





## 2011 ANNUAL GENERAL & SCIENTIFIC PROGRAMME

Kano 2011

### President's Message

ON behalf of the executive committee of Nigerian Association of Dermatologists (NAD) I heartily welcome all our members and medical colleagues to the 5<sup>th</sup> Scientific Conference and Annual General Meeting of NAD taking place in the magnificent city of Kano on the 23 June and 24 June 2011. The themes of the conference are "HIV/AIDS and the Skin" and "Re-emerging Microbial Skin conditions: Leprosy/Cutaneous Leishmaniasis". These are highly topical and very stimulating topics that will be presented by notable speakers at the meeting and I have no doubt that you will derive immense academic benefit from the sessions.

The Local Organizing Committee under the chairmanship of Dr. Shehu Yusuf has worked tirelessly to prepare for this meeting to make sure that we all have a very fruitful academic meeting and enjoy the best of the city of Kano. In order to show appreciation for their effort. I hereby encourage all our members to turn out in large number so that we can have a very successful meeting. Thanks.

**Dr. Felix A. Oresanya**  
President, NAD

## ABSTRACTS

**Title:** CASE REPORT OF KOEBNERIZATION OF HERPES ZOSTER LESIONS BY PSORIASIS  
**Authors:** ANABA EHIAGHE L., OGUNBIYI Adebola O., GEORGE Adekunle O.  
*Department of Medicine, University College Hospital, Ibadan, Nigeria*

**Background:** Herpes zoster and psoriasis are known to occur individually with retroviral disease; however, co-occurrence is rare. We present a case of koebnerization of healed herpes zoster lesion with psoriasis.

**Case report:** Mr. IS was seen in the dermatology clinic following a referral from the HIV clinic for skin lesions of a month's duration. He was newly diagnosed of retroviral infection. Rashes involved the trunk, upper limbs, lower limbs with sparing of the face and scalp. Seven years prior to this, he had a vesicular rash which affected the left trunk and back.

Examination revealed a chronically ill looking male. He had well circumscribed scaly, annular lesions on his trunk and extremities with an erythematous hue. There

were no nail changes and the scalp was not involved. Also, a hyperpigmented dermatomal lesion was noted on the left flank which did not cross the midline. Lesions consistent with psoriasis were noted to be superimposed on this dermatomal lesion.

**Investigation results:** Skin biopsy was consistent with psoriasis. Retroviral infection was confirmed with Western blot. Viral load was 155,342, CD4 counts were 28 cells/mm<sup>3</sup>, haemoglobin was 14.1g/dl, total WBC was 3.2 x 10<sup>9</sup>/l.

**Conclusion:** We report this koebnerization of herpetic lesions to highlight the co-occurrence of dermatosis in retroviral disease patients with a low CD4 count.

**Title:** EXTENSIVE POLYPHOMORPHIC LESION IN A PATIENT WITH SARCOIDOSIS  
**Authors:** SANI H., OGUNBIYI AO., GEORGE, AO  
*Department of Medicine, University College Hospital, Ibadan, Nigeria*

**BACKGROUND:** Sarcoidosis is not uncommon in our environment. However most of the patients present with a scar induced lesion.

We present a case of extensive polymorphic lesion in a patient with cutaneous sarcoidosis

**Objective:** To report a case of extensive polymorphic lesion in a female patient with sarcoidosis

**Case:** A 28 year old house-wife who presented with skin rashes of 14 months duration. Lesions were raised, red, itchy and occasionally painful with well-defined

edges. Initially they were localized to chest, upper and lower limbs but subsequently involved the rest of the body including the face, palms and soles. Lesions usually healed leaving depressed hyperpigmented areas on the skin.

Examination findings are that of a young lady with generalized erythematous, polymorphic lesion, with

mixture of lesions some having areas of active edges and the healed lesions are atrophic and hyperpigmented.

**Conclusion:** Although scar sarcoid is rare due to reduction in tribal and scarification marks in this environment. Other cutaneous manifestation of sarcoid should be looked out for.

