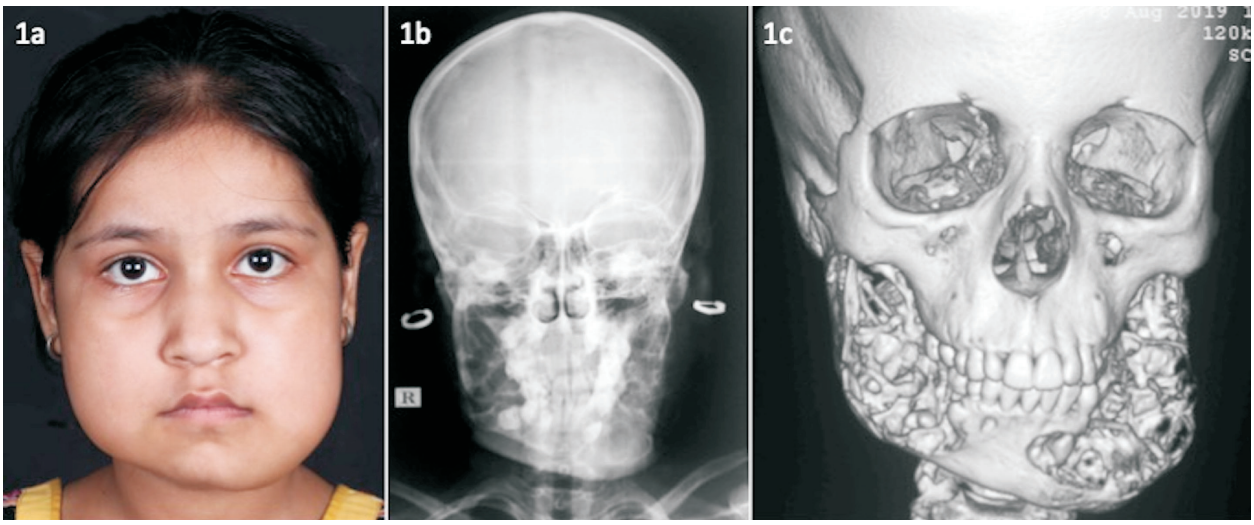

Fig. 1 *Cherubism characterized by (a) Bilateral fullness of the cheeks and jaws with slight upward tilting of the eyes, giving a 'cherubic' appearance; (b) Radiograph of the face showing multiple thin-walled cystic lesions involving rami and body of mandible; (c) Computed tomography of the face with 3D reconstructed images showing multiple expansile soft-tissue lesions involving both halves of the mandible causing areas of thinning and destruction of the overlying bony cortex.*

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Guttate Psoriasis

A 6-year-old boy presented with rash over whole body for a week, and past history of upper respiratory tract infection two weeks ago. Examination revealed extensive guttate erythema with overlying tiny scales; individual lesions measured about 2-10 mm in diameter, and predominantly involved the extremities and trunks (***Fig.* 1**). The rest of the physical examination was normal except tonsillar enlargement. Anti-streptolysin O(ASO) antibody was positive. After receiving the narrowband UVB phototherapy and oral penicillin, the skin lesions gradually faded within 8 weeks, and did not recur over a one-year follow-up.

Guttate psoriasis is a subtype of psoriasis characterized by acute eruption of numerous small, erythematous papules and plaques. It usually occurs in children and adolescents, but it can also occur in other age groups. Streptococcus infection is an important risk factor which can usually precedes its development by 2-3 weeks; although, the relationship between streptococcal infection and guttate psoriasis is not fully understood. Although diagnosis is based on clinical, but in the difficult cases, skin biopsy is needed. Differential diagnosis includes

