DERM DILEMMA

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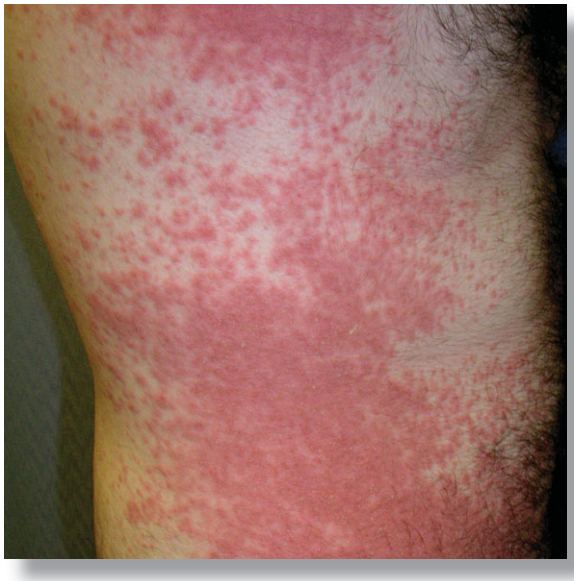
CASE 1

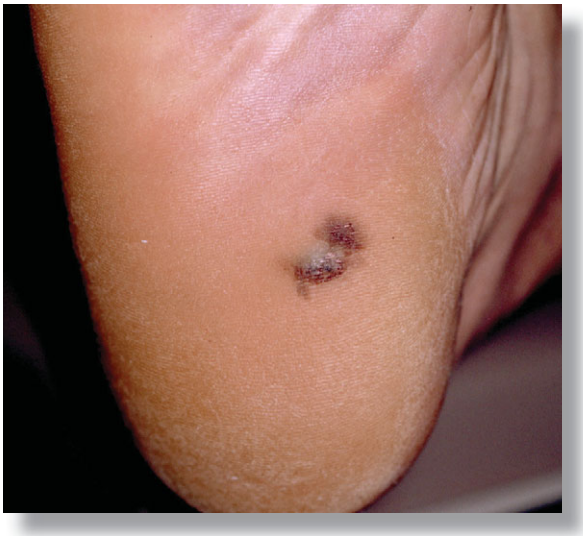


A 46-year-old man presents to your urgent care center with an acute febrile rash associated with burning and pruritus. The rash originally appeared in his axillae and after a few hours spread to his trunk. He has reddish macules, pustules, and plaques on his chest, back, flanks, abdomen, and axillae.

On very close inspection, nonfollicular pustules can be seen arising from within erythematous areas. A complete blood count reveals a marked leukocytosis with elevated neutrophils. The patient reports starting isoniazid several days prior to the onset of the rash because of a positive purified protein derivative test. You consult a dermatologist and a biopsy is obtained.

What is your diagnosis?

CASE 2

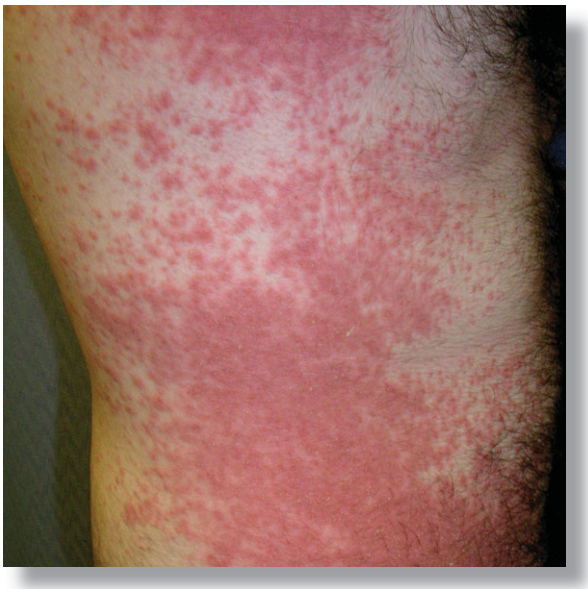


A 55-year-old man is concerned about a discolored area on the plantar surface of his right foot. He is uncertain when it first appeared but is worried that it may be the result of trauma. Physical examination finds a variegated patch more than 6 mm in diameter that exhibits shades of brown, black, gray, and white. Its margins are irregular with scallops and notches. A dermatologist performs a biopsy.

What is your diagnosis?

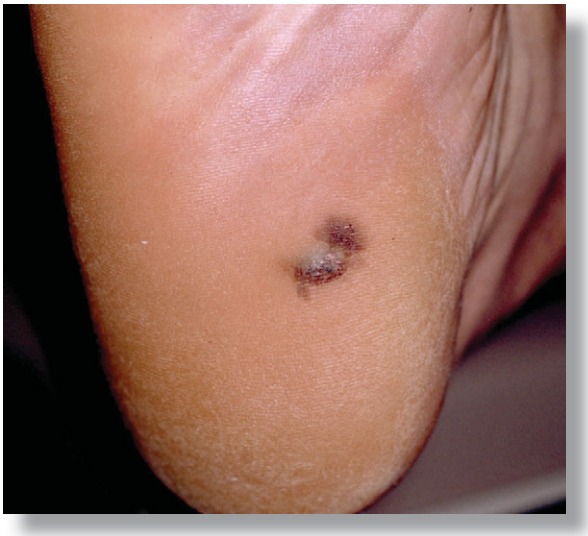
Turn page for answers

CASE 1



The patient has acute generalized exanthematous pustulosis (AGEP), an acute febrile drug reaction that typically develops within several days of starting a medication. Patients demonstrate numerous small, primarily nonfollicular, sterile pustules on an erythematous base. The pustules favor the intertriginous zones, upper trunk, and arms. A macrolide or beta-lactam antibiotic is the most likely culprit, but many other antimicrobials, including isoniazid, as well as calcium-channel blockers (especially diltiazem) and carbamazepine have also been reported as causative agents. Other reported causes are hypersensitivity reactions to mercury and enteroviral infections. This condition must be differentiated from acute pustular psoriasis.

CASE 2



The discolored area is a manifestation of acral lentiginous melanoma (ALM). This uncommon melanoma occurs on the palms and soles and around the nails. Although ALM accounts for only 5% to 10% of all melanomas, it represents a disproportionate percentage of melanomas in African-American (up to 70%) and Asian (up to 45%) patients. This patient's lesion is typical in size and appearance. Many cases of ALM are not diagnosed until the advanced stages because of the difficulty of distinguishing them from traumatic skin changes. The presence of multiple colors or any area with a true black pigmentation is a clue to the correct diagnosis.

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