

>> DIAGNOSIS AT A GLANCE

By Kirkland Lau, DO, and Stephen M. Schleicher, MD

CASE 1



A 61-year-old man with a history of chronic sun exposure is concerned about the erythematous, slightly scaly patches on his forearms and ankles. These have been increasing in number over the past several years. Most are asymptomatic; however, on occasion some become tender or pruritic. The patient believes his father was similarly affected. He denies any history of skin cancer.

What is your diagnosis?

CASE 2



An adolescent boy presents with hyperpigmented xerotic scales of his extremities and, to a lesser degree, his torso. The condition has been present since early childhood and becomes more pronounced during the winter months. He complains of intermittent pruritus. Moisturizing creams and ointments have provided minimal relief. Several other family members seem to have a less severe version of this condition.

What is your diagnosis?

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>> DIAGNOSIS AT A GLANCE CONTINUED

CASE 1



This patient has disseminated superficial actinic porokeratosis, an autosomal dominant disorder with a low risk of malignant transformation. Lesions typically are red to brown, slightly keratotic, annular macules arising on sun-exposed areas. Other exacerbating factors include immunosuppression and use of tanning beds. Treatment options include topical fluorouracil, retinoids, diclofenac gel, imiquimod, and calcipotriene, all of which produce variable results. Strict avoidance of sunlight is mandatory.

CASE 2



This patient's diagnosis is ichthyosis vulgaris, a condition characterized by xerotic scales resembling those of a fish. The scales are most prominent on extensor surfaces of the extremities, although more severe cases may also involve the trunk and scalp. Ichthyosis vulgaris is an inherited disorder transmitted in an autosomal dominant fashion. Symptoms tend to improve with increasing age. Moisturizers containing ammonium lactate or urea are the treatment of choice; therapy must be continued on a chronic basis.

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