>>DIAGNOSIS AT A GLANCE

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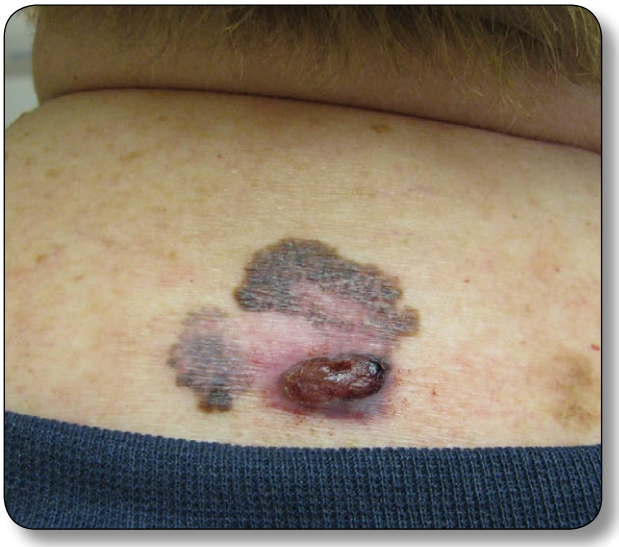
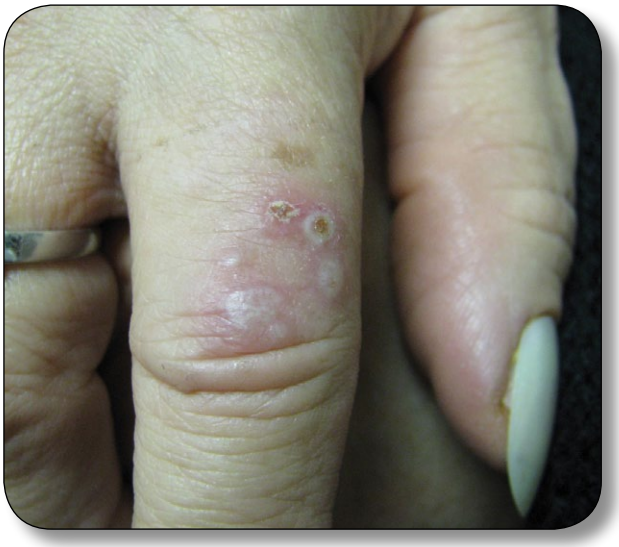
CASE 1



A 68-year-old moderately obese woman has a "bleeding mole" on her back. This growth has been present for years, but she has steadfastly refused diagnostic workup, even after being told by a dermatologist in 1998 that the lesion looked suspicious for malignancy and warranted biopsy. She states that the only reason why she now seeks medical treatment is because blood from the lesion stains her clothes on a daily basis. Examination of her back reveals a 6.0-cm irregularly pigmented macule with a 2.8-cm friable nodule situated at the inferior border. Axillary lymph nodes are nonpalpable.

What is your diagnosis?

CASE 2



A 61-year-old woman with a history of lymphoma presents with a painful eruption on her index finger that developed 4 days ago. She denies any history of a similar rash. Suspecting a spider bite, she has been applying an antibacterial ointment to the affected area. She is a teacher who conducts classes for children with special needs. She cannot recall recent contact with anyone who had skin lesions. Examination of the finger reveals a grouping of vesicles on a slightly erythematous base. No other skin lesions are noted.

What is your diagnosis?

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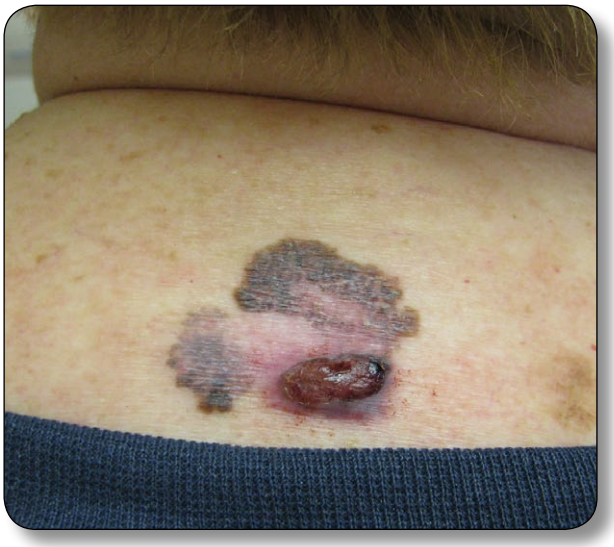
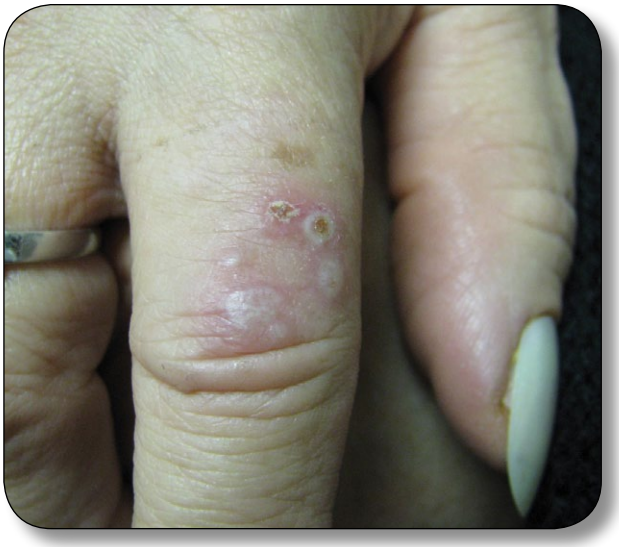
CASE 1



Biopsy confirmed that this patient has malignant melanoma. The whitish areas are indicative of spontaneous regression, and the nodule is a tumor that has evolved from a superficial spreading melanoma of long duration. This lesion exemplifies the two growth phases of melanoma: radial and vertical. The latter is represented by the visible tumor. Despite having received a certified letter from a dermatologist warning the patient against neglecting the lesion, she did just that for more than a decade. Full excision accompanied by sentinel node lymphoscintigraphy was scheduled.

CASE 2



This is the classic presentation of herpetic whitlow, which is defined as herpes simplex viral infection of a digit. Pain, burning, and/or itching often precede and accompany the condition. Other symptoms may include fever and lymph node enlargement. The disorder most commonly occurs in dental and health care providers and results from contact with an open lesion. The incubation period ranges from 2 days to 2 weeks. Treatment with acyclovir may shorten the duration. Complications are usually minimal, although recurrence is not uncommon. Active lesions should be covered to avoid transmission to others.

Dr. Schleicher is director of the DermDOX Center in Hazleton, Pennsylvania, a clinical instructor of dermatology at the Philadelphia College of Osteopathic Medicine and Kings College in Wilkes-Barre, Pennsylvania, and an associate professor of medicine at the Commonwealth Medical School in Scranton, Pennsylvania. He is also a member of the EMERGENCY MEDICINE editorial board. **Ms. Frawley** is a physician assistant at DermDOX Center.