>>DIAGNOSIS AT A GLANCE

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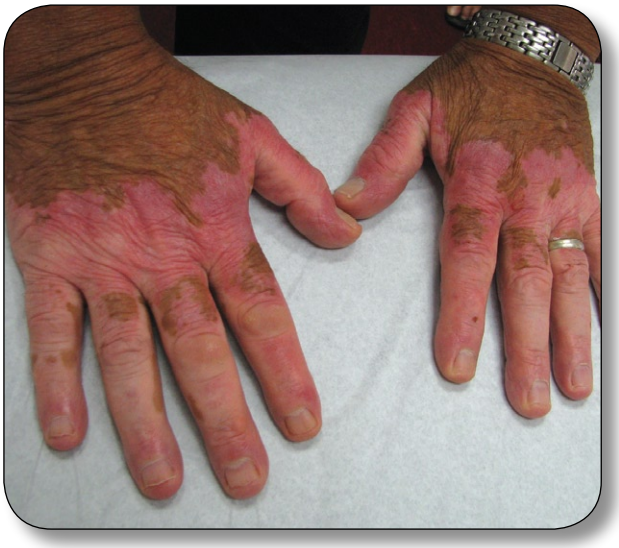
CASE 1

Case submitted by Dr. Schleicher.

A 73-year-old woman reports that there are bugs crawling under the skin of her face and scalp. She has brought in multiple pieces of transparent tape on which she has marked the areas that contain the insects. She lives alone and has no pets. She recently had her residence fumigated by an exterminator. Her history includes myocardial infarction and hyperlipidemia; she is taking multiple medications. Examination of her skin reveals facial xerosis and mild scaling of the scalp without evidence of nits or excoriations. Magnification of the encircled sites reveals no evidence of parasites.

What is your diagnosis?

CASE 2



Case submitted by Drs. Nguyen and Schleicher.

A 65-year-old man with a history of vitiligo, hypertension, and renal disease presents with a burning rash of his hands that began several days ago, while he was vacationing at the beach. His current medication list includes a thiazide diuretic and doxycycline (the latter prescribed as therapy for folliculitis). He denies any history of a similar condition. Examination reveals a tanned individual with scattered depigmented macules. Marked erythema of his hands is present, but exclusively in the areas of vitiligo.

What is your diagnosis?

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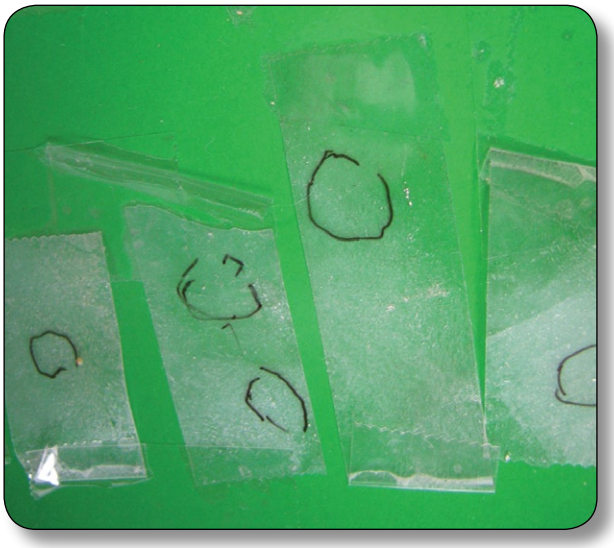
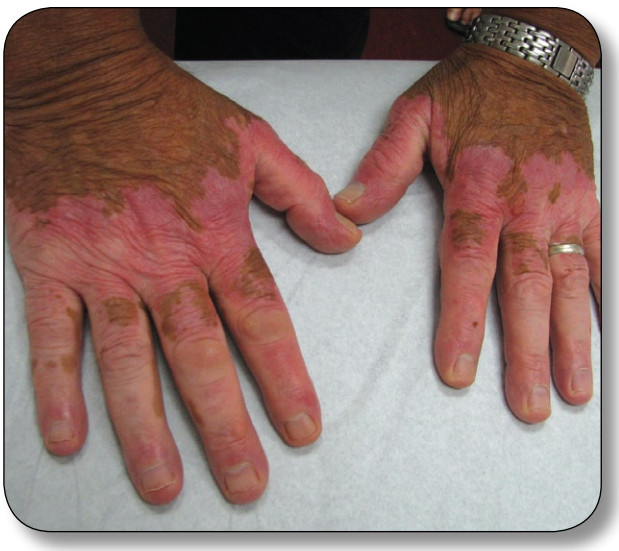
CASE 1



This clinical picture is classic for delusions of parasitosis. Affected individuals are usually elderly white women who live alone and are convinced that bugs are residing either on top of or directly under the skin. Frequently, representative "samples" are transported to the physician's office, either in a plastic bag or affixed to tape. Examination of these items invariably reveals lint or sloughed skin cells. Delusions of parasitosis is considered a hypochondriac psychosis that responds poorly, if at all, to simple reassurance and rationalization. Psychotropic agents of choice are olanzapine, risperidone, and pimozide.

CASE 2



Vitiligo is characterized by loss of pigment, and affected areas are extremely susceptible to sunburn. In this case, both the thiazide diuretic and doxycycline may have contributed to the inflammatory response, although a true phototoxic or photoallergic reaction would be unlikely, given that the patient's nonvitiliginous sun-exposed skin remained free of erythema. Individuals with vitiligo must stringently protect depigmented areas from the deleterious effects of ultraviolet light by either sun avoidance, use of sun-protective clothing, or application of a high-SPF broad-spectrum sunscreen. Chronic sun exposure will induce actinic keratoses and squamous cell carcinoma, the incidence of which is understandably increased in patients with vitiligo.

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