**Title:** **MANUAL DERMABRASION WITH SAND PAPER – A SIMPLE CHEAP BUT HIGHLY EFFECTIVE TECHNIQUE OF MANUAL SPOT DERMABRASION**

**Authors:** <sup>1</sup>Akolawole M.A., <sup>2</sup>Akolawole Franca F.

<sup>1</sup>Dermatology Unit, Department of Medicine, ABUTH, Zaria.

<sup>2</sup>National Tuberculosis and Leprosy Training Centre, Zaria

Dermabrasion is an effective procedure that alleviates many facial cutaneous disorders. The main indication for dermabrasion is scarring resulting from surgical procedures.

The conventional dermabrasion, an electrically powered hand held abrader with a diamond fraise or wire brush is the cutting tool. However, this technique has several drawbacks and requires both skill and

experience.

This presentation describe a simple and highly effective technique of manual spot dermabrasion that has several advantages over the convectional technique yet cheap and accessible.

**Key words:** Dermabrasion, effective, spot, technique, drawbacks.

**Title:** **EXTENSIVE AND RAPID PROGRESSION OF PSORIASIS IN A BLACK AFRICAN WOMAN WITH HIV INFECTION**

**Authors:** Okoro OE, MBBS

*Dermatology Unit, Department of Medicine, University College Hospital, Ibadan.*

**BACKGROUND:** Psoriasis is rare among black Africans. In HIV patients presentation of psoriasis may be unusual and the development of HIV-associated psoriasis might be associated with poor prognosis in untreated patient.

**Objective:** To report a case of extensive and rapid progression of psoriasis in a black African woman with HIV infection

**Methods:** A case report of a 35 year old woman, a petty trader who presented with three months history of skin

rashes that started from the legs and spread to involve the other parts of the body. Lesions are mildly itchy. Physical examination revealed generalized erythematous plaques with silvery scales, onycholysis and prominent longitudinal ridges on the nails. She is seropositive to HIV infection.

**Conclusion:** Psoriasis is rare among blacks. In HIV patients, it can be the initial presentation with extensive and rapid progression. Patients with such extensive psoriasis may need to be screened for HIV infection.

**Title:** **FIXED DRUG ERUPTION (FDE) ON THE TONGUE – A CASE REPORT**

**Authors:** Akolawole MA, Orji AE

*Dermatology Unit, Department of Medicine, ABUTH, Zaria*

Fixed drug eruption (FDE) can be seen in any part of the body but FDE on the tongue is termed to be rare and no case has been reported to the author's knowledge in this part of the world.

J.B. - a 16yrs old Nigerian female presented with acute onset of burning and pepper-like sensation associated with reddening on the tongue and subsequent residual hyperpigmentation following the sue of Maldox for malaria.

Subsequent lesion developed at the same site following the use of similar drugs (Fansidar, Amalar), No similar lesions in other parts of the body. The mother who is a nurse in ABUTH claimed she reacts to

Septtrin.

The diagnosis was confirmed following provocative test done with the one-third of the Maldox.

The hyperpigmented patch on the tongue has remained the same.

The case highlights the presentation of a rare but possible case of FDE in an usual site. The peculiarities, diagnosis and differential diagnoses were considered in this report.

**Key words:** Fixed drug eruption, tongue, hyperpigmented patch.



**Title: CLINICAL SPECTRUM OF SEBORRHOEIC DERMATITIS IN HIV INFECTED PATIENTS IN KANO – NIGERIA**

**Authors: H. Mohammed, MWACP, SM Yusuf, MSc, FWACP; UT ALIYU MMCP; H. ADAMU MWACP**  
Dermatology Unit, Department of Medicine, Aminu Kano Teaching Hospital, Kano, Nigeria

**Background:** Seborrhoeic dermatitis occurs in <5% of the general HIV-infected population, but in up to 85% of the HIV-positive population.<sup>1-3</sup> It may present at any CD4 cell count but usually becomes extensive and refractory as CD4 cell counts decline. Seborrhoeic dermatitis in HIV-infected individuals has a broad clinical spectrum, ranging from typical lesion affecting sebaceous areas on the face, scalp. Chest, back and intertriginous areas to a widespread erythroderma.

