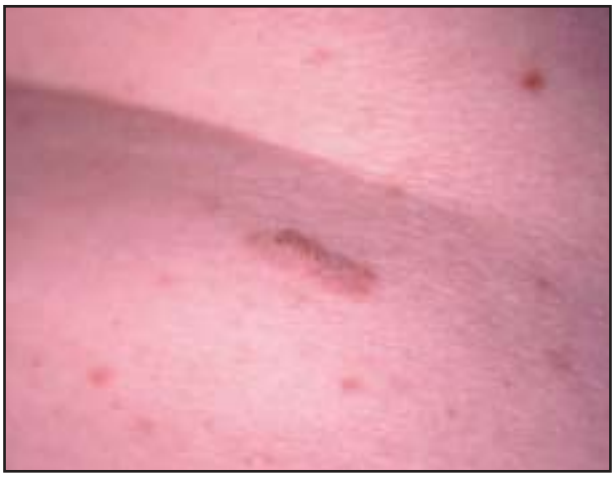
Case 1

"What's this lesion?"

This 48-year-old woman's diagnostic challenge is a single, recently erupting, pruritic lesion on the side of her trunk. She has no history of a bite or injury.



1. Which condition in the differential is the likely cause?

a. Herald patch of pityriasis rosea.
b. Tinea corporis.
c. Seborrheic keratosis.
d. Seborrhea.
e. Lichen planus.

2. Which course of action do you pursue?

a. Prescribe a corticosteroid cream.
b. Prescribe an antifungal cream.
c. Perform cryosurgery.
d. Perform a skin biopsy.
e. Offer reassurance only.

Answers

Often, a seborrheic keratosis **(answer to question 1: C)**, that is newly arisen or rubbed by clothing, can be pruritic. These lesions vary in colour from light tan, to brown, to black. They have a wartlike, stuck-on appearance, and typically produce a fine scale when stroked. If the diagnosis is in doubt, a skin biopsy **(answer to question 2: D)** can be helpful. Topical corticosteroids may be effective; however, the pruritus frequently returns when the therapy is discontinued. If the lesion is highly pruritic, consider cryosurgery **(answer to question 2: C)**.

The herald patch of pityriasis rosea is a flat, scaly macule that resembles tinea but not a seborrheic keratosis. Lichen planus usually features flat, purple, polygonal papules. The scaly, macular, erythematous eruption of seborrhea occurs on the mid-chest, not on the sides of the trunk.

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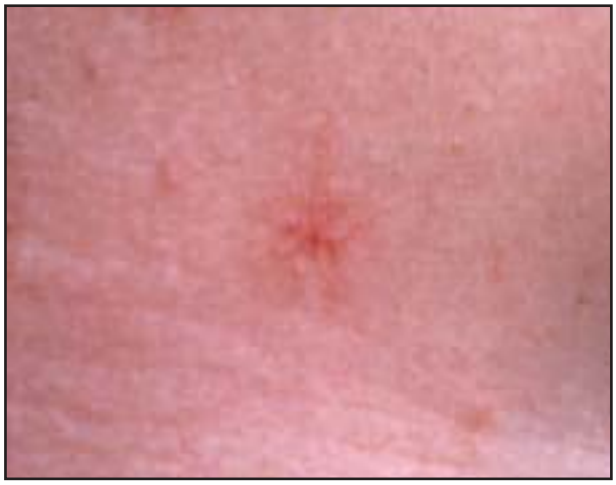
Case 2

"What's this on my hand?"

Small, asymptomatic, red lesions recently erupted on the arms and hands of a 25-year-old woman. The patient is otherwise healthy; her medication is an oral contraceptive. She enjoys hiking and gardening.



Which of the following do you suspect?

a. Campbell de Morgan spots.
b. Spider angiomas.
c. Insect bites.
d. Id reaction.
e. Hereditary hemorrhagic telangiectasia.

Answer

These lesions are spider angiomas **(answer: B)**. The small vascular lesions are characterized by spider leg-like projections that extend from a central arteriole; these radiating vessels blanch completely on compression. Estrogen, such as that contained in this patient's oral contraceptive, is a frequent cause of these vascular spiders; they are also often associated with pregnancy and liver disease.

