Gottron's Papules

A 7 year-old male child presented with insidious onset of symmetric proximal muscle weakness over about 6 months and Gottron's papules (***Fig.*1**). His serum aldolase was 9.8 units (normal 0–7.6 units). Other investigations including other muscle enzymes were essentially normal. His MRI showed hyperintensities in bilateral anterolateral, medial and posterior thigh and pelvic girdle muscles confirming the diagnosis of dermatomyositis (DM).

Gottron's papules, named after Heinrich Adolf Gottron (1890-1974), a German dermatologist, are a late manifestation of the disease but are considered pathognomonic of DM. These are symmetric, lacy, pink to violaceous, raised or macular areas typically found on the dorsal aspect of metacarpophalangeal and interphalangeal joints, elbows, patellae and medial malleoli.They represent cutaneous vasculitis and in severe cases may ulcerate. Approximately 60% to 80% of DM patients have Gottron's papules sometime during the course of the disease.

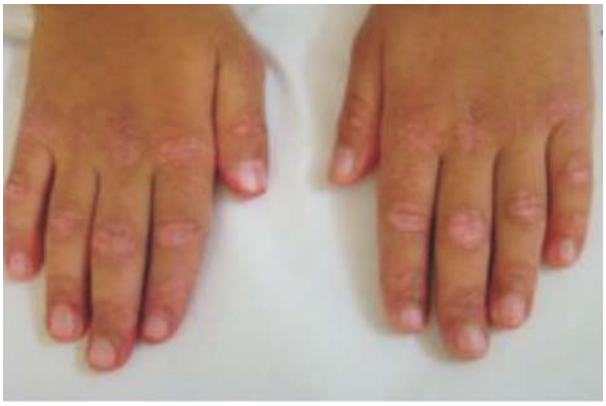

FIG.1 *Hands showing Gottron's Papules.*

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Nail Changes in Langerhans Cell Histiocytosis

A 3 year-old female patient presented with complaints of fever, nausea, vomiting and jaundice for 2 months. On examination, anemia, cholestatic jaundice, grade I clubbing, remarkable hepato-splenomegaly and generalized lymph node enlargement were observed. She developed progressive changes of nails of hands and feet over the next three weeks. Nail changes were characterized by subungual tissue proliferation, hyperkeratosis, erosions of nails and cheesy yellowish discharge from nail beds (***Fig.* 1**). The discharge material was sterile in nature. Culture of nail clippings was negative for fungi. Langerhans

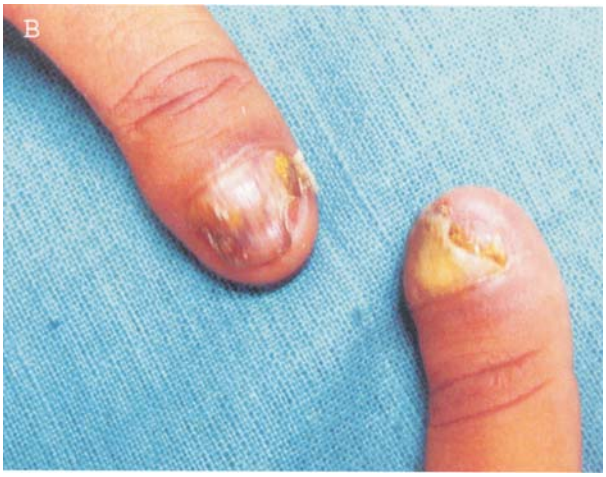

FIG.1. *Nail changes showing subungual cheesy collection, hyperkeratosis and onycholysis.*