

A Woman with a Chain of Nodules Lesion

Nurjasmine Aida Jamani^{1*}, Puteri Shanaz Jahn Kassim² and Mohd Daud Che Yusof³

¹Department of Family Medicine, Kulliyah of Medicine, International Islamic University Malaysia, Jalan Sultan Ahmad Shah, 25200 Kuantan Pahang, Malaysia

²Department of Family Medicine, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia

³Klinik Kesihatan Beserah, 26100 Kuantan, Pahang, Malaysia

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A 50-year-old woman with an underlying type 2 diabetes mellitus presented with a three-month history of multiple non-tender nodules over the ventral aspect of her forearm [Figure 1]. The nodules appeared after she was scratched by a domestic cat, which was later euthanized for an undiagnosed cutaneous disease. She was otherwise well with no other constitutional symptoms. Examination revealed multiple well-demarcated non-fluctuant nodular lesions in her left wrist extending to the forearm with varying sizes. Some of the lesions appeared to be erythematous while others were hyperpigmented. The remainder of systemic physical examinations was unremarkable.



Figure 1: Erythematous, non-tender nodules, and papules, some with central crusting distributed over the ventral aspect of the left wrist and forearm.

Questions

- What is the most likely diagnosis?
 - Cutaneous tuberculosis.
 - Erythema nodosum.
 - Leishmaniasis.
 - Leprosy.
 - Sporotrichosis.
- What are the differential diagnoses?
 - Bacterial pyoderma.
 - Inflammatory dermatophyte infections.
 - Primary cutaneous nocardiosis.
 - Leishmaniasis.
 - Blastomycosis.
 - Chromoblastomycosis.
 - Cutaneous tuberculosis.
 - All of the above.
- What investigation is indicated?
 - Mantoux test.
 - Skin slit smear.
 - Fine needle aspiration cytology.
 - Punch biopsy.
- What is the management?
 - Start antituberculosis treatment.
 - Start clofazamine treatment.
 - Start itraconazole treatment.
 - Start topical paromomycin treatment.

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