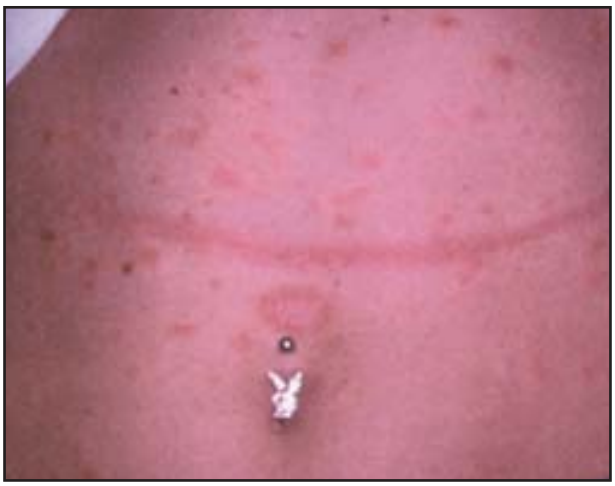
Case 1

"What's this rash?"

A 24-year-old woman complains of a pruritic rash that erupted after she soaked in a hot tub a few days earlier. The patient is otherwise healthy; her only medication is an oral contraceptive.



Can you identify this condition?

a. Hot tub folliculitis.
b. Guttate psoriasis.
c. Secondary syphilis.
d. Contact dermatitis to nickel.
e. Pityriasis rosea.

Answer

The herald patch, seen just above the patient's navel, and the scattered, discrete, pruritic, pink, oval lesions with fine scale are characteristic of pityriasis rosea **(answer: E)**. The cause of this self-limited disease is unknown, although an infectious agent is suspected.

Typically, hot tub folliculitis is painful with acneiform pustules. Guttate psoriasis features more scale. Secondary syphilis is always a consideration; if the diagnosis is in doubt, appropriate serologic tests, such as the Venereal Disease Research Laboratory (VDRL) and the rapid plasma reagin tests, are warranted. Contact dermatitis is confined to the area of contact; the rash is not as widespread as this patient's eruption.

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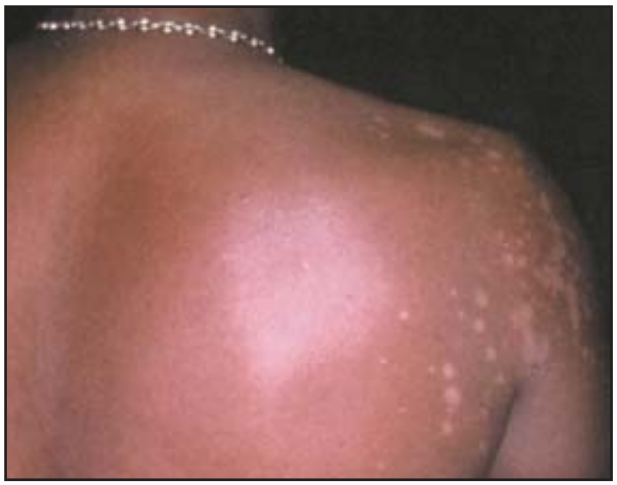
Case 2

What Are These Dapples?

For 3 to 4 weeks, a 30-year-old man has had asymptomatic light-colored areas on his right shoulder. The patient is an amateur bodybuilder; he is otherwise healthy and takes no medications.



What do you suspect is the cause of these hypopigmented areas?

a. Tinea versicolor.
b. Pityriasis alba.
c. Vitiligo.
d. Psoriasis.
e. Pityriasis rosea.

Answer

The round and oval hypopigmented, slightly scaly patches on the upper body strongly suggested tinea versicolor **(answer: A)**, which was confirmed by a potassium hydroxide evaluation. The reason for the unilateral distribution of the eruption was not determined. The heat and sweating generated by the bodybuilding exercises may have predisposed the patient to this infection.

Pityriasis alba has indistinct borders and most frequently affects patients with atopy. Psoriasis and pityriasis rosea feature more scale and pruritis. Scale is absent in vitiligo, which is in the differential.

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Case 3

"What happened to my nail?"

