

## Section of Dermatology

Chairman—H. C. SEMON, M.D.

[May 20, 1943]

### **Acanthosis Nigricans with Discrete Warts and Marked Mucous Membrane Changes in a Patient with Vitiligo.—L. FORMAN, M.D.**

D. R., male, aged 33.

August 1941, gastro-jejunostomy performed by Mr. Spalding at the County Hospital, Farnborough, for growth of the pylorus with secondary deposits. Remained well except for occasional nausea and fullness after meals until last six months, when he complained of generalized itching which was worse on scrotum, under arms and on breasts.

On forehead the skin is thickened with some discrete flat warts. Filiform warts on lower lids. Warty masses at angles of mouth. Tongue normal. Teeth were removed several years ago. Warty thickening of epithelium of gums, showing interdental projections of the kind one would expect to see following recent extraction of teeth. Inside cheeks, velvety white thickening. At sides of neck, in axillæ, on nipples, around perineum and perianal regions, the skin shows the velvety thickening of acanthosis nigricans. Scattered over the inner aspects of the thighs and behind the knees there are discrete warts which are indistinguishable from infective warts.

He has had vitiligo as long as he can remember. It is interesting that no changes of pigmentation have occurred on previously depigmented areas, where the skin has undergone the thickening of acanthosis nigricans.

Lævulose tolerance test: Fasting blood sugar per 100 c.c. 106 mg.; one hour after sugar 113 mg.; two hours after sugar 104 mg.

Blood sodium chloride per 100 c.c. 548 mg. (normal 560 to 620 mg.).

Blood sodium per 100 c.c. 315 mg. (normal 325 to 350 mg.).

Blood potassium per 100 c.c. 25 mg. (normal 18 to 21 mg.).

### **Lupus Pernio.—C. H. WHITTLE, M.D.**

D. T., married woman, aged 41.

Bluish-red, painless swelling of distal end of nose one and a half years' duration, accompanied by loss of weight, as much as 1 st. in a year, and feeling below par. Swelling on right thumb one month previously; this was painless and it subsided leaving no mark.

No lesions discoverable elsewhere. No palpable enlargement of glands or spleen.

*Comment.*—There is no tuberculous history. The X-ray of the chest and of the fingers is negative and the Mantoux test is negative in a dilution of 1:100, and only very weakly positive in a dilution of 1:10. Nose examined for active lupus vulgaris but none found. Diagnosis of vascular nævus has been suggested, but the Section will probably agree with the original diagnosis of lupus pernio.

**Dr. L. Forman:** I agree with Dr. Whittle. On compression one could see small lupus-like translucent nodules over the end of the nose.

**The President:** What treatment is proposed?

**Dr. Whittle:** So far such cases as I have had have done well with general ultraviolet light, and I am hoping that this will also do well.

**Major F. F. Hellier:** An alternative diagnosis is lymphocytoma. Such cases, although commonly more localized, may give a lesion somewhat of this character. A biopsy would be helpful to confirm the diagnosis.

### **Alopecia with Scarring.—C. H. WHITTLE, M.D.**

R. F., a girl aged 15.

There is an area of alopecia about 3 in. diameter on the right parietal region. The total history is about three and a half years. There is scarring and reddening of some follicles, and the hair has shown very little tendency to regrow. Admittedly there are some