients were assessed after the third session.

RESULTS: At review, there was improvement in the nails clinically evidenced by decreased discolouration, reduction in subungual debris and in the area of onycholysis. We await a reassessment of the nails following twelve months post therapy to note the full effect of treatment success, this is the time required for complete nail plate regeneration.

CONCLUSION: The Nd: YAG 1064-nm laser is useful in the treatment of Nigerian patients with Onychomycosis. It should be considered as a therapeutic option in the treatment of onychomycosis.

Keywords: Onychomycosis, Nd Yag Laser, Nigerian

Unilateral Gynecomastia And Neurofibromatosis: A Case Report

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Keywords: Neurofibromatosis, Unilateral gynecomastia, Abnormal endocrine assay

BACKGROUND: Previous studies have described an increased frequency of bilateral and unilateral gynecomastia associated with neurofibromatosis 1. Documented to be an atypical presentation of gynecomastia, these cases, which are usually not related to obesity are underappreciated.

Endocrine workup in documented cases have been noted to be uncontributory.

This report describes neurofibromatosis as a cause for atypical, unilateral gynecomastia in a prepubertal male.

CASE REPORT: We describe a 7yr old non obese, male Nigerian patient who presented to the dermatology clinic with a three year history of generalised skin lesions and right sided breast enlargement. There was no known history of a first degree family member with the disorder. The mother

stated that his academic performance was above average and denied any educational challenges.

Examination revealed unilateral right sided gynecomastia, axillary freckling, multiple café au lait spots and neurofibromas. There was no evidence of limb asymmetry, scoliosis or long bone bowing. Assessment of neuromotor development, language and learning revealed mild impairment.

A diagnosis of Neurofibromatosis 1 with unilateral gynecomastia was made.

Endocrine workup revealed elevated estrogen levels and significant reduction in testosterone levels.

CONCLUSION: An endocrine workup in cases of gynecomastia associated with neurofibromatosis is important and contributory in patient management and should be included in the investigations done.

Vitamin D Status in Phototype VI Senegalese Patients with Systemic Lupus Erythematosus (SLE): A Case Control Study

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BACKGROUND: Previous studies have suggested a relationship between low levels of serum vitamin D and SLE. Our aims were the following: to compare the rates of 25 hydroxyvitamin D levels in lupus patients and the controls, to identify variables associated with low levels of 25-OH-vitamin D.

PATIENTS AND METHODS: we conducted a multicentric case-control study in three hospitals located in Dakar, the Senegalese capital. Twenty five cases and 25 controls matched by age and sex were included.

Data collection: Information regarding the medical history, clinical symptoms, and signs was registered at the time of serum sampling. Disease activity of SLE was evaluated according to the SLEDAI score. The 25(OH) D3 was determined by the test par electro chemiluminescence (ECLIA) for the in vitro determination of the total content of 25-hydroxyvitamin D (Elecsy® Vitamine D totale of Roche*).

RESULTS: the mean age of our patients was 34.6 years [17-66 years]. The sex ratio was 0.19. Sixty percent of our patients had a low level of 25-hydroxy vitamin D (30 ng / ml with an average concentration of 25.24 ng / ml [10.23 to 45.14 ng / ml]. Less than half of the

recruited subjects in both groups had sufficient vitamin D levels. Nevertheless SLE patients had significantly lower rates than controls ($p = 0,012$). We found a significant association between the levels of 25-D Hydroxyvitamin and body surface exposed to solar radiation in both groups (OR = 12,8 IC 95% [10,49-15,12] and $p < 0.04$). Furthermore, we found a significant association between low vitamin D rates and various parameters including: age (OR = 5,6 IC 95% [3,31-7,89]), and the duration of disease (9,3 [7,45-11,15] $p = 0.02$), the acute cutaneous involvement (OR = 13,33 [11,02-15,64] $p = 0.03$), the disease activity (OR = 11 [9,07-12,93] $p = 0,027$) and a hydroxychloroquine taken during a period exceeding 12 months (OR = 22 IC 95% [19,53-24,47]). However, we found no association between dietary habits on the daily intake of calcium and phytates. Moreover, we found no association with skin damage, renal and haematological as well as immunological events or taking glucocorticoids and immunosuppressant and 25 OH vitamin D levels.

CONCLUSION: We found low levels of 25 OH vitamin D in phototype VI patients with SLE who living in sunny area in Dakar Senegal. Moreover we found significant association between low level and some clinical variables.

The Effect of Host Factors on Dermatophytosis is Masked by HIV Infection.

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Keywords: HIV, Dermatophytosis

BACKGROUND: Dermatophytosis is a common fungal skin infection in children. This study was aimed at comparing the effect of host risk factors (gender, level of hygiene, socio-economic class and nutritional status) of dermatophytosis among HIV seronegative and seropositive children aged 2 months to 15 years in National Hospital Abuja, FCT, Nigeria.

METHODOLOGY: This was an observational cross-sectional study of 206 HIV positive children who met the study criteria (subjects) and 206 HIV-negative children matched for age and sex (controls). Relevant information was obtained via administration of a structured questionnaire. Anthropometric

measurements and skin examinations were carried out. Data was analysed using SPSS version 21.

RESULTS: Male sex ($P = 0.027$; CI = 1.170-12.942), low level of hygiene ($P = 0.037$; CI = 1.073- 9.216) and low socio-economic class among other factors were found to significantly increase the prevalence of dermatophytosis among HIV negative children whereas these factors had no significant effect on the prevalence of dermatophytosis among the HIV positive children.

CONCLUSION: In the presence of HIV infection, the role of host risk factors is masked by HIV induced immunodeficiency.