DERM DILEMMA

Mark A. Bechtel, MD
Matthew Zirwas, MD

CASE 1

A 44-year-old African American woman presents to your urgent care center with a persistent erythematous rash involving the dorsum of her nose. She states that the rash itches and burns and is exacerbated by exposure to the sun. Physical exam demonstrates a 1.5-cm erythematous plaque involving the bridge of her nose, with some crusts and superficial erosions. The exam also reveals patches of hair loss with scarring on the scalp and erythema and scaling of the ears. The patient is referred to a dermatologist for a skin biopsy and is encouraged to use sunscreens.

What is your diagnosis?

CASE 2

A 46-year-old white woman has an erythematous rash involving the central upper back. It has been present for 2 weeks. She reports headache, fatigue, arthralgias, myalgias, and fever. One week prior to the onset of the rash, the patient was hiking in the woods and noted a small tick clinging to the skin of her upper back. On physical exam, she has a 3 x 4–cm annular erythematous plaque with a central punctum at the site of the tick bite. A dermatology consult is ordered for a skin biopsy.

What is your diagnosis?

Turn page for answers

CASE 1

The diagnosis is discoid lupus erythematosus. Discoid lesions are most common on the face, scalp, and ears, and they have potential for scarring. Dyspigmentation of the lesions develops over time, with hypopigmentation in the center and hyperpigmentation in the periphery. Arthralgias are not uncommon, and 5% to 10% of discoid lupus patients develop full-blown systemic lupus erythematosus.[1] Treatment consists of sunscreens, hats, topical steroids, and antimalarials, such as hydroxychloroquine.

Reference

1. Fernando MM, Isenberg DA. Conversion of discoid lupus to antiphospholipid syndrome and SLE. *Nat Clin Pract Rheumatol*. 2008;4(2):106-110.

CASE 2

The patient has erythema migrans, an annular erythema that develops at the site of attachment of a *Borrelia*-infected tick. Erythema migrans is the initial manifestation in 60% to 90% of patients who develop Lyme disease.[1] Lyme disease is an infection caused by *Borrelia burgdorferi* spirochetes that are transmitted from several species of *Ixodes* ticks. The treatment for early localized disease in adults is doxycycline 100 mg every 12 hours for 14 to 21 days (children 8 years and older: 1-2 mg/kg every 12 hours). Amoxicillin is an alternative therapy for pregnant women and children younger than 8.

Reference

1. Caiman MJ. The genus *Borrelia*. In: Dworkin M, Falkow S, Rosenberg E, et al, eds. *The Prokaryotes: A Handbook on the Biology of Bacteria*. Vol 7. 3rd ed. New York, NY: Springer; 2006:285-293.

Dr. Bechtel is an associate professor of medicine and director of dermatology at the Ohio State University College of Medicine in Columbus. He is also a member of the EMERGENCY MEDICINE editorial board. **Dr. Zirwas** is an assistant professor of medicine in the dermatology division at the Ohio State University College of Medicine.