

# Facing up to the Problem

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For several years, a 63-year-old African-American woman's facial lesions have been slowly growing. Although they are largely asymptomatic, the patient is quite unhappy with their appearance. Additionally, she has developed respiratory symptoms of cough and shortness of breath—the latter unresponsive to antibiotics, inhalers, and a course of prednisolone.

Her primary care provider (PCP) orders a chest x-ray and a tuberculin skin test, but neither offers any diagnostic clues. The PCP tries topical steroids (0.1% triamcinolone) and metronidazole creams for the lesions, but these are of no help. The patient is then referred to dermatology for evaluation and treatment.

Examination reveals at least 3 separate pink plaques on the patient's face. The largest, on the left medial cheek, measures 4 × 2 cm. The 2 others, located on the mid-vermillion surfaces of the upper and lower lips, are both about 1.8 cm and round.

The plaques are soft, devoid of scales or other surface disruptions, and nontender to palpation. There is no growth of follicular orifices on the surfaces of the lesions. No adenopathy is detectable in the area.

The patient appears to be in reasonably good health. She is in no distress, but she coughs frequently during her clinic visit.

**The next logical step in the workup would be**

- A prescription for topical ivermectin
- Treatment with an oral antifungal, such as terbinafine
- A skin biopsy
- Treatment with mupirocin

## ANSWER

The correct answer is a skin biopsy (choice "c").



## DISCUSSION

This patient, like many, was loud and clear about her main concern: her appearance. Even when she was sent to dermatology, her focus was understandably on treating her facial lesions. But sometimes there is more to the story than the patient (or even the provider) suspects.

If successful treatment is the goal, however, accurate diagnosis must come first. If you know *what* it is, you will therefore know how to treat it. With lesions such as those seen in this case, neither patients nor most PCPs have a good understanding of the differential diagnosis. This dearth of knowledge sharply limits consideration of specific diagnostic steps, such as a biopsy.

As with any test, a biopsy is performed with specific diagnostic possibilities (ie, a differential) in mind. This patient's differential included lupus, granuloma faciale, and sarcoidosis. Biopsy was ordered, and the results confirmed sarcoidosis.

For a large percentage of patients with sarcoidosis, internal organs (lungs, liver, or kidneys) are also involved. In the context of this patient's respiratory symptoms, prompt referral to pulmonology was indicated. Usual treatment is systemic corticosteroids. **CR**



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