**Aim:** To evaluate the prevalence and the clinical spectrum of seborrhoeic dermatitis in ambulant HIV-infected individuals attending the special treatment clinic in Aminu Kano Teaching Hospital, Kano.

**Methods:** A cross-sectional observational study on HIV-positive out-patients in the Special Treatment Centre of AKTH Kano was performed. Patients with SD

were examined for extent and distribution of lesion, CD4 count was determined for any association.

**Results:** Six hundred and thirty-one HIV-positive patients were seen. The female ratio was 1:2. The mean age of the samples was 34.6 years (range 16-60 years). The prevalence of SD in the studies population was 20.9% (<sup>132/631</sup>) patients. Spectrum seborrhoeic Dermatitis (SD) was as follows: Localized (Scalp) /Dandruff 52 (39%); Classic (Scalp, face & chest) 43(32.5%). Flexural (inverse) SD 27 (21%) Erythrodermic SD 6 (4.5) and Psoriasiform/ pityriasiform 4 (3%)

**Conclusion:** the prevalence of SD was comparable with previous reports in Africa. SD in a typical and severe forms constitute a clinical index of deterioration of the underlying immunological disorder<sup>4</sup>

**Title: CUTANEOUS MANIFESTATIONS OF END STAGE RENAL DISEASE (ESRD) IN LAGOS METROPOLIS**

**Authors: Bolaji I Otiike-Odibi<sup>1</sup>, Yetunde M. Olumide (RTD)<sup>2</sup>, Felix A Oresanya (RTD)<sup>3</sup>**  
<sup>1</sup>Department of Medicine, University of Port-Harcourt Teaching Hospital,  
<sup>2</sup>Department of Medicine, CMUL, Idi-Araba<sup>2</sup>, Kyutis Clinic, Lagos<sup>3</sup>

**Background:** Cutaneous manifestations of ESRD are a common occurrence worldwide due to the rising number of patients with ESRD. A high prevalence of cutaneous manifestations is expected, since most patients with ESRD have an underlying disease process with cutaneous manifestations. In addition, uraemia and conditions associated with renal replacement therapy are fraught with numerous and often relatively unique cutaneous disorders.

**Objective:** To determine the pattern of cutaneous manifestations in end stage renal disease patients in Lagos.

**Methodology:** One hundred and thirty-eight adults with a diagnosis of End Stage Renal Disease (GFR<15mls/min) from Lagos University Teaching Hospital (LUTH), Life support and St Nicholas Hospital, Lagos, Nigeria as well as renal transplant patients were examined for cutaneous manifestations. Also one hundred and thirty-eight non-renal, non-hypertensive and non-diabetic patients of the medical wards of LUTH, with Chronic Kidney Disease stage 0, GFR of >90mls/min were used as controls.

**Results:** Cutaneous manifestations were seen in 134 End Stage Renal Disease cases (97.1%) and 91 controls (65.9%) (p<0.0000001). The most prevalent disorders were general skin changes which include xerosis, pallor, sallow yellow cast, pruritus and acquired ichthyosis. A total of 14 cases had medication related disorders, hypertrichosis 7, steroid acne 5 and 2 cases of gingival hyperplasia. There were three cases of microbial disorders, 2 with pityriasis versicolor and one with viral warts.

**Conclusion:** The prevalence of cutaneous manifestations in Lagos metropolis is high, with xerosis being the commonest manifestation.

This study was a multicentre prospective study aimed at providing useful clinical information on the cutaneous manifestations of ESRD in Lagos metropolis. Nunley and Robinson Boston carried out reviews of several studies in the United States of America showing that majority of cases with ESRD had cutaneous manifestations, At this point in time there is paucity of data on the cutaneous manifestations of ESRD in Nigeria. This study has provided valuable information in this regard.

**Title: DIAGNOSIS OF LINEAR IgA DERMATOSIS OF CHILDHOOD IN RESOURCE-CONSTRAINED SETTING**

**Authors: HA ADAMU, SM YUSUF**

*Dermatology Unit, Department of Medicine, Aminu Kano Teaching Hospital, Kano, Nigeria*

**BACKGROUND:** Linear IgA dermatosis of childhood is a self-limiting benign chronic bullous dermatosis of childhood usually starting before the age of six. There are no reports of cases of Linear IgA dermatosis of childhood from Nigeria. Our objective is to report this disease with a view to raising its awareness among clinicians and the challenges of diagnosis in a resource-poor setting.