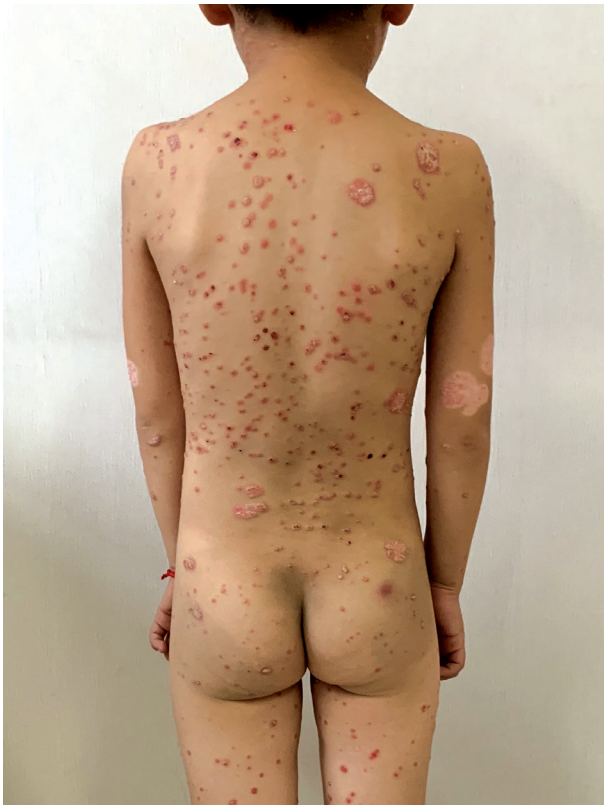

Fig. 1 *Extensive guttate erythematous lesions.*

pityriasis rosea, tinea corporis, nummular dermatitis and prurigo nodularis. Guttate psoriasis can spontaneously fade within several weeks or several months, phototherapy as a first-line treatment has a good effect, and antibiotics may be used if persisting infection is suspected. Overall, most patients have a good prognosis, just a few patients have a chronic course.

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Traumatic Anserine Folliculosis

A 10-year-old boy presented with asymptomatic roughness over the left cheek since 6 months. He acknowledged resting in a particular position, which led to prolonged localized pressure and friction, while watching television or studying. Examination revealed multiple tiny skin-coloured, discrete but grouped, follicular papules having a sandpaper-like feel (***Fig.* 1**). Considering the site of affection and characteristic history, a diagnosis of traumatic anserine folliculosis was established. He was treated with topical tretinoin cream, and advised to avoid trauma and friction to the area.

Traumatic anserine folliculosis is an under-recognized condition characterized by multiple, closely set grouped follicular papules affecting the chin, jaws, and neck. This entity should be differentiated from keratosis pilaris (keratinous follicular plugs, usually surrounded by erythema), lichen spinulosus (pruritic symmetric plaques having thorny grouped follicular papules), trichostasis spinulosa (hair tufts through follicle, resembling comedones), and trichodysplasia spinulosa (viral infection in immunocompromised). Treatment includes topical keratolytics and removal of etiological factor.

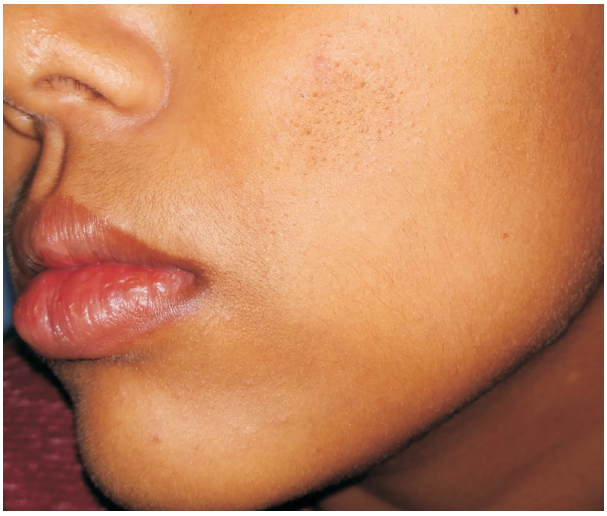

FIG. 1 *Skin-colored, discrete but grouped, follicular papules over left cheek.*

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Becker Melanosis

A 12-year-old boy presented with a gradually progressive asymptomatic area of discoloration over right forearm since last 2 years. Examination revealed a unilateral, well-circumscribed 6cm x 8cm tan-brown patch on the right forearm, and having irregular border and blotchy pigmentation at the periphery (***Fig.* 1**). Localized coarse hair and acneiform eruptions were observed, restricted to the patch. Darier sign was negative. No skeletal, soft tissue or neurological abnormalities were

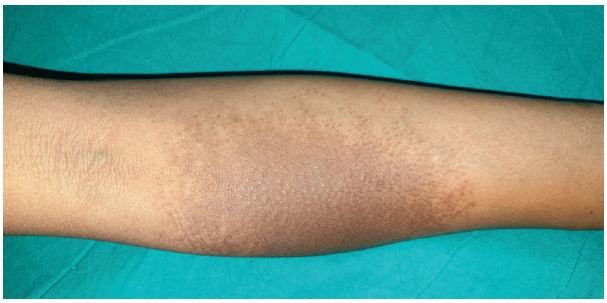

Fig. 1 *Well-circumscribed tan-brown patch on the forearm, having irregular border and blotchy pigmentation at the periphery with localized coarse hair and acneiform eruption.*