

## An itchy problem (answers on page 57)

### Part one

James, a 26-year old sent by his company to Nairobi for a 2-year assignment, developed an itchy rash about 3 months after arriving in Africa. At first it was thought to be a form of allergy or eczema and he was given a steroid cream and an antihistamine by mouth to ease the rash. The combination did not help. The rash took the form of papules 2 or 3 mm in diameter, and soon spread to affect his scalp, knees, elbows, and buttocks. Some of the spots became blisters.

He was referred to the hospital dermatology clinic, where the consultant, Dr Oviambo, asked pertinent questions. On hearing the answers, James was prescribed dapsone 100mg daily and was advised that he must go on a particular diet for the rest of his life.

- Q1 What were the relevant questions that led the consultant to conclude that James needed dapsone?**
- (a) Have you had any urinary symptoms?
  - (b) Do you drink alcohol to excess?
  - (c) Have you been in contact with any infectious illness?
  - (d) Has your diet changed substantially since you arrived in Africa?
  - (e) Have you had any digestive disturbances?
  - (f) How do you feel generally?

### Part two

Within 24 hours of starting the dapsone the itching had stopped, and the rash started to subside. The positive answer to one of the questions above was also dealt with. On keeping on the medication and keeping to Dr Oviambo's advice, James remained well, and the skin and other symptoms disappeared completely.

- Q2 What are the indications for prescribing dapsone?**
- (a) Leprosy.                      (b) Pneumocystis pneumonia.                      (c) Dermatitis herpetiformis
  - (d) Tuberculosis.                      (e) Stevens-Johnson syndrome

### Part three

- Q3 What was the other aspect of Dr Oviambo's advice that James had to obey to recover completely?**
- (a) To keep on a gluten-free diet.    (b) To avoid saturated fats.    (c) To avoid alcohol.
  - (d) To keep out of the sun and use sunblock when exposure was unavoidable.
  - (e) To keep on a low-dose oral steroid regimen.

James did well on dapsone, but it is not an easy drug to take.

### Part four

- Q4 Which of the following are known side-effects of dapsone?**
- (a) Susceptibility to haemolysis if you have glucose-6-phosphate dehydrogenase deficiency.
  - (b) Neuropathy.
  - (c) Allergic dermatitis.
  - (d) Rash with fever and eosinophilia.
  - (e) Psychosis.

James's underlying condition, the cause of the rash, was identified in the bowel. This disease is an indicator that he has an increased risk of other conditions.

### Part five

- Q5 To which of the following is he more than usually susceptible?**
- (a) Rheumatoid arthritis.                      (b) Diabetes mellitus
  - (c) Pernicious anaemia.                      (d) Lymphoma.
  - (e) Colon cancer                      (f) Lung cancer

James is now under long term follow-up by a gastroenterologist and a dietician. He feels well and the risks to which his underlying disease had exposed him have been minimised. A year later he is no longer on dapsone, and his compliance with his treatment is keeping him free of any problems.