**METHODOLOGY:** The case records of a 7-year old boy presenting with history of widespread blistering eruption was evaluated. Relevant physical examination findings, clinical photographs and skin biopsy with histology reports were critically reviewed and documented.

**CASE SUMMARY:** A 7-year old boy was seen with one year history of sudden onset pruritic widespread

blistering skin eruptions. The lesions were distributed around the face, neck, upper chest and pelvic regions. Sparring of the palmar, plantar and mucosal surfaces was noted. Typical 'jewel-like' clustering around healing lesions were seen around the chest. Skin biopsy revealed subepidermal blistering. A presumptive diagnosis of LAD of childhood was made on clinical grounds. Therapeutic trial with dapsone 100mg/day, resulted in a dramatic improvement of both the skin eruptions and itching that resolved completely within two weeks.

**CONCLUSION:** Diagnosis of Linear IgA dermatosis of childhood in a resource poor setting with lack of immunofluorescence may be challenging. Therapeutic trial using dapsone with good response in suspected cases in the presence of characteristic clinical and histological features may clinch the diagnosis.

**Title: ACNE FULMINANS ET CONGLOBATE WITH SEVERE DISFIGURING SCARRING**

**Authors: <sup>1</sup>SAMAILA Modupeola O, <sup>2</sup>AKOLAWOLE Michael A**

*Departments of <sup>1</sup>Pathology/Morbid Anatomy and <sup>2</sup>Dermatology Unit, Department of Medicine, Ahmadu Bello University Teaching Hospital, Shika, Zaria*

**INTRODUCTION:** Acne is a multifactorial disorder of the pilosebaceous unit commonly seen in teenagers of both sexes. It is characterized by comedones, pustules, cysts and scars. The severity depends on its extent and lesion type while the presence of cysts increases scar formation. Acne fulminans et conglobate may be mistaken for rhinoscleroma and leishmaniasis in endemic tropical areas. Thus, it is imperative to be familiar with its aetiopathogenesis and natural history to forestall misdiagnosis.

**CASE REPORT:** A severely depressed 16-year old male teenager presented with 5 years history of pustulocystic suppurative facial lesions that healed with fibrosis and scarring. Many of the scars showed keloidal

tendency. He has had several regimens of antibiotic therapy and steroid based topical creams with poor response over the years. His recurrent fever episodes were thought to be inadequately treated malarial infection. Examination revealed cord like facial papules, pitted scars and circumscribed abscess cavities containing pus. Tissue biopsy revealed hyperkeratotic ulcerated epidermis overlying a densely collagenized dermis with predominant peri-sebaceous glands inflammatory lymphocytes and focal infundibular dilation with thinned wall. In the reticular dermis were aggregates of polymorphs admixed with eosinophils. A clinic-pathological diagnosis of acne fulminans et conglobate was made.

**Title: PREVENTING LAURETH DERMATITIS FROM FIRST GENERATIONS SYNTHETIC DETERGENTS: A STUDY OF 20 CASES**

**Authors: Dr. Akolawole MA**

*Dermatology Unit, department of Medicine, ABUTH, Zaria*

Laureth dermatitis is a form of contact dermatitis that complicates the use of sodium laureth sulphate – a first generation synthetic detergent which is in many cleansing bars and body wash products. However the use of alpha hydroxyl acids and anti irritant proteins have been to eliminate this dermatitis.

We examine twenty patients generously on products that contain these combination and discuss our experience and findings from the study.

**Key words:** Laureth dermatitis, sodium laureth sulphate, synthetic detergents, alpha hydroxy acids.

**Title: CUTANEOUS MANIFESTATIONS OF DEEP MYCOSIS IN IMMUNO-COMPETENT INDIVIDUALS**

**Authors: SAMAILA Modupoola O**

*Department of Pathology, Ahmadu Bello University Teaching Hospital, Shika, Zaria*

**Background:** Deep mycoses typically occur in the setting of immune-suppression and primarily involve internal organs especially the lungs. Cutaneous manifestations of deep mycoses is fraught with delayed or misdiagnosis from mainly cutaneous neoplastic lesions. We present our experience of these mycoses in a Pathology laboratory in the tropics.

