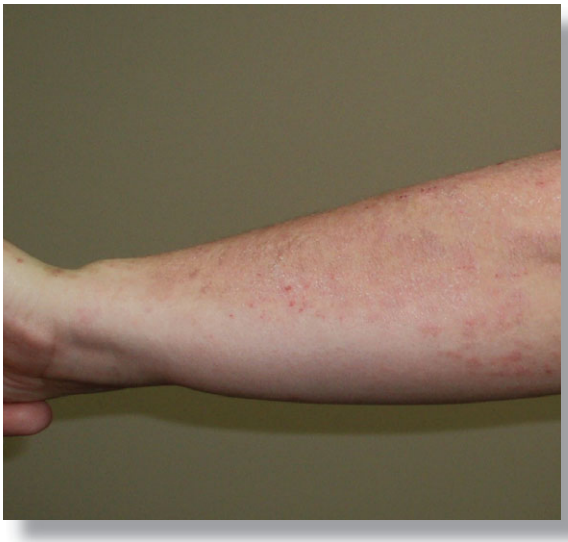
DERM DILEMMA

By Mark Bechtel, MD, and
Matthew Zirwas, MD

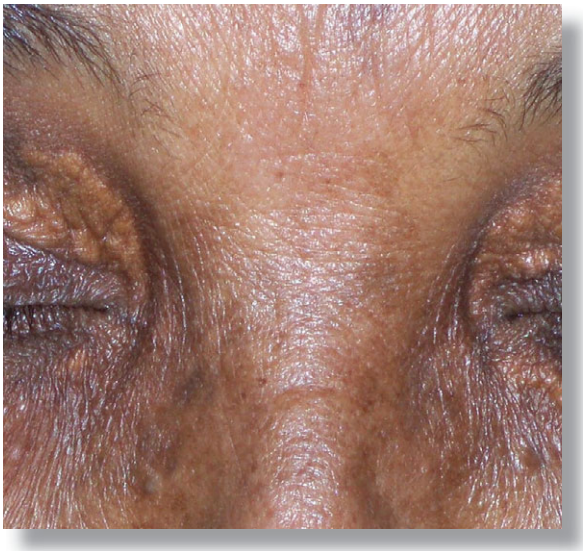
CASE 1



A 52-year-old woman presents to your urgent care center with a pruritic rash on sun-exposed areas of her arms. During a recent spring vacation in Mexico, she noted the onset of the rash several hours after sun exposure. The patient reports that this same rash has been appearing on her arms after her first exposure to intense sunlight every spring. She is not taking any medications. Examining the patient, you note erythematous papules, patches, and plaques on her upper arms and forearms.

What is your diagnosis?

CASE 2

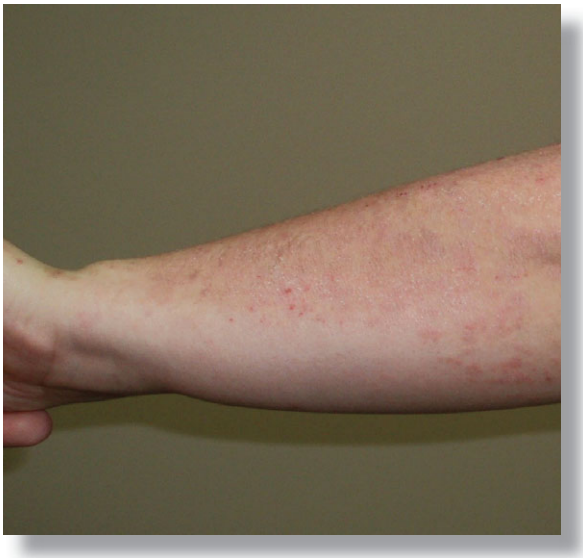


A 64-year-old man presents with intermittent chest pain. He has a family history of heart disease and hyperlipidemia. On examination, he is noted to have yellowish papules and plaques involving his inner and lower eyelids. The patient reports that these lesions first began to appear during his 20s and that his brother also has them. A fasting complete lipid profile is ordered.

What is your diagnosis?

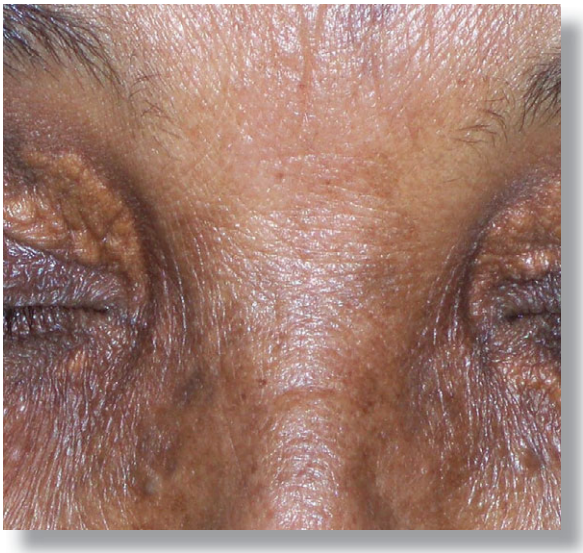
Turn page for answers

CASE 1



The patient has polymorphous light eruption. This is the most common photodermatosis, manifesting as pruritic papules, vesicles, or plaques within hours of sun exposure. Outbreaks occur on areas that are covered during winter, then exposed to sunlight during warmer weather; the face is typically spared. Often, as summer progresses, the rash diminishes or resolves. On rechallenge with intense sunlight, patients experience rashes in the same areas. Polymorphous light eruption appears to be a delayed hypersensitivity response to an undefined cutaneous photo-induced antigen. Unlike sunburn, it is itchy rather than painful, and it is often induced by less intense sunlight than that associated with sunburn. Treatment includes a broad-spectrum, high-SPF sunscreen, protective clothing, topical steroids, and oral antihistamines. In severe cases, tolerance to light can be promoted by ultraviolet light therapy, hydroxychloroquine, or systemic steroids.

CASE 2



The patient has xanthelasma palpebrarum (xanthomas of the eyelids). Although the presence of this variant of xanthelasma warrants a workup for hyperlipidemia, only about half of patients with these lesions have lipid disorders. In those who do, it is common for the lesions to be familial and to manifest at an early age. This patient had type II hyperlipoproteinemia with familial hypercholesterolemia.

Dr. Zirwas is an assistant professor of medicine in the dermatology division and **Dr. Bechtel** is an associate professor of medicine and director of dermatology at the Ohio State University College of Medicine in Columbus.