No treatment is necessary; however, electrodessiccation and laser surgery are effective options if the patient considers the lesions unsightly.

Campbell de Morgan spots, or cherry angiomas, lack radiating blood vessels; in addition, they typically arise after the age of 35. Insect bites are usually pruritic. An id reaction occurs as a secondary inflammatory response to a dermatophyte infection; this patient had no other skin disorders. Hereditary hemorrhagic telangiectasia is an autosomal dominant condition that affects the mucous membranes, and can cause recurrent epistaxis and gastrointestinal bleeding.

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Case 3

Possible Work Hazard?

For two days, a 35-year-old woman has had a tender eruption on the right palm. She takes no medications. The patient recalls that, one or two years earlier, a similar rash cleared following a course of antibiotics.

Which of the following is (are) true of your suspected diagnosis?

a. It is likely that this patient is a health-care worker.
b. Another name for this patient's condition is "whitlow".
c. Another name for this patient's condition is "felon".
d. This condition is not contagious.
e. This condition is usually bilateral.

Answer

This patient is a dental hygenist **(answer: A)**, who has a herpes simplex virus (HSV) infection of the hand. Whitlow or felon are closely related conditions; specifically, they refer to an HSV infection of a finger rather than of the hand. These contagious, and usually unilateral, conditions are most common among dentists, dental hygenists, and other health-care workers whose vocation places them at an increased risk for infection. As many as 75% of these infections are caused by HSV Type 2. The patient's previous similar rash had no bearing on this eruption.

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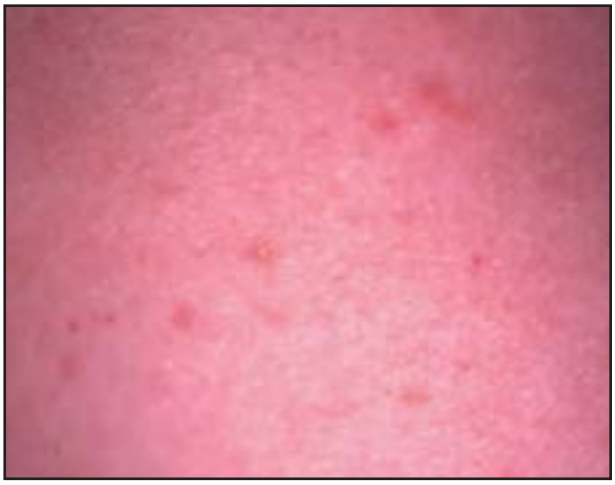
Case 4

"Is this just a bad reaction?"

For three days, a diffuse, pruritic rash on the trunk and extremities has bothered a 45-year-old man. One week earlier, he began taking an unidentified oral herbal preparation for symptoms of an upper respiratory tract infection; the symptoms persist.



1. What are your thoughts?

a. A higher dosage of the herbal medicine is needed.
b. A different herbal preparation would be more effective.
c. The patient needs to change his detergent and/or fabric softener.
d. The herbal agent may be causing the pruritic rash.
e. It is unlikely that the "all natural" herbal remedy caused the rash.

2. What action do you take?

a. Send the patient back to the herbalist for consultation and treatment.
b. Advise the patient to discontinue the herbal remedy.
c. Prescribe traditional antibiotics for the underlying upper respiratory tract infection.
d. Prescribe a systemic corticosteroid for the pruritic rash.
e. Report this as an adverse drug reaction.

Answer

This is an adverse drug reaction to the medication received from the herbalist **(answer to question 1: D)**. Because the patient was too embarrassed to provide additional information about the preparation, the case could not be reported. The patient's infection responded well to conventional antibiotic therapy **(answer to question 2: C)**; the adverse reaction cleared after the herbal remedy was discontinued **(answer to question 2: B)**, and a short, tapering course of prednisone was given **(answer to question 2: D)**.

The absence of tender, target-like lesions ruled out an erythema multiforme reaction to the underlying infection or to the herbal remedy. A contact dermatitis was unlikely because the lesions were discrete and not scaly. CME

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