**Materials and Methods:** A 15-year clinicopathologic analysis of deep mycotic infections. Formalin fixed and paraffin was processed biopsies were stained with hematoxylin & eosin, periodic acid Schiff (PAS) and Grocott's methenamine silver (GMS) for identification of fungus specie. Patients' bio-data and clinical information were obtained from records.

**Results:** Twenty (20) males and seven (7) females presented with 6 months to 6 years histories of varying symptoms of slow growing facial swellings, nodules, subcutaneous frontal skull swelling, proptosis, nasal blockage, epistaxis, discharging leg sinuses, flank mass,

convulsion and pain. Of the 27 patients, four gave antecedent history of trauma, two had recurrent lesions which necessitated maxilectomy, two presented with convulsion without motor dysfunction while one had associated erosion of the small bones of the foot. None of the patients had debilitating illness such as diabetes mellitus, tuberculosis and HIV infection. Tissue histology revealed histoplasmosis (10), mycetoma (9), subcutaneous phycomycosis (6) and phaeohyphomycosis (2).

**Conclusion:** Deep mycoses may present primarily as cutaneous lesions in immune-competent persons and often elicit distinct histologist inflammatory response characterized by granuloma formation.

Diagnosis in resource constrain setting can be achieved with tissue stained with PAS and GMS which identifies implicated fungus. Clinical recognition and adequate knowledge of the pathology of these mycoses may reduce attendant patient morbidity.

**Title: SUCCESSFUL TREATMENT OF MULTIPLE ORAL MUCOSAL WARTS USING COMPOUNDED TRICHLORO ACETIC (TCA)**

**Authors: Akolawole M.A., Arji, AE**

*Dermatology Unit, Department of Medicine, ABUTH, Zaria.*

The frustration of managing multiple oral mucosal warts and the potential and promising role of (Trichloroacetic acid) TCA a chemical cauterant in the management of this condition necessitated the topical administration of compounded TCA to 15yrs old with diagnosis of multiple oral mucosal warts that was poorly responsive to cryosurgery.

Most of the lesions cleared with three weeks of weekly application. Residual lesions were successfully treated after two additional application.

The application have no significant side effect except for ulceration which left no post healing scarring or hyperpigmentation as seen on normal skin. Levamisole an immunomodulant was used as adjuvant therapy.

The management of Warts in oral mucosa is highly challenging compounded TCA is an available and accessible panacea to these stubborn lesions.

**Key words:** Trichloroacetic acid, electrocauterant,

**Title: LAMELLAR ICTHYOSIS**

**Authors: OLASODE Olayinka, Oke A., Olaide O.**

*Department of Dermatology and Venereology, Obafemi Awolowo University Teaching Hospital, Ile-Ife, Nigeria.*

**CASE REPORT:** We are reporting a case of lamellar ichthyosis in a two year old child who presented with thick, large brown scaly, lesions all over the body with ectropion of both eyes and some degree of feet contractures. She was born enclosed in a membrane shed over 2 weeks. She was referred to our dermatology clinic from a state hospital with asymptomatic progressive lesions all over the body and

face since birth. This was said to have gradually resolved over two weeks. There was no history of similar illness in family. Examination revealed a child with (weight=14kg, height=81cm) and multiple plate like large brown, firmly adherent scales on erythematous base, variable in sizes all over the body, including flexural surfaces, scalp and palms and soles. The examination of eyes showed mild bilateral

conjunctivitis and ectropion of eye lids. There was associated feet contractures.

Systemic examination was normal. The homograph, liver and renal function tests were normal.

The skin biopsy showed marked hyperkeratosis, focal para-keratosis, acanthosis and a thickened granular cell layer.

