A 62-year-old woman presented with progressive difficulty in climbing stairs and had a rash over her chest (A). Her serology was positive for anti-TIF-1 antibody. What is the most likely diagnosis?

(A) Mixed connective tissue disorder  
(B) Antisynthetase syndrome  
(C) Subacute cutaneous lupus erythematosus  
(D) Rosacea  
(E) Malignancy associated dermatomyositis

A 28-year-old man presented with a pruritic rash (B) limited to the back of his chest. What is the diagnosis?

(A) Papular urticaria  
(B) Scabies  
(C) Cutaneous larva migrans  
(D) Erythema gyratum repens  
(E) Tinea corporis
A 30-year-old man presented with high grade fever and a painful rash over his anterior chest and posterior neck (C) with neutrophil leucocytosis on full blood count. The fever and the rash demonstrated prompt response to treatment. What is the most likely diagnosis?

(A) Sweet syndrome
(B) Guttate psoriasis
(C) Leukaemia cutis
(D) Rickettsial infection
(E) Idiopathic urticaria

A 17-year-old boy who was diagnosed to have thyrotoxicosis had a rash on his chest and upper abdomen (D). What is the most likely underlying condition?

(A) Neurofibromatosis
(B) McCune-Albright syndrome
(C) Carney complex
(D) Cowden syndrome
(E) Tuberous sclerosis
(5) A 55-year-old woman who presented with an unresolving non-productive cough for 2 months had a rash on her face and neck (E). What is the most likely diagnosis?

(A) Discoid Lupus Erythematosus (DLE)
(B) Plaque psoriasis
(C) Cutaneous Leishmaniasis
(D) Lupus vulgaris
(E) Cutaneous sarcoidosis

N.B.: The above photographs were published with consent from the respective patients.
*Refer the PICTURE QUIZ-KEY on page 128 for answers and explanations.
(1) Answer E

**Malignancy associated dermatomyositis**

The picture shows an erythematous rash over the photo-exposed area of the chest and neck (the 'V' sign) seen in dermatomyositis (DM). DM can present as a paraneoplastic manifestation in which case it might be associated with antibodies such as anti-TIF-1 (anti-transcriptional intermediary factor-1) and anti-NXP2. Myositis specific antibodies such as antisynthetase antibodies (anti Jo-1), anti-Mi-2, anti-SRP and anti-MDA5 are often negative in cancer associated DM.

(2) Answer C

**Cutaneous larva migrans**

The picture shows an erythematous serpiginous cutaneous track (which is pruritic) characteristic of cutaneous larva migrans. The larvae of the infected parasite migrate within the epidermis producing an inflammatory reaction along the cutaneous tract of their migration, which may continue for weeks. This patient had a habit of lying on the ground bare-chested which possibly led to the infection.

(3) Answer A

**Sweet syndrome**

Sweet syndrome is an acute febrile neutrophilic dermatosis of inflammatory origin characterised by the abrupt appearance of painful, oedematous and erythematous papules, plaques, or nodules on the skin. Fever and leukocytosis frequently accompany the cutaneous lesions. The upper extremities appear to be the most common site of involvement whilst the trunk, lower extremities, head, and neck are the other sites of frequent involvement. Sweet syndrome can be associated with a variety of autoimmune diseases, malignancies and drugs. Fever and rash will show a swift response to glucocorticoids. Painful (tender) nature of the rash and abrupt response to treatment are clues to differentiate it from leukaemia cutis, which is a close differential diagnosis here.

(4) Answer B

**McCune-Albright syndrome**

McCune-Albright syndrome is a condition consisting of the triad of characteristic café-au-lait spots, fibrous dysplasia of bones and endocrine hyperfunction (commonly peripheral precocious puberty but also thyrotoxicosis, Cushing's syndrome and acromegaly). The café-au-lait spots have a characteristic appearance with jagged borders (described as "coast of Maine" appearance) which may follow the lines of Blaschko and do not usually cross the midline.

(5) Answer E

**Cutaneous sarcoidosis**

This lady has lupus pernio (LP) rash on her nose which is one of the common dermatological manifestations of sarcoidosis. LP is characterised by violaceous or erythematous, indurated, infiltrative plaques distributed on the central face, particularly the nose and cheeks. She also has a lesion of plaque sarcoidosis over her upper neck which often presents with oval or annular, indurated, discrete plaques that are skin coloured, erythematous or brown. She had significant pulmonary involvement which explained her persistent cough.