

## The minutes of the meeting of the Derby Medical Society

Held on 26<sup>th</sup> January 2015 at the Derby Medical School

Apologies: Mr Stephen Milner

We were welcomed by the President Dr John Charlton, and reminded about the forthcoming dinner dance and items for the tombola.

Dr Charlton then introduced Dr Tanya Bleiker and 6 of her colleagues from the dermatology department in Derby. We were treated to an evening of case presentations of interesting dermatological cases.

Dr Bleiker started by showing us a case of contact dermatitis due to application of henna. It was particularly severe due to the concentration of PPD - a chemical found in henna. Unfortunately this sensitises the patient to many types of hair dye.

A case of cutaneous polyarteritis nodosum presented as a florid type of vasculitis on the lower legs of a middle aged female. Dermatology is specialty which covers many other systems in the body.

Rare adenexal tumours may only be seen once in a GPs life time but several present in the department every year. A sebaceous adenoma when revealed on histology must direct the clinician to look for internal malignancies which may be associated. It is called Muir Torre syndrome. Family members must also be screened.

Dermatology is not all about spotting the rare diagnosis. Chronically oedematous and inflamed legs can be hugely improved by simple bandaging through good nursing care. Quality of life is what is important in these patients.

Dr Kyle Tan treated us to a detailed review of an older patient who had a diffuse large B cell lymphoma with vascular infiltration. He presented with large irregular telangiectasia over the trunk and limbs, tender nodules and infiltrates and weight loss. It was proven on biopsy.

Dr Kid Wan Shum discussed and showed images of a patient who had suffered fatal TEN (toxic epidermal necrolysis) in relation to a drug reaction. In this case leflunamide. The cleavage is at the epidermal /dermal junction.

Staph scaled syndrome cause blisters and the cleavage is not as deep. Another blistering disorder was discussed - pemphigus. This can be associated with lymphomas.

Finally we saw a picture of a child with florid wart virus infection. He had HIV. All skin disorders can become more florid and aggressive in the presence of HIV.

Harriet O'Neil presented a case of late complications of radiotherapy treatment for tinea capitis; a treatment the patient had undergone in childhood. He had subsequently suffered 8 BCCs at the site with poor skin healing. Thankfully today we have griseofulvin and terbinafine to treat these infections.

Dr Adam Ferguson presented a case of Sweets syndrome. Painful plum coloured plaques, characterised by fever and neutrophilia and on Bx a neutrophilic infiltrate into the dermis. The problem resolves nicely with steroids but don't forget to monitor and exclude an underlying malignancy. Look for myeloma especially. 25% relapse.

Dr Tom King presented a case of a painful leg ulcer. This was typically found on the antero-lateral mid lower leg of a hypertensive patient. It goes by the description of Matorells Hypertensive ulcer, the underlying pathology is deposits of calcium in the small subcutaneous arteries. Healing was achieved by treating the hypertension and the usual measures for leg ulcers.

Dr Nambi had a slide demonstrating an impressive flagellate dermatitis due to an allergic reaction to shitake mushrooms. Other oddities included a case of alopecia presenting as an unusual case of mycosis fungoides. And unilateral swelling of the face due to an infiltrating B cell lymphoma.

Many questions were taken from the floor. John expressed his thanks and admired the strength and depth of the Derby dermatology department, noted not only for providing a tremendous service but also for the fantastic standard of teaching, which ranges from Specialty training to medical students.

29 members, guests and students signed the register.

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