

Question 11 – Week of January 18

31. A 43 year-old with known HCV presents for a routine medical examination. Physical examination reveals numerous scattered pruritic violaceous papules on his extensor surfaces and genitalia. Upon further questioning, he admits to progressive dysphagia. Which of the following is the most likely explanation for his symptoms and cutaneous findings?

- A. Lichen Planus
- B. Porphyria cutanea tarda
- C. Leukocytoclastic vasculitis
- D. Esophageal candidiasis
- E. Scleroderma

Answer: A

Pruritic violaceous papules are characteristic of lichen planus. Lichen planus can involve both skin and mucous membranes, and can present as progressive dysphagia and genital lesions. Lichen planus is associated with both hepatitis C infection and PBC. Porphyria cutanea tarda is also seen in patients with HCV, along with patients with hemochromatosis. These lesions are vesicular, and are distributed in sun exposed areas. Dysphagia is not seen with PCT. Leukocytoclastic vasculitis is a cutaneous small vessel vasculitis, and is associated with Henoch-Schönlein purpura. It can lead to hemorrhage, bowel wall edema, and intussusception. Esophageal candidiasis is a common cause of odynophagia in immunocompromised individuals, but does not have any associated cutaneous findings. Scleroderma can lead to progressive dysphagia; skin findings are of progressive fibrosis and joint contractures.