

CASE 31-2

A 66-year-old Caucasian female presents with several rough lesions scattered throughout her face. Some of the lesions are difficult to visually appreciate, but they have a gritty texture. She first noticed them several months ago and thinks that she is developing more. The lesions are asymptomatic and do not bleed. She has no history of skin cancer or other skin diseases. She has been applying an over-the-counter topical antibiotic ointment and corticosteroids cream without improvement. She has lived in Florida her entire life and gardens outdoors daily.



What is the one most likely diagnosis?

- (A) Rosacea
- (B) Discoid lupus erythematosus
- (C) Seborrheic dermatitis
- (D) Allergic contact dermatitis
- (E) Actinic keratoses

The correct answer is (E), actinic keratoses.

Actinic keratoses present as gritty papules and plaques, typically on the face and ears.

Lesions may be tender and persist for months to years. The lesions of discoid lupus can look similar to actinic keratoses, but the scale of actinic keratoses tends to be much more rough and gritty. Both allergic contact dermatitis and seborrheic dermatitis have softer scale and less well-circumscribed plaques compared with the well-defined individual lesions of actinic keratoses. The papules and pustules seen in rosacea are typically not scaly.