>>DIAGNOSIS AT A GLANCE

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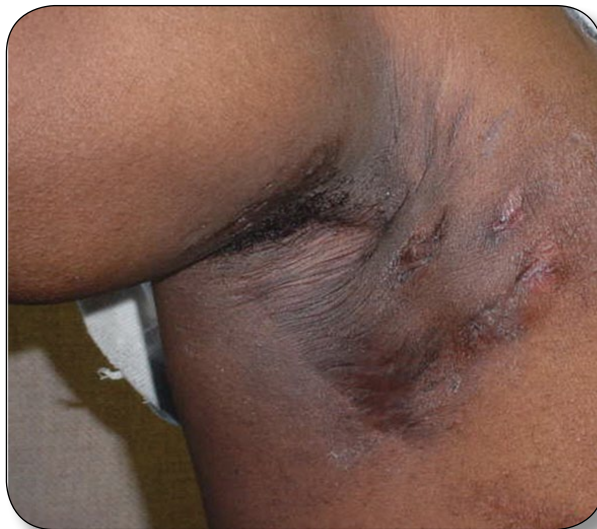
CASE 1

A 19-year-old white male presents with a rash surrounding a recently applied tattoo. The eruption is asymptomatic. He gives a history of poorly controlled psoriasis of several years' duration. Examination of his left upper arm reveals a well-demarcated, erythematous patch encompassing the area of the tattoo. Multiple erythematous patches and plaques are also noted elsewhere.

What is your diagnosis?

CASE 2



A 46-year-old black man has painful cysts affecting his axilla and groin. He is incarcerated in a state correctional institution. The condition has been ongoing for more than 2 decades, with waxing and waning intensity. Treatment in the past 2 years has included oral sulfamethoxazole and trimethoprim, clindamycin, and cephalexin. Bacterial cultures reveal mixed flora. MRSA (methicillin-resistant *Staphylococcus aureus*) has not been detected. He has had a number of cysts surgically incised and drained in the past and is currently taking oral doxycycline.

What is your diagnosis?

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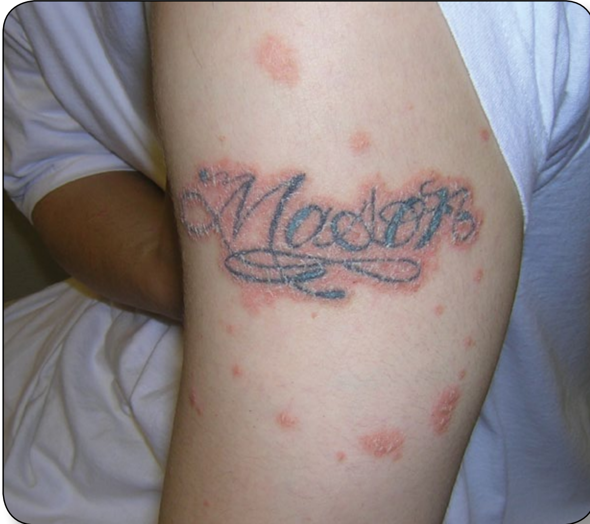
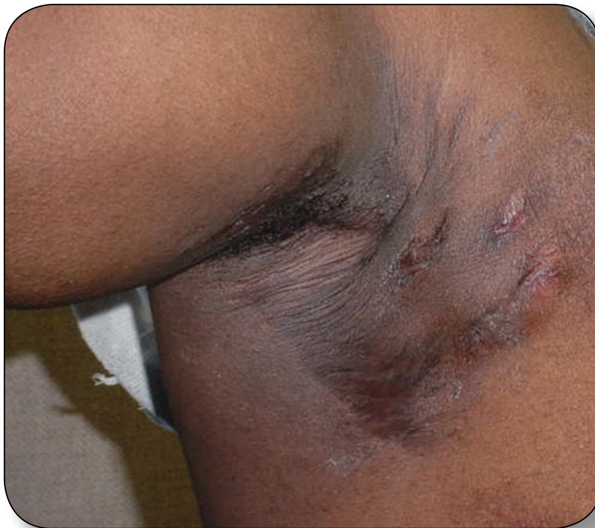
CASE 1



The Koebner phenomenon in psoriasis, also termed an isomorphic response, represents the induction of psoriasiform lesions at the site of trauma or inflammation. About 50% of persons with psoriasis experience this reaction, which usually occurs within 2 weeks after the injury has occurred. Involvement of the dermis (as opposed to only the epidermis) is required to precipitate this phenomenon. In this case, the relation to recent tattooing is quite apparent. Additional inducers of koebnerization include bites, acupuncture, and burns.

CASE 2



Hidradenitis suppurativa is a disorder that affects the apocrine sweat glands, manifesting as chronic cysts and abscesses. Commonly involved areas include the axillae, groin, inner thighs, breasts, and buttocks. Obesity and irritation from tight clothing are exacerbating factors. The condition is more prevalent in women. The major complaints are pain and drainage at sites of active inflammation. Large, fluctuant lesions may require incision and drainage in the ED. Adequate control may be difficult to achieve, even with long-term oral antibiotic therapy. Weight loss is highly recommended. Some cases respond to isotretinoin. Recently published studies document improvement with TNF (tumor necrosis factor) inhibitor biologics.

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