>>DIAGNOSIS AT A GLANCE

By Youn W. Park, MD, FACS, Kelly K. Park, BS, Richard Cordova, DO, and Stephen Schleicher, MD

CASE 1

Case submitted by Drs. Cordova and Schleicher

A 67-year-old man presents for evaluation of an enlarging mid-scalp lesion. He first noticed the growth four weeks ago and states that it is asymptomatic and has not bled. The patient is fair-skinned and admits to ample sun exposure over many decades. His medical history is significant for treatment of multiple actinic keratoses as well as basal and squamous cell carcinoma. Most recently, a basal cell carcinoma on his frontal scalp was treated with radiation therapy. Physical examination reveals a dome-shaped, erythematous nodule.

What is your diagnosis?

CASE 2

Case submitted by Dr. Park and Ms. Park

A six-month-old boy is brought to your emergency department because of dehydration. During the physical examination you find an isolated deformity of the ear that is not associated with any other congenital abnormalities. Discussion with his mother reveals no family history of similar anomalies.

What is your diagnosis?

Turn page for answers >>

>> DIAGNOSIS AT A GLANCE CONTINUED

CASE 1

The patient has an atypical fibroxanthoma. These reddened, "juicy," dome-shaped nodules grow rapidly on sun-damaged scalp, face, and neck skin, most often in elderly individuals. They are low-grade sarcomas with a very low incidence of recurrence following simple excision. Metastasis to regional lymph nodes is possible, but quite rare. Differential diagnosis includes basal and squamous cell carcinomas, pyogenic granuloma, amelanotic melanoma and metastases.

CASE 2

Underdevelopment (microtia) or malformation of the auricle is almost always a sign of congenital aural atresia affecting the middle and even the inner ear, although meatal atresia can occur in the presence of a normal auricle. Both aural atresia and microtia may be observed with Crouzon and Treacher Collins syndromes, intrauterine rubella or syphilis infection, or exposure to teratogenic drugs (thalidomide, tretinoin). Hearing is the primary concern with these patients. Auditory brain stem response tests can determine the extent of hearing impairment and a high-resolution computed tomography scan can help to delineate structural abnormalities. Surgical options include a bone-anchored hearing aid that improves conductive hearing and osseointegrated auricular prostheses for cosmetic correction.

Dr. Park is a clinical professor of otolaryngology and **Ms. Park** is a medical student at Northeastern Ohio Universities College of Medicine in Rootstown, Ohio. Dr. Park is also section head of otolaryngology at Barberton Hospital in Barberton, Ohio. **Dr. Cordova** is a practicing dermatologist in Laurys Station, Pennsylvania. **Dr. Schleicher** is director of DermDx Centers and a clinical instructor of dermatology at the Philadelphia College of Osteopathic Medicine, at Kings College in Wilkes-Barre, Pennsylvania, and at Arcadia University in Glenside, Pennsylvania. He is also a member of the EMERGENCY MEDICINE editorial board.