

arcuate, circinate, or polycyclic erythematous plaques with indurated margin and a trailing scale noted on the inner aspect of the advancing edge. Rapid progression is typically seen. The condition is recurrent and the course may last 4-6 weeks to many years. It has been documented in association with infections, drugs (Chloroquine, Hydroxychloroquine, Piroxicam, salicylates, Amitriptyline, Hydrochlorothiazide etc), pregnancy, and malignancy. The differential diagnoses include tinea corporis (itchy, papules/ pustules at the margin and fungal hyphae on KOH mount), subacute cutaneous lupus

erythematosus, and other figurate erythemas. Topical steroids usually cause resolution of the lesions of EAC, but they do not prevent new lesions or recurrence. A search for, and treatment of the underlying disorder is warranted, but an exhaustive workup for occult malignancy for EAC alone is not recommended.

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Congenital Platelike Osteoma Cutis

An 11-month-old infant was evaluated for gradually enlarging localized swellings over the left side of the chest, present since birth. The perinatal, developmental and family history were unremarkable. Cutaneous examination revealed two well-defined porcelain white-colored, plate-like hard, subcutaneous swellings over the left upper lateral chest wall, measuring 15×20 mm and 5×10 mm (**Fig. 1**). The swellings were non-tender, free from underlying structures and without any visible discharge. There was no clinical evidence of rickets. Serum and urinary levels of calcium and phosphorus, and serum parathyroid hormone levels were normal. A chest radiograph revealed two prominent spicules of calcification in the soft tissue of left lateral chest wall at the level of 10th rib. A diagnosis of congenital plate-like osteoma cutis was confirmed on excisional biopsy that revealed dermal ossification with multiple osteocytes (**Fig. 2**).

Four types of osteoma cutis have been identified – congenital plaque- or plate-like, late-onset osteoma, widespread osteomas, and multiple miliary facial osteomas. Plaque-like osteoma is present since birth. Although the scalp and extremities are commonly affected, any site may be involved. In osteoma cutis, bone arises in skin and soft tissues through membranous ossification, purportedly effected by osteoblastic differentiation of dermal fibroblasts. Clinical diagnosis is confirmed on plain radiography and histopathology of the excised specimen. Serum calcium and parathyroid hormone levels aid in ruling out Albright's hereditary osteodystrophy. Surgical excision is the mainstay of treatment.

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FIG. 1 Porcelain white-colored, plate-like, subcutaneous swellings over the left upper lateral chest wall.

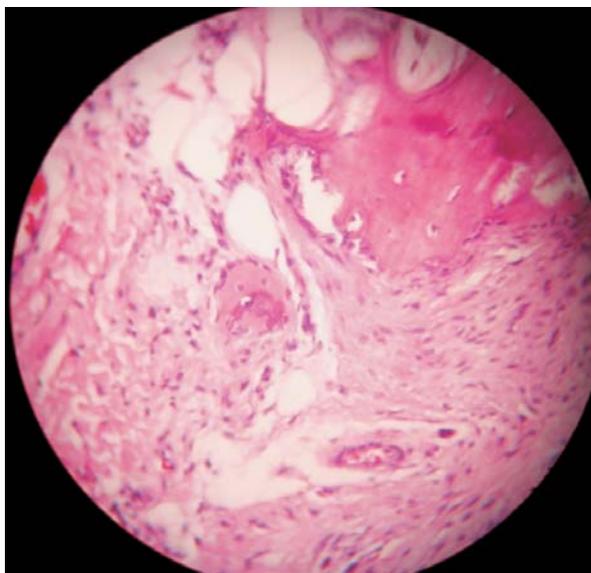


FIG. 2 Dermal ossification with multiple osteocytes in oval-shaped lacunae (hematoxylin & Eosin, 400×).