The case is being reported for its rarity, late

**Title:** **AN INTERESTING CASE OF LEPROSY FROM THE DERMATOLOGY CLINIC, LUTH**

**Authors:** **Adekambi OA<sup>1</sup>, Shiyانبola AC<sup>1</sup>, Ibe MC<sup>1</sup>, Akinkugbe AO<sup>2</sup>**

<sup>1</sup>*Department of Medicine, Lagos University Teaching Hospital, Idi Araba*

<sup>2</sup>*Dermatology Unit, Medicine Department, Faculty of Clinical Sciences, University of Lagos.*

**INTRODUCTION:** Leprosy continues to be of public health importance. Though Nigeria has attained a low leprosy endemic status through operational and policy influence, challenges still remain. There is a need for effective case detection interventions that will make an observable impact. Our role as physicians is vital in making these interventions effective.

We present this case of a 30 year old female banker who has resided in Lagos since birth. She presented with painful swollen hands of 6 months duration and a 3-month history of a rash extending from the left eyelid down the face. She was referred as a case of Connective Tissue Disease and had been thoroughly investigated along those lines. There was associated swollen limbs and loss of sensation in the left foot. Examination revealed a well demarcated, indurated, anaesthetic and erythematous plaque extending from

the left eyelid down to the jaw. There was drooping of the left eyelid, flexion deformity of the fingers and thickened ulnar nerves.

The histological findings following a skin biopsy showed features of granulomatous inflammation consistent with tuberculoid leprosy. Skin slit and smear was negative and other tests were not contributory. She was commenced on Paucibacillary regimen for leprosy, in addition to steroids for the lepra reaction. She has been on medication for the past five months and has made significant improvement.

In conclusion, Leprosy still presents a diagnostic challenge and there is need for good clinical acumen, ancillary investigations and collaboration with existing national programs in order to reduce the burden of the disease.

**Title:** **A SEVEN YEAR REVIEW OF LEPROSY AT THE DERMATOLOGY CLINIC, LAGOS UNIVERSITY TEACHING HOSPITAL**

**Authors:** **AKINKUGBE AO<sup>1</sup>, AYANLOWO OO<sup>1</sup>, AHAMNEZE NC<sup>2</sup>, SHIYANBOLA A<sup>3</sup>, OLUMIDE YM<sup>4</sup>**

<sup>1</sup>*Dermatology Unit, Department of Medicine, Faculty of Clinical Sciences, College of Medicine, University of Lagos and Lagos University Teaching Hospital, Idi Araba, Lagos, Nigeria.*

<sup>2</sup>*Medical Unit, Nigerian Prison Services, Alagbon, Ikoyi* <sup>3</sup>*Federal Medical Centre, Ido-Ekiti*

<sup>4</sup>*Department of Medicine, Faculty of Clinical Sciences, College of Medicine, University of Lagos and Lagos University Teaching Hospital, Idi Araba, Lagos, Nigeria.*

**BACKGROUND:** In Nigeria, despite majority of the states achieving the WHO elimination target, leprosy still poses a public health challenge. The aim of this study was to describe the mode of presentation, clinical features and highlight the problems that exist in management.

**METHODS:** This was a retrospective study of all patients with suspected leprosy at the Dermatology clinic between January 2004 and December 2010. Analysis of each patient's record was carried out to obtain bio data, clinical information and laboratory results.

**RESULTS:** A total of 16,997 patients were seen and 165 (0.09%) were suspected to have leprosy. Male to female ratio was 7:3 and the age range was 8-70 years. Majority of patients came from the southern parts of

Nigeria (SW35%, SS33%, SE 32%) and the rest from the north (NC4%, NE1%, NW1%). Of the suspected leprosy patients, 107 (4.8%) were confirmed to have leprosy and 58 patients did not have leprosy (35.2%). Microbiological confirmation was done for 59 (55.1%) patients and 48 (44.9%) were made clinically. For the confirmed patients, 86 (80.4%) were new and 21 (19.6%) were relapse patients. Final diagnosis for suspected patients were seborrhoeic dermatitis 14 (24%), pityriasis versicolor 5 (8%), others 6 (10%) and 33 (58%) lost to follow up.

**CONCLUSION:** Leprosy still presents a challenge to healthcare and society. The role of counseling, adherence and follow up are strategic, in management of this condition where, ignorance, poor knowledge and stigma still exist.