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CME examination

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Saleem MD, Oussedik E, Schoch JJ, Berger AC, Picardo M. J Am Acad Dermatol 2019;80:1215-31.

Directions for questions 1-4: Choose the single best response.

A 14-year-old white female is referred to your clinic by her primary care physician for a preliminary diagnosis of vitiligo involving her left hip and right foot. The lesion started a few months ago as a small flat white spot and subsequently increased in size over the months. A year ago, she was diagnosed with attention deficient hyperactivity disorder and started on a methylphenidate transdermal system (MTS). Initially, she was applying the MTS to the same region as the white spot, but she has now begun avoiding the area when possible. A family history of vitiligo is present. The physical examination reveals 2 well-demarcated, smooth, depigmented patches over her left hip and right foot measuring approximately 5 cm and 2 cm in diameter, respectively. Her initial laboratory work-up included obtaining a 4-mm punch biopsy specimen. Her primary care physician reported findings consistent with vitiligo.

1. Which of the following best describes the cause of her disease?
 - a. Cytotoxic cell-mediated reaction
 - b. Immune complex deposition
 - c. Koebner phenomenon
 - d. Repeated chemical exposure
 - e. Unregulated cell growth
2. Which of the following is the most specific means for establishing a diagnosis?
 - a. History
 - b. Potassium hydroxide preparation
 - c. Obtaining a biopsy specimen
 - d. Patch testing
 - e. Serology

A 54-year-old white woman with a history of basal cell carcinoma presents to the clinic for her yearly check-up. She reports significant sun exposure and sun burns during her adolescence. During her check-up she expresses concern about a new white spot that has undergone significant changes in appearance over the past year. She reports having a dark spot in the region for many years that occasionally bleeds; however, since her last visit, she noticed that the lesion has disappeared, leaving behind a white spot. A review of systems is unremarkable. The physical examination reveals a single smooth, well-demarcated, 3 × 3 cm depigmented patch over the left forearm. Left axillary lymphadenopathy is appreciated, with no pain on palpation. A Wood's light examination reveals white accentuation.

3. What is the etiology of the depigmented spot due to?
 - a. Cytotoxic cell-mediated reaction
 - b. Immune complex deposition
 - c. Koebner phenomenon
 - d. Repeated chemical exposure
 - e. Unregulated cell growth

The patient's daughter has previously experienced a similar event, without bleeding. She was previously seen by a dermatologist and diagnosed with a benign nevus on the trunk.

4. Which of the following provides the most accurate prognosis description for her daughter's benign nevus?
 - a. Additional white spots will most likely follow
 - b. Progression to melanoma is possible, requiring increased surveillance
 - c. Stability and repigmentation over many years is common
 - d. Surgical intervention offers the best prognosis
 - e. The patch will mostly enlarge over time