A 62-year-old man, who is currently being evaluated for weight loss and malaise of a few months' duration, has noted changes to all of his nails during the past 6 weeks. The proximal half of the nails has become rough, while the distal portion remains normal. The patient takes a ß-blocker for hypertension and esomeprazole for gastroesophageal reflux disease.

Which of the disorders in the differential is the likely cause of the nail condition?

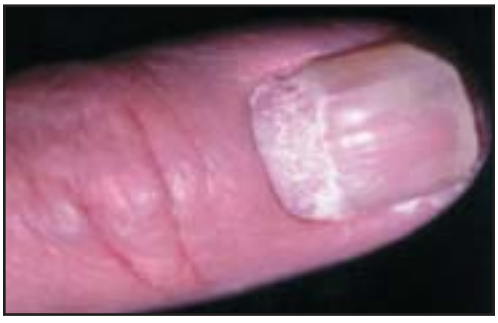
a. Psoriasis.
b. Paraneoplastic nail changes.
c. Lichen planus.
d. Trauma.
e. Sudden weight loss.

Answer

The complete workup of the patient revealed a gastrointestinal adenocarcinoma; this finding supported the suspected diagnosis of paraneoplastic nail changes **(answer: B)**, a rare condition that can occur with any malignancy.

Nails affected by psoriasis typically have an oil-slick appearance, pitting, and subungual debris. Lichen planus can produce the rough-textured nail changes seen in this patient and need to be considered in the differential. If necessary, a biopsy of a nail can confirm the diagnosis.

Trauma commonly causes distal nail changes, such as those seen in nail biters. Sudden weight loss, hospitalization, and surgery may lead to temporary interruption of natural nail growth, which can cause a transverse groove in the nail. When the provoking event is over, affected nails regrow normally.



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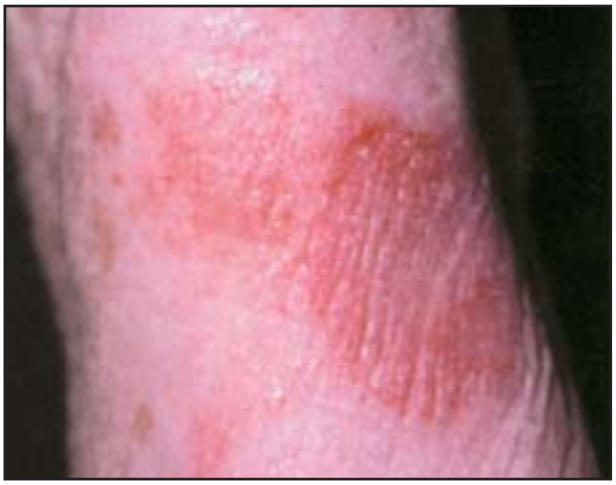
Case 4

A Matter of Age?

Ten days earlier, highly pruritic, red patches developed on an 80-year-old woman's extremities and lower trunk. The lesions spare the palms, soles, and upper trunk. The patient has not recently changed laundry or personal hygiene products. She takes no newly prescribed medications.



What does this look like to you?

a. Psoriasis.
b. A dermatophyte infection.
c. Mycosis fungoides.
d. Asteatotic eczema.
e. Atopic dermatitis.

Answer

Asteatotic eczema **(answer: D)** more frequently affects older persons. The condition also occurs commonly in the winter months, when indoor heating and lack of humidity dry the skin. Erythematous, pruritic, and scaling plaques often lead to scratching, which can cause fissures (eczema craquele) and, in severe disease, oozing. To ameliorate the condition and to prevent the onset of the more extensive symptoms, the patient was advised to bathe less frequently and for shorter periods, and to use a mild, moisturizing soap. Generous applications of moisturizing lotion were also recommended.

Psoriasis, which rarely manifests as suddenly as this patient's eruption, is unlikely to appear in an octogenarian who has no history of the disease. Neither a dermatophyte infection nor mycosis fungoides become this widespread so quickly. Atopic dermatitis is also unlikely; it is unusual for atopy to present in an elderly person who has no history of the diathesis.

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