Photo Quiz
Contributed by Dr Nicholas Foo Siang Sern, Editorial Board Member

**QUIZ #1**
A 30-year-old gentleman presents with a mildly pruritic rash of 3 days' duration involving his thorax, abdomen and back. He had a preceding viral Upper Respiratory Tract Infection (URTI) which resolved without any medication. He did not have any close contact with persons having a similar eruption.

**QUESTION**
Describe the rash.

**ANSWER**
The rash has the following features:
- salmon coloured macules and papules
- elliptical or ovalar in shape
- bilateral and diffuse distribution, with the long axes running parallel to skin tension lines-classic “Christmas Tree” pattern

**QUIZ #2**
A 66-year-old lady presents with right hip pain of 1 year duration. She has temporary pain relief with painkillers prescribed by another doctor but reports that the pain has been increasing in intensity over the past 3 months. She has no medical history of note. An XR of the pelvis and right hip is performed.

**QUESTION**
Describe the XR findings.

**ANSWER**
The X-Rays of the pelvis/right hip show the following:
- Right hip joint space is obliterated and the femoral head is flattened
- Subchondral sclerosis and subchondral cysts on both the femoral head and acetabulum
- Subcondral sclerosis, marginal osteophytosis and facet joint hypertrophy are seen at L4/L5 and L5/S1

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The second day of the workshop started with Dr Low Lian Leng giving an overview of the care of chronic wounds in the home care setting, wound assessment and selection of an appropriate wound dressing.

Dr Jesmine Lee from FMCC SGH followed, with a detailed presentation on common infections in the home bound elderly as well as the trial of treatment that can be reasonably given in the home care setting.

Next, Dr Michelle Tan FMCC SGH engaged the audience with a topic that is both practical and important: certifying the cause of death. The subsequent Q&A was lively with the audience asking many practical questions on avoiding the pitfalls when certifying death in the home setting.

The second day ended with a hands-on workshop on wound assessment, staging of pressure ulcers and the types of dressings by Senior Staff Nurse Liew Lee Fong of BVH. The participants were presented with various dressings, their indications and dressing technique.

Feedback from the workshop was very positive and many of the participants expressed increased confidence in providing home care to their home bound patients.

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**WHAT IS THE DIAGNOSIS?**

*Pityriasis Rosea (PR)*

**LEARNING POINTS**

- *Pityriasis Rosea (PR)* is a benign rash; the name means “fine pink scale”.
- It manifests as an acute, self-limiting papulosquamous eruption with a duration of 6-8 weeks.
- PR has often been considered a viral exanthem and has been linked to URTI.
- The disease typically begins with a solitary patch, usually salmon-coloured, that heralds the eruption and is commonly referred to as the herald patch.
- This initial lesion enlarges over a few days to become a patch with a collarette of fine scales just inside the well demarcated border.
- A generalised exanthem usually follows, with features as described above. In addition, fine scaling and central wrinkling is usually present.
- Pruritus is present in 25-75% of patients, usually of mild to moderate severity.
- With resolution of the eruption, post-inflammatory pigment changes may be seen.
- PR can be confused with secondary syphilis, therefore a RPR or VDRL test should be performed to rule out this condition, especially if there is suggestion of risks.
- PR is otherwise a self-limiting condition and treatment is merely supportive.

**References**